# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM JCOR-C/OH

| Fil | ler ID (Eth                           | ics Commission Filers)        | 2 Total pages filed:      |  |  | OFFIC  | E USE ONLY  |
|-----|---------------------------------------|-------------------------------|---------------------------|--|--|--|---|
| 00  | 0069606                               |                               | 59                        |  |  | Date Received  |   |
|     | ANDIDATE /                            | MS / MRS / MR                 | FIRST                     |  | MI   | ELECTRON   | ICALLY FILED  |
|     | FFICEHOLDER<br>AME                    | The Honorable                 | Staci                     |  |  | 04/15/2025   |   |
| ,   |                                       | NICKNAME                      | LAST                      |  | SUFFIX   |  |   |
|     |                                       |                               | Williams                  |  |  | Data Hand deliver  | ed or Date Postmarked   |
| OF  | RIGINAL                               | January 15                    | Runoff                    | Other (  | specify)   | Date Hand-deliver  | ed of Date Postillarked   |
| RE  | EPORT TYPE                            | July 15                       | Exceeded modified         | I reporting limit  |  | Receipt #  | Amount  |
|     |                                       | 30th day before election      | 15th day after cam        |  |  | _  |   |
|     |                                       | X 8th day before election     | appointment (office       | • •  |  | Date Processed   |   |
|     | DICINIAL DEDICE                       |                               | <u> </u>                  |  | Vass   |  |   |
|     | RIGINAL PERIOD<br>OVERED              | Month Day Ye<br>01/26/2024    | ar<br>THROUGH             | Month Day 02/24/2024   | Year   | Date Imaged  |   |
|     | ANATION OF C                          |                               |                           | 02/24/2024   |  |  |   |
|     | KPLANATION OF C                       | updated with additional co    | mbuile, stiene end europe |  |  | a d  |   |
| rep | port. I simply ran ou                 | ut of time to report everythi | ng and I had not hired    | anyone manage my re  | eports for me.   |  |   |
|     |                                       |                               |                           |  |  |  |   |
|     |                                       |                               |                           |  |  |  |   |
|     |                                       |                               |                           |  |  |  |   |
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|     |                                       |                               |                           |  |  |  |   |
|     |                                       |                               |                           |  |  |  |   |
|     |                                       |                               |                           |  |  |  |   |
|     |                                       |                               |                           |  |  |  |   |
| AF  | -FIDAVIT                              |                               |                           |  |  |  |   |
| AF  | -FIDAVIT                              |                               |                           | rear, or affirm, under p   | penalty of perjur  | y, that this corre   | cted report is true   |
| AF  | -FIDAVIT                              |                               |                           | rear, or affirm, under p<br>correct.   | penalty of perjur  | y, that this corre   | cted report is true   |
| AF  | FFIDAVIT                              |                               | and                       |  | , , ,  |  | ·   |
| AF  | FFIDAVIT                              |                               | and                       | correct.   | y and all applica  | able statements:   | ·   |
| AF  | FFIDAVIT                              |                               | and                       | correct.  ck the box next to any  Semiannual report  was made in good f  | y and all applica<br>ss: I swear, o<br>aith and withou   | able statements: r affirm that the c   | original report<br>lead or to   |
| AF  | -FIDAVIT                              |                               | and                       | correct.  ck the box next to any  Semiannual report  | y and all applica<br>ss: I swear, o<br>aith and withou   | able statements: r affirm that the c   | original report<br>lead or to   |
| AF  | -FIDAVIT                              |                               | and<br>Che                | correct.  ck the box next to any  Semiannual report  was made in good f  misrepresent the inf  | y and all applica<br>ss: I swear, o<br>aith and withou<br>formation conta  | able statements:<br>r affirm that the c<br>t an intent to mis<br>ined in the report  | original report<br>lead or to<br>t.   |
| AF  | FFIDAVIT                              |                               | and                       | Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than  | y and all applica<br>s: I swear, o<br>aith and withou<br>formation conta<br>swear, or affirm<br>the 14th busing  | able statements: r affirm that the c t an intent to mis ined in the report n, that I am filing t ess day after the   | original report<br>lead or to<br>t.<br>this corrected<br>date I learned                                     |
| AF  | -FIDAVIT                              |                               | and<br>Che                | Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than that the report as or  | y and all applica<br>s: I swear, o<br>aith and withou<br>formation conta<br>swear, or affirm<br>the 14th busing<br>iginally filed is i   | able statements: r affirm that the c t an intent to mis ined in the report n, that I am filing t ess day after the naccurate or inco   | original report<br>lead or to<br>t.<br>this corrected<br>date I learned<br>omplete. I                       |
| AF  | FFIDAVIT                              |                               | and<br>Che                | Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than  | y and all applica<br>s: I swear, o<br>aith and withou<br>formation conta<br>swear, or affirm<br>the 14th busing<br>iginally filed is intany error or o                           | able statements: r affirm that the c t an intent to mis ined in the report n, that I am filing t ess day after the naccurate or inco   | original report<br>lead or to<br>t.<br>this corrected<br>date I learned<br>omplete. I                       |
| AF  | FFIDAVIT                              |                               | and<br>Che                | Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, tha  | y and all applica<br>s: I swear, o<br>aith and withou<br>formation conta<br>swear, or affirm<br>the 14th busing<br>iginally filed is intany error or o                           | able statements: r affirm that the c t an intent to mis ined in the report n, that I am filing t ess day after the naccurate or inco   | original report<br>lead or to<br>t.<br>this corrected<br>date I learned<br>omplete. I                       |
| AF  | -FIDAVIT                              |                               | and<br>Che                | Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go   | y and all applica<br>s: I swear, o<br>aith and withou<br>formation conta<br>swear, or affirm<br>the 14th busin<br>iginally filed is i<br>at any error or o<br>ood faith.         | able statements: r affirm that the c t an intent to mis ined in the report n, that I am filing t ess day after the naccurate or inco mission in the re   | original report<br>lead or to<br>t.<br>this corrected<br>date I learned<br>omplete. I                       |
| AF  | FFIDAVIT                              |                               | and<br>Che                | Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in go   | y and all applica<br>s: I swear, o<br>aith and withou<br>formation conta<br>swear, or affirm<br>the 14th busing<br>iginally filed is intany error or o                           | able statements: r affirm that the c t an intent to mis ined in the report n, that I am filing t ess day after the naccurate or inco mission in the re   | original report<br>lead or to<br>t.<br>this corrected<br>date I learned<br>omplete. I                       |
|     |                                       |                               | and<br>Che                | Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, that filed was made in good.   | y and all applicates: I swear, of aith and without formation contacts wear, or affirm the 14th busing iginally filed is it any error or opod faith.                              | able statements: r affirm that the c t an intent to mis ined in the report n, that I am filing t ess day after the naccurate or inco mission in the re   | original report<br>lead or to<br>t.<br>this corrected<br>date I learned<br>omplete. I<br>port as originally |
|     |                                       | AMP / SEAL ABOVE              | and<br>Che                | Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, that filed was made in good.   | y and all applicates: I swear, of aith and without formation contacts wear, or affirm the 14th busing iginally filed is it any error or opod faith.                              | able statements: r affirm that the c t an intent to mis ined in the report n, that I am filing t ess day after the naccurate or inco mission in the re   | original report<br>lead or to<br>t.<br>this corrected<br>date I learned<br>omplete. I<br>port as originally |
| Α   | AFFIX NOTARY ST                       |                               | and Che                   | Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in good  The  | y and all applicates: I swear, of aith and without formation contains swear, or affirm the 14th busing iginally filed is it any error or o bood faith.                           | r affirm that the control that I am filing to the control that I am filing that I | original report lead or to t.  this corrected date I learned omplete. I port as originally                  |
| A   | AFFIX NOTARY ST<br>Sworn to and subsc | ribed before me, by the sa    | and Che                   | Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in good from the control of t | y and all applicates: I swear, of aith and without formation contains swear, or affirm the 14th busing iginally filed is it any error or of aith.  Honorable Sure of Candidates. | r affirm that the control that I am filing to the control that I am filing that I | original report lead or to t.  this corrected date I learned omplete. I port as originally                  |
| A   | AFFIX NOTARY ST<br>Sworn to and subsc |                               | and Che                   | Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in good from the control of t | y and all applicates: I swear, of aith and without formation contains swear, or affirm the 14th busing iginally filed is it any error or of aith.  Honorable Sure of Candidates. | r affirm that the control that I am filing to the control that I am filing that I | original report lead or to t.  this corrected date I learned omplete. I port as originally                  |
| A   | AFFIX NOTARY ST<br>Sworn to and subsc | ribed before me, by the sa    | and Che                   | Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in good from the control of t | y and all applicates: I swear, of aith and without formation contains swear, or affirm the 14th busing iginally filed is it any error or of aith.  Honorable Sure of Candidates. | r affirm that the control that I am filing to the control that I am filing that I | original report lead or to t.  this corrected date I learned omplete. I port as originally                  |
| A   | AFFIX NOTARY ST<br>Sworn to and subsc | ribed before me, by the sa    | and Che                   | Semiannual report was made in good f misrepresent the inf  Other reports: I report not later than that the report as or swear, or affirm, tha filed was made in good from the control of t | y and all applicates: I swear, of aith and without formation contains swear, or affirm the 14th busing iginally filed is it any error or of aith.  Honorable Sure of Candidates. | r affirm that the of tan intent to mis ined in the report in, that I am filing the ess day after the naccurate or incomission in the restaci Williams  e or Officeholder   | original report lead or to t.  this corrected date I learned omplete. I port as originally                  |

Remember To Attach Any Part Of The Campaign Finance Report Form Needed To Report And Explain Corrections

#### 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 59 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Staci NAME Date Received **ELECTRONICALLY FILED** 04/15/2025 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 MI **TREASURER** Mr. Steven R. NAME NICKNAME LAST **SUFFIX** Shirley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** 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 15th day after campaign treasurer Runoff 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** 01/26/2024 02/24/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 101 Dallas Court of Appeals, Chief Justice Place 1 District 5

**GO TO PAGE 2** 

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

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| 13 C / OH NAME                                 | Williams, Staci (The             | Honorable)   | <b>14</b> Filer ID 00069606 | (Ethics Commission Filers) |
|--|----------------------------------|--|-----------------------------|----------------------------|
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S) | candidate / officeholder.        | political contributions accepted or political expendi<br>These expenditures may have been made withou<br>d officeholders are required to report this information | t the candidate's or office | eholder's knowledge or     |
| Additional Pages                               | COMMITTEE TYPE                   | COMMITTEE NAME   |                             |                            |
|  | GENERAL                          |  |                             |                            |
|  |                                  | COMMITTEE ADDRESS  |                             |                            |
|  | SPECIFIC                         |  |                             |                            |
|  |                                  | COMMITTEE CAMPAIGN TREASURER NAME  |                             |                            |
|  |                                  | COMMITTEE CAMPAIGN TREASURER ADDRE   | ESS                         |                            |
|  |                                  |  |                             |                            |
| 16 CONTRIBUTION<br>TOTALS                      | OR GUARANTE                      | IZED POLITICAL CONTRIBUTIONS(OTHER THA<br>ES OF LOANS, OR CONTRIBUTIONS MADE EL  |                             | \$ 0.00                    |
|  |                                  | <b>ICAL CONTRIBUTIONS</b><br>PLEDGES, LOANS, OR GUARANTEES OF LOAI   | NS)                         | \$ 65,681.00               |
| EXPENDITURE<br>TOTALS                          | 3. TOTAL UNITEM                  | IZED POLITICAL EXPENDITURES  |                             | \$ 0.00                    |
|  | 4. TOTAL POLIT                   | ICAL EXPENDITURES  |                             | <b>\$</b> 194,265.54       |
| CONTRIBUTION<br>BALANCE                        | 5. TOTAL POLITIC<br>REPORTING PE | AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD   | LAST DAY OF THE             | \$ 34,831.94               |
| OUTSTANDING<br>LOAN TOTALS                     | 6. TOTAL PRINCIF<br>OF THE REPOR | AL AMOUNT OF ALL OUTSTANDING LOANS A<br>TING PERIOD  | S OF THE LAST DAY           | \$ 0.00                    |
| 17 AFFIDAVIT                                   |                                  |  |                             |                            |
|  |                                  | I swear, or affirm, under pena<br>true and correct and includes<br>under Title 15, Election Code.  | all information required t  |                            |
|  |                                  | The Ho   | norable Staci Williams      | 5                          |
|  |                                  | Signature of   | of Candidate or Officehol   | der                        |
| AFFIX NOT                                      | TARY STAMP / SEAL AB             | OVE  |                             |                            |
| Sworn to and subso                             | ribed before me, by the s        | aid  | , this the                  | day                        |
| of   | , 20, to c                       | ertify which, witness my hand and seal of office.  |                             |                            |
|  |                                  |  |                             |                            |
| Signature of office                            | er administering oath            | Printed name of officer administering oath   | Title of office             | r administering oath       |

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

# FORM JC/OH COVER SHEET PG 3

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|                                 |   |                  |    | 4 01 59   |  |  |
|---------------------------------|---|------------------|----|-----------|--|--|
| <b>18</b> FILER NAM Williams, S | (Ethics Cor   | nmission Filers) |    |           |  |  |
|                                 | 20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE                                   |                  |    |           |  |  |
| 1. X                            | SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)               |                  | \$ | 65,681.00 |  |  |
| 2. X                            | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS               |                  | \$ | 0.00      |  |  |
| 3. X                            | SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                           |                  | \$ | 0.00      |  |  |
| 4. X                            | SCHEDULE E(J): LOANS (JUDICIAL)   |                  | \$ | 0.00      |  |  |
| 5. X                            | 5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS     |                  |    |           |  |  |
| 6. X                            | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                  |                  | \$ | 0.00      |  |  |
| 7. X                            | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI            | ONS              | \$ | 0.00      |  |  |
| 8. X                            | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                             |                  | \$ | 0.00      |  |  |
| 9. X                            | SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                    |                  | \$ | 2,244.84  |  |  |
| 10.                             | SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS            | OF C/OH          | \$ |           |  |  |
| 11.                             | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION        | ONS              | \$ |           |  |  |
| 12. X                           | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER | RETURNED         | \$ | 25,610.54 |  |  |
|                                 |   |                  | -  |           |  |  |

|    | 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:<br>Sch: 1/21 Rpt: 5/59 |
| 2  | FILER NAME<br>Williams, Sta | aci (The Honorable)   |                        |                                  | 3     | Filer ID (Ethics Commission Filers)<br>00069606    |
| 4  | Date 02/06/2024             | <ul><li>5 Full name of contributor<br/>Abusaad, Mo</li><li>6 Contributor address; City;</li></ul> | out-of-state PAC (ID#: |                                  | 7     | Amount of Contribution (\$) \$5,000.00             |
|    |                             | Richardson, TX 75081  |                        |                                  |       |  |
| 8  |                             | Principal Occupation  |                        | 9 Contributor's Job Title        |       |  |
|    | Attorney                    |   |                        | Attorney                         |       |  |
| 10 | Contributor's 6             | employer/law firm   |                        | 11 Law firm of contributor's sp  | oous  | se (if any)  |
| 12 | ! If contributor is         | s a child, law firm of parent(s) (i   | f any)                 |                                  |       |  |
|    | Date                        | Full name of contributor  | out-of-state PAC (ID#: | )                                |       | Amount of Contribution (\$)                        |
|    | 02/24/2024                  | Allen, Cynthia  Contributor address; City;  | State; Zip Code        |                                  |       | \$100.00   |
|    |                             | DeSoto, TX 75115  |                        | T = 10 - 11 - 11                 |       |  |
|    | Attorney                    | Principal Occupation  |                        | Contributor's Job Title Attorney |       |  |
|    |                             | employer/law firm   |                        | Law firm of contributor's sp     | 20116 | co (if any)  |
|    | The Allen La                |   |                        | Law iiiiii oi continuttoi 3 3    | Jous  | se (ii aiiy)                                       |
|    |                             | s a child, law firm of parent(s) (i   | f anv)                 |                                  |       |  |
|    |                             | ,   | ,,                     |                                  |       |  |
|    | Date                        | Full name of contributor  | out-of-state PAC (ID#: | )                                | Π     | Amount of Contribution (\$)                        |
|    | 02/06/2024                  | Anozie, Nnamdi  | _                      |                                  |       | \$1,500.00   |
|    |                             | Contributor address; City;  Dallas, TX 75226  | State; Zip Code        |                                  |       |  |
|    | Contributor's I             | Principal Occupation  |                        | Contributor's Job Title          |       |  |
|    | Attorney                    |   |                        | Attorney                         |       |  |
|    | Contributor's               | employer/law firm   |                        | Law firm of contributor's sp     | oous  | se (if any)  |
|    | Anozie LLP                  |   |                        |                                  |       |  |
|    | If contributor is           | s a child, law firm of parent(s) (i   | f any)                 |                                  |       |  |
|    |                             |   |                        |                                  |       |  |

|    | MONET  | ARY POLITICAL  | CONTRIBUTION           | ONS                             |      | SCHEDULE A(J)1                                     |
|----|--|--|------------------------|---------------------------------|------|--|
|    | The Instru   | ction Guide explains ho  | w to complete this     | form.                           | 1    | Total pages Schedule A(J)1:<br>Sch: 2/21 Rpt: 6/59 |
| 2  | FILER NAME<br>Williams, Sta                                  | aci (The Honorable)  |                        |                                 | 3    | Filer ID (Ethics Commission Filers) 00069606       |
| 4  | Date 01/26/2024  | <ul><li>5 Full name of contributor<br/>Arnold, John</li><li>6 Contributor address; City;</li></ul> | out-of-state PAC (ID#: |                                 | 7    | Amount of Contribution (\$) \$500.00               |
|    |  | Dallas, TX 75202   |                        | T                               |      |  |
| 8  |  | Principal Occupation   |                        | 9 Contributor's Job Title       |      |  |
| 40 | Attorney Attorney  |  |                        |                                 |      | and the sun of                                     |
| 10 | 10 Contributor's employer/law firm  Crowe Arnold Majors, LLP |  |                        | 11 Law firm of contributor's sp | oous | se (If any)  |
| 12 |  | s a child, law firm of parent(s) (i  | f any)                 | <u> </u>                        |      |  |
|    | Date   | Full name of contributor   | out-of-state PAC (ID#: | )                               |      | Amount of Contribution (\$)                        |
|    | 02/05/2024   | Bajaria, Favad  Contributor address; City;   | State; Zip Code        |                                 |      | \$1,000.00   |
|    | Contributorio  | Dallas, TX 75234   |                        | Contributor's Job Title         |      |  |
|    | Attorney   | Principal Occupation   |                        | Attorney                        |      |  |
|    |  | employer/law firm  |                        | Law firm of contributor's sp    | OUS  | se (if any)  |
|    |  | rgerson Law Group  |                        | ·                               |      |  |
|    | If contributor is  | s a child, law firm of parent(s) (i  | f any)                 |                                 |      |  |
| F  | Date   | Full name of contributor   | out-of-state PAC (ID#: | )                               |      | Amount of Contribution (\$)                        |
|    | 02/06/2024   | Bobier, Kila   | _                      |                                 |      | \$250.00   |
|    |  | Contributor address; City;  Dallas, TX 75201   | State; Zip Code        |                                 |      |  |
|    | Contributor's I  | Principal Occupation   |                        | Contributor's Job Title         |      |  |
|    | Attorney   |  |                        | Attorney                        |      |  |
|    |  | employer/law firm  |                        | Law firm of contributor's sp    | ous  | se (if any)  |
|    | Resnick & Lo   |  |                        |                                 |      |  |
|    | If contributor is  | s a child, law firm of parent(s) (i  | f any)                 |                                 |      |  |
|    |  |  |                        |                                 |      |  |

|    | MONET  | ARY POLITICAL  | CONTRIBUTIO            | ONS                          |              | SCHEDULE A(J)1                                     |
|----|--|--|------------------------|------------------------------|--------------|--|
|    | The Instru   | ction Guide explains ho  | w to complete this     | form.                        | 1            | Total pages Schedule A(J)1:<br>Sch: 3/21 Rpt: 7/59 |
| 2  | FILER NAME<br>Williams, Sta  | aci (The Honorable)  |                        |                              | 3            | Filer ID (Ethics Commission Filers) 00069606       |
| 4  | Date 01/31/2024  | <ul><li>5 Full name of contributor</li><li>Brown, Lee</li><li>6 Contributor address; City;</li></ul>   | out-of-state PAC (ID#: |                              | 7            | Amount of Contribution (\$) \$250.00               |
| Ļ  |  | Dallas, TX 75217   |                        | I                            |              |  |
| 8  |  | Principal Occupation   |                        | 9 Contributor's Job Title    |              |  |
| 10 | Attorney Attorney  |  |                        |                              |              | oo (if any)  |
| 10 | <ul><li>10 Contributor's employer/law firm</li><li>The Brown Law Firm</li><li>11 Law firm of contributor's s</li></ul> |  |                        | )Ou:                         | se (ii diiy) |  |
| 12 |  | s a child, law firm of parent(s) (if   | any)                   |                              |              |  |
|    | Date   | Full name of contributor   | out-of-state PAC (ID#: | )                            |              | Amount of Contribution (\$)                        |
|    | 01/31/2024   | Burke, Aaron  Contributor address; City; Supplies the Contributor address; City; Suppl | State; Zip Code        |                              |              | \$1,000.00   |
| _  | Contributor's I  | Principal Occupation   |                        | Contributor's Job Title      |              |  |
|    | Attorney   | molpai Occupation  |                        | Attorney                     |              |  |
|    |  | employer/law firm  |                        | Law firm of contributor's sp | ous          | se (if any)  |
|    | Burke Bogda  | anowisc PLLC   |                        |                              |              |  |
|    | If contributor is  | s a child, law firm of parent(s) (if   | any)                   | 1                            |              |  |
|    | Date   | Full name of contributor   | out-of-state PAC (ID#: | )                            |              | Amount of Contribution (\$)                        |
|    | 02/06/2024   | Chambers III, SJ (Mr.)   |                        |                              |              | \$1,000.00   |
|    |  | Contributor address; City; s  Arlington, TX 76014  | State; Zip Code        |                              |              |  |
|    | Contributor's I  | Principal Occupation   |                        | Contributor's Job Title      | •            |  |
|    | Retired  |  |                        | Retired                      |              |  |
|    |  | employer/law firm  |                        | Law firm of contributor's sp | ous          | se (if any)  |
|    | Retired  |  |                        |                              |              |  |
|    | If contributor is  | s a child, law firm of parent(s) (if   | any)                   |                              |              |  |
|    |  |  |                        |                              |              |  |

|    | MONET  | ARY POLITICAL   | CONTRIBUTION           | ONS                             |          | SCHEDULE A(J)1                                     |
|----|--|---|------------------------|---------------------------------|----------|--|
|    | The Instru   | ction Guide explains ho   | w to complete this     | form.                           | 1        | Total pages Schedule A(J)1:<br>Sch: 4/21 Rpt: 8/59 |
| 2  | FILER NAME<br>Williams, Sta  | aci (The Honorable)   |                        |                                 | 3        | Filer ID (Ethics Commission Filers) 00069606       |
| 4  | Date 02/06/2024  | <ul><li>5 Full name of contributor<br/>Clayton, Gary (Mr.)</li><li>6 Contributor address; City;</li></ul> | out-of-state PAC (ID#: |                                 | 7        | Amount of Contribution (\$) \$500.00               |
|    |  | Dallas, TX 75248  |                        | _                               |          |  |
| 8  |  | Principal Occupation  |                        | 9 Contributor's Job Title       |          |  |
| 40 | Mediator Ark   |   |                        | Mediator Arbitrator             |          | and the sun of                                     |
| 10 | 10 Contributor's employer/law firm  MediationE  11 Law firm of contributor's s |   |                        | 11 Law firm of contributor's sp | oous     | se (IT any)  |
| 12 | If contributor is  | s a child, law firm of parent(s) (if  | f any)                 |                                 |          |  |
|    | Date   | Full name of contributor  | out-of-state PAC (ID#: | )                               | Π        | Amount of Contribution (\$)                        |
|    | 01/26/2024   | Criss, David  Contributor address; City;  | State; Zip Code        |                                 |          | \$150.00   |
|    |  | Dallas, TX 75251  |                        |                                 |          |  |
|    | Contributor's I  | Principal Occupation  |                        | Contributor's Job Title         |          |  |
|    | Attorney   |   |                        | Attorney                        |          |  |
|    |  | employer/law firm   |                        | Law firm of contributor's sp    | ous      | se (if any)  |
|    | Criss Law Fi   |   |                        |                                 |          |  |
|    | If contributor is  | s a child, law firm of parent(s) (i   | fany)                  |                                 |          |  |
| F  | Date   | Full name of contributor  | out-of-state PAC (ID#: | )                               |          | Amount of Contribution (\$)                        |
|    | 01/26/2024   | Cunningham, Ross  | _                      |                                 |          | \$5,000.00   |
|    |  | Contributor address; City;  Dallas, TX 75214  | State; Zip Code        |                                 |          |  |
|    | Contributor's I  | rincipal Occupation   |                        | Contributor's Job Title         | <u> </u> |  |
|    | Attorney   |   |                        | Attorney                        |          |  |
|    | Contributor's  | employer/law firm   |                        | Law firm of contributor's sp    | ous      | se (if any)  |
|    | Cunningham   | n Swain   |                        |                                 |          |  |
|    | If contributor is  | s a child, law firm of parent(s) (if  | fany)                  | •                               |          |  |
|    |  |   |                        |                                 |          |  |

|    | MONET  | ARY POLITICAL (   | CONTRIBUTIO                           | DNS                                    | SCHEDULE A(J)1                                       |
|----|--|---|---------------------------------------|--|--|
|    | The Instru   | ction Guide explains how  | v to complete this f                  | orm.                                   | 1 Total pages Schedule A(J)1:<br>Sch: 5/21 Rpt: 9/59 |
| 2  | FILER NAME<br>Williams, Sta  | aci (The Honorable)   |                                       |  | 3 Filer ID (Ethics Commission Filers) 00069606       |
| 4  | 02/06/2024 Eddleman & Clark  6 Contributor address; City; State; Zip Code  Dallas, TX 75205                                    |   | 7 Amount of Contribution (\$) \$50.00 |  |  |
| 8  | Contributor's I  | Principal Occupation  |                                       | 9 Contributor's Job Title              | <u> </u>   |
| 10 | L0 Contributor's employer/law firm 11 Law firm of contributor's s  |   |                                       | 11 Law firm of contributor's sp        | oouse (if any)                                       |
| 12 | If contributor is  | s a child, law firm of parent(s) (if  | any)                                  |  |  |
|    | Date Full name of contributor out-of-state PAC (ID#:)  02/06/2024 Farmer Law Group  Contributor address; City; State; Zip Code |   | )                                     | Amount of Contribution (\$) \$2,500.00 |  |
|    | Contributor's I  | Dallas, TX 75208 Principal Occupation   |                                       | Contributor's Job Title                |  |
|    | Contributor's 6  | employer/law firm   |                                       | Law firm of contributor's sp           | oouse (if any)                                       |
|    | If contributor is  | s a child, law firm of parent(s) (if  | any)                                  |  |  |
|    | Date<br>01/26/2024   | Full name of contributor Fokas, Terry  Contributor address; City; S  Dallas, TX 75252 | out-of-state PAC (ID#:_               |  | Amount of Contribution (\$) \$250.00                 |
|    | Contributor's I  | Principal Occupation  |                                       | Contributor's Job Title                |  |
|    | Manager Manager  |   |                                       |  |  |
|    | Parallel Netv  |   |                                       | Law firm of contributor's sp           | oouse (if any)                                       |
|    | If contributor is  | s a child, law firm of parent(s) (if  | any)                                  |  |  |
|    |  |   |                                       |  |  |

|    | MONET   | ARY POLITICAL  | CONTRIBUTION           | ONS                              |      | SCHEDULE A(J)1                                      |
|----|---|--|------------------------|----------------------------------|------|---|
|    | The Instru  | ction Guide explains ho  | w to complete this     | form.                            | 1    | Total pages Schedule A(J)1:<br>Sch: 6/21 Rpt: 10/59 |
| 2  | FILER NAME<br>Williams, Sta   | aci (The Honorable)  |                        |                                  | 3    | Filer ID (Ethics Commission Filers) 00069606        |
| 4  | Date<br>02/06/2024  | <ul><li>5 Full name of contributor</li><li>Gibson, Fancharm</li><li>6 Contributor address; City;</li></ul> | out-of-state PAC (ID#: | )                                | 7    | Amount of Contribution (\$) \$75.00                 |
|    |   | Garland, TX 75040  |                        |                                  |      |   |
| 8  |   | Principal Occupation   |                        | 9 Contributor's Job Title        |      |   |
|    | Legal Assist  |  |                        | Legal Assistant                  |      |   |
| 10 | 10 Contributor's employer/law firm  Law Office Linda Sorrells  11 Law firm of contributor's s |  |                        | 11 Law firm of contributor's sp  | oous | se (if any)   |
| 12 | If contributor is   | s a child, law firm of parent(s) (i  | f any)                 |                                  |      |   |
| F  | Date  | Full name of contributor   | out-of-state PAC (ID#: | )                                | Т    | Amount of Contribution (\$)                         |
|    | 02/06/2024  | Hawkins, Connie  Contributor address; City;  | State; Zip Code        |                                  | •    | \$100.00  |
|    | O a stalle at a size I  | Richardson, TX 75080   |                        | Occasillant and Dala Title       |      |   |
|    | Attorney  | Principal Occupation   |                        | Contributor's Job Title Attorney |      |   |
| _  |   | employer/law firm  |                        | Law firm of contributor's sp     | 2011 | co (if any)   |
|    |   | er, Matt, Holland ,Del Valle   |                        | Law iiiii or contributor 5 5     | Jou. | se (ii diiy)  |
|    |   | s a child, law firm of parent(s) (i  | f any)                 | <u> </u>                         |      |   |
|    | Date  | Full name of contributor   | out-of-state PAC (ID#: | )                                |      | Amount of Contribution (\$)                         |
|    | 02/07/2024  | Hilton, Lawrence (Mr.)  Contributor address; City;  Austin, TX 78738                                       | State; Zip Code        |                                  | -    | \$250.00  |
| -  | Contributor's F   | Principal Occupation   |                        | Contributor's Job Title          |      |   |
|    | Attorney  |  |                        | Attorney                         |      |   |
| Г  | Contributor's   | employer/law firm  |                        | Law firm of contributor's sp     | oous | se (if any)   |
|    | One LLP   |  |                        |                                  |      |   |
|    | If contributor is   | s a child, law firm of parent(s) (i  | f any)                 | •                                |      |   |
|    |   |  |                        |                                  |      |   |

|    | MONET  | ARY POLITICAL   | CONTRIBUTION           | ONS                             |      | SCHEDULE A(J)1                                      |
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|    | The Instru   | ction Guide explains ho   | w to complete this     | form.                           | 1    | Total pages Schedule A(J)1:<br>Sch: 7/21 Rpt: 11/59 |
| 2  | FILER NAME<br>Williams, Sta  | aci (The Honorable)   |                        |                                 | 3    | Filer ID (Ethics Commission Filers)<br>00069606     |
| 4  | Date 01/31/2024  | <ul><li>5 Full name of contributor<br/>Johnson, Anne</li><li>6 Contributor address; City;</li></ul> | out-of-state PAC (ID#: |                                 | 7    | Amount of Contribution (\$) \$100.00                |
|    |  | Dallas, TX 75230  |                        |                                 |      |   |
| 8  |  | Principal Occupation  |                        | 9 Contributor's Job Title       |      |   |
|    | Attorney   |   |                        | Attorney                        |      |   |
| 10 | 10 Contributor's employer/law firm11 Law firm of contributor's sTillotson Johnson Patton |   |                        | 11 Law firm of contributor's sp | oous | se (if any)   |
| 12 | If contributor i   | s a child, law firm of parent(s) (if  | any)                   |                                 |      |   |
|    | Date   | Full name of contributor  | out-of-state PAC (ID#: | )                               |      | Amount of Contribution (\$)                         |
|    | 02/05/2024   | Kastl, Kristina Contributor address; City;  | State; Zip Code        |                                 |      | \$1,500.00  |
|    |  | Dallas, TX 75204  |                        |                                 |      |   |
|    |  | Principal Occupation  |                        | Contributor's Job Title         |      |   |
|    | Attorney   |   |                        | Attorney                        |      |   |
|    | Kastle Law,  | employer/law firm   |                        | Law firm of contributor's sp    | oous | se (If any)   |
|    |  | s a child, law firm of parent(s) (if  | · any)                 |                                 |      |   |
|    | ii contributor i   | s a clinia, law litti or paretii(s) (ii   | any)                   |                                 |      |   |
| F  | Date   | Full name of contributor  | out-of-state PAC (ID#: | )                               |      | Amount of Contribution (\$)                         |
|    | 01/26/2024   | Kearney, Kathleen   |                        |                                 |      | \$100.00  |
|    |  | Contributor address; City;  Dallas, TX 75206  | State; Zip Code        |                                 |      |   |
|    | Contributor's I  | I<br>Principal Occupation   |                        | Contributor's Job Title         |      |   |
|    | Attorney   |   |                        | Attorney                        |      |   |
|    | Contributor's  | employer/law firm   |                        | Law firm of contributor's sp    | oous | se (if any)   |
|    | Kearney Lav  | v Firm  |                        |                                 |      |   |
|    | If contributor i   | s a child, law firm of parent(s) (if  | any)                   |                                 |      |   |
|    |  |   |                        |                                 |      |   |

|    | MONET                       | ARY POLITICAL   | CONTRIBUTIO             | DNS                                   |     | SCHEDULE A(J)1                                      |
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|    | The Instru                  | ction Guide explains ho   | w to complete this f    | orm.                                  | 1   | Total pages Schedule A(J)1:<br>Sch: 8/21 Rpt: 12/59 |
| 2  | FILER NAME<br>Williams Sta  | aci (The Honorable)   |                         |                                       | 3   | Filer ID (Ethics Commission Filers) 00069606        |
| 4  | Date 01/30/2024             | <ul> <li>5 Full name of contributor<br/>Kennedy, Stephen</li> <li>6 Contributor address; City; s</li> </ul> | out-of-state PAC (ID#:_ |                                       | 7   | Amount of Contribution (\$) \$250.00                |
|    |                             | DALLAS, TX 75202  |                         |                                       |     |   |
| 8  | Contributor's I<br>Attorney | Principal Occupation  |                         | 9 Contributor's Job Title<br>Attorney |     |   |
| 10 |                             | employer/law firm   |                         | 11 Law firm of contributor's sp       | oou | se (if any)   |
| 12 |                             | s a child, law firm of parent(s) (if  | any)                    |                                       |     |   |
|    | Date 01/31/2024             |   |                         |                                       |     | Amount of Contribution (\$) \$500.00                |
|    |                             | Dallas, TX 75214  |                         |                                       |     |   |
|    | Contributor's I<br>Attorney | Principal Occupation  |                         | Contributor's Job Title Attorney      |     |   |
|    |                             | employer/law firm<br>ns   |                         | Law firm of contributor's sp          | oou | se (if any)   |
|    | If contributor is           | s a child, law firm of parent(s) (if  | any)                    |                                       |     |   |
|    | Date 02/07/2024             | Full name of contributor Koatz, Fernando Contributor address; City; 9                                       | out-of-state PAC (ID#:_ |                                       |     | Amount of Contribution (\$) \$50.00                 |
|    |                             | New York, NY 10168  |                         |                                       |     |   |
|    | Contributor's F<br>Attorney | Principal Occupation  |                         | Contributor's Job Title<br>Attorney   |     |   |
|    | Contributor's e             | employer/law firm   |                         | Law firm of contributor's sp          | oou | se (if any)   |
|    | If contributor is           | s a child, law firm of parent(s) (if  | any)                    |                                       |     |   |
|    |                             |   |                         |                                       |     |   |

|    | MONET                       | ARY POLITICAL  | CONTRIBUTIO            | ONS                             |      | SCHEDULE A(J)1                                      |
|----|-----------------------------|--|------------------------|---------------------------------|------|---|
|    | The Instru                  | ction Guide explains ho  | w to complete this f   | form.                           | 1    | Total pages Schedule A(J)1:<br>Sch: 9/21 Rpt: 13/59 |
| 2  | FILER NAME<br>Williams, Sta | aci (The Honorable)  |                        |                                 | 3    | Filer ID (Ethics Commission Filers)<br>00069606     |
| 4  | Date<br>02/06/2024          | Full name of contributor     Law Offices of Cato-Mill     Contributor address; City; | -                      |                                 | 7    | Amount of Contribution (\$) \$500.00                |
|    |                             | Dallas, TX 75254   |                        | 1                               |      |   |
| 8  | Contributor's I             | Principal Occupation   |                        | 9 Contributor's Job Title       |      |   |
| 10 | Contributor's               | employer/law firm  |                        | 11 Law firm of contributor's sp | oous | se (if any)   |
| 12 | 2 If contributor is         | s a child, law firm of parent(s) (if   | any)                   |                                 |      |   |
|    | Date                        | Full name of contributor   | out-of-state PAC (ID#: | )                               |      | Amount of Contribution (\$)                         |
|    | 02/06/2024                  | Law Offices of Cynthia F Contributor address; City;                                  |                        |                                 |      | \$250.00  |
|    | 0                           | Dallas, TX 75230   |                        | I a                             |      |   |
|    | Contributor's I             | Principal Occupation   |                        | Contributor's Job Title         |      |   |
|    | Contributor's 6             | employer/law firm  |                        | Law firm of contributor's sp    | oous | se (if any)   |
|    | If contributor is           | s a child, law firm of parent(s) (if   | any)                   |                                 |      |   |
|    | Date                        | Full name of contributor   | out-of-state PAC (ID#: | )                               |      | Amount of Contribution (\$)                         |
|    | 01/31/2024                  | LePage, William  | _                      |                                 |      | \$250.00  |
|    |                             | Contributor address; City;  Dallas, TX 75248   |                        |                                 |      |   |
| _  | Contributor's I             | I<br>Principal Occupation  |                        | Contributor's Job Title         |      |   |
|    | Attorney                    |  |                        | Attorney                        |      |   |
|    | Contributor's               | employer/law firm  |                        | Law firm of contributor's sp    | oous | se (if any)   |
|    | Stutsman Br                 | romberg  |                        |                                 |      |   |
|    | If contributor is           | s a child, law firm of parent(s) (if   | any)                   |                                 |      |   |
|    |                             |  |                        |                                 |      |   |

|  | MONET                       | ARY POLITICAL  | CONTRIBUTIO            | ONS                             |                             | SCHEDULE A   | \(J)1      |
|--|-----------------------------|--|------------------------|---------------------------------|-----------------------------|--|------------|
|  | The Instru                  | ction Guide explains ho  | w to complete this     | form.                           | 1                           | Total pages Schedule A(J)1:<br>Sch: 10/21 Rpt: 14/59 |            |
| 2  | FILER NAME<br>Williams, Sta | aci (The Honorable)  |                        |                                 | 3                           | Filer ID (Ethics Commission 00069606                 | n Filers)  |
| 4  | Date 02/03/2024             | D2/03/2024 Lester, James  6 Contributor address; City; State; Zip Code |                        | 7                               | Amount of Contribution (\$) | \$500.00   |            |
|  |                             | Dallas, TX 75236   |                        |                                 |                             |  |            |
| 8  |                             | Principal Occupation   |                        | 9 Contributor's Job Title       |                             |  |            |
| _  | retired                     |  |                        | retired                         |                             |  |            |
| 10   | Contributor's e             | employer/law firm  |                        | 11 Law firm of contributor's sp | oous                        | se (if any)  |            |
| 12   |                             | s a child, law firm of parent(s) (if                                   | any)                   |                                 |                             |  |            |
|  |                             |  | •                      |                                 |                             |  |            |
|  | Date                        | Full name of contributor   | out-of-state PAC (ID#: | )                               | T                           | Amount of Contribution (\$)                          |            |
|  | 01/27/2024                  | Lyons, Michael (Mr.)  Contributor address; City;                       | State; Zip Code        |                                 |                             |  | \$1,500.00 |
|  |                             | Dallas, TX 75201   |                        |                                 |                             |  |            |
|  | Contributor's I             | Principal Occupation   |                        | Contributor's Job Title         |                             |  |            |
| Attorney Attorney                          |                             | Attorney   |                        |                                 |                             |  |            |
|  |                             | employer/law firm  |                        | Law firm of contributor's sp    | oous                        | se (if any)  |            |
|  | Lyons & Sim                 |  |                        |                                 |                             |  |            |
|  | If contributor is           | s a child, law firm of parent(s) (if                                   | any)                   |                                 |                             |  |            |
| H  | Date                        | Full name of contributor   | out-of-state PAC (ID#: | )                               | Т                           | Amount of Contribution (\$)                          |            |
|  | 02/08/2024                  | Lyons, Michael (Mr.)   |                        |                                 |                             | •              | \$3,500.00 |
| Contributor address; City; State; Zip Code |                             |  |                        |                                 |                             |  |            |
|  | Contributor's I             | Dallas, TX 75201 Principal Occupation                                  |                        | Contributor's Job Title         |                             |  |            |
|  | Attorney                    | Principal Occupation   |                        | Attorney                        |                             |  |            |
| -  |                             | employer/law firm  |                        | Law firm of contributor's sp    | oous                        | se (if anv)  |            |
|  | Lyons & Sim                 |  |                        |                                 |                             | (,)  |            |
|  | If contributor is           | s a child, law firm of parent(s) (if                                   | any)                   | <u>l</u>                        |                             |  |            |
|  |                             |  |                        |                                 |                             |  |            |

|       | MONET   | ARY POLITICAL  | CONTRIBUTION       | ONS                                    |  | SCHEDULE A(J)1                                       |
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|       | The Instru  | ction Guide explains ho  | w to complete this | form.                                  | 1                                      | Total pages Schedule A(J)1:<br>Sch: 11/21 Rpt: 15/59 |
| 2     | FILER NAME<br>Williams, Sta   | aci (The Honorable)  |                    |  | 3                                      | Filer ID (Ethics Commission Filers) 00069606         |
| 4     | Date 01/26/2024   | MAS Firm  6 Contributor address; City; State; Zip Code           |                    | 7                                      | Amount of Contribution (\$) \$5,000.00 |  |
|       |   | Richardson, TX 75081   |                    |  |  |  |
| 8     | Contributor's F   | butor's Principal Occupation  9 Contributor's Job Title Attorney |                    |  |  |  |
| 10    | 10 Contributor's employer/law firm 11 Law firm of contributor's sp  |  |                    | oous                                   | se (if any)                            |  |
| 12    | ! If contributor is   | s a child, law firm of parent(s) (i                              | f any)             |  |  |  |
|       | Date Full name of contributor out-of-state PAC (ID#:)  02/06/2024 Marsaw, Terry  Contributor address; City; State; Zip Code       |  |                    | Amount of Contribution (\$) \$500.00   |  |  |
|       |   | Mesquite, TX 75181   |                    |  |  |  |
| · · · |   | Contributor's Job Title  |                    |  |  |  |
|       | Attorney  |  |                    | Attorney                               |  | <i>(1)</i>   |
|       | Marcel & As   | employer/law firm  |                    | Law firm of contributor's sp           | oous                                   | se (If any)  |
|       |   | s a child, law firm of parent(s) (i                              | f any)             |  |  |  |
| L     |   | T = 0  |                    |  | _                                      |  |
|       | Date Full name of contributor out-of-state PAC (ID#:)  02/06/2024 Mays, Stanley (Mr.)  Contributor address; City; State; Zip Code |  |                    |  | Amount of Contribution (\$) \$250.00   |  |
|       |   | Dallas, TX 75201   |                    |  |  |  |
|       |   | Principal Occupation   |                    | Contributor's Job Title                |  |  |
|       | Attorney  | employer/law firm  |                    | Attorney  Law firm of contributor's sp | 2011                                   | co (if any)  |
|       | self  | етіріоуетлам інті  |                    | Law littli of contributor's sp         | ou                                     | se (II dily)   |
|       | If contributor is   | s a child, law firm of parent(s) (i                              | f any)             |  |  |  |
|       |   |  |                    |  |  |  |

|    | MONET  | ARY POLITICAL   | CONTRIBUTION           | ONS                                |              | SCHEDULE A(J)1                                       |
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|    | The Instru   | ction Guide explains ho   | w to complete this     | form.                              | 1            | Total pages Schedule A(J)1:<br>Sch: 12/21 Rpt: 16/59 |
| 2  | FILER NAME<br>Williams, Sta  | aci (The Honorable)   |                        |                                    | 3            | Filer ID (Ethics Commission Filers) 00069606         |
| 4  | Date 01/31/2024  | Full name of contributor     McCarthy, James (Mr.)     Contributor address; City; | out-of-state PAC (ID#: |                                    | 7            | Amount of Contribution (\$) \$50.00                  |
| Ļ  | 0  | Dallas, TX 75204  |                        | In a control of the                |              |  |
| 8  | Attorney   | Principal Occupation  |                        | 9 Contributor's Job Title Attorney |              |  |
| 10 | 10 Contributor's employer/law firm 11 Law firm of contributor's sp |   |                        | 20116                              | co (if any)  |  |
| 10 | Diamond McCarthy LLP   |   |                        | Jous                               | se (II ally) |  |
| 12 |  | s a child, law firm of parent(s) (i   | any)                   | <u></u>                            |              |  |
|    | Date   | Full name of contributor  | out-of-state PAC (ID#: | )                                  |              | Amount of Contribution (\$)                          |
|    | 02/06/2024   | McCathern PLLC  Contributor address; City;  | State; Zip Code        |                                    |              | \$500.00   |
|    | 0  | Dallas, TX 75219  |                        | O contributanta dal Titta          |              |  |
|    | Contributors   | Principal Occupation  |                        | Contributor's Job Title            |              |  |
|    | Contributor's e  | 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   | any)                   |                                    |              |  |
|    | Date   | Full name of contributor  | out-of-state PAC (ID#: | )                                  |              | Amount of Contribution (\$)                          |
|    | 01/31/2024   | Montgmery, Sadat  |                        |                                    |              | \$5,000.00   |
|    |  | Contributor address; City;<br>Frisco, TX 75033                                    | State; Zip Code        |                                    |              |  |
|    | Contributor's I  | Principal Occupation  |                        | Contributor's Job Title            | <u> </u>     |  |
|    | Attorney   |   |                        | Attorney                           |              |  |
|    |  | employer/law firm   |                        | Law firm of contributor's sp       | oous         | se (if any)  |
|    | Montgomery   |   |                        |                                    |              |  |
|    | If contributor is  | s a child, law firm of parent(s) (if  | any)                   |                                    |              |  |
|    |  |   |                        |                                    |              |  |

|  | MONET   | ARY POLITICAL  | CONTRIBUTION           | ONS                          |                                      | SCHEDULE A(J)1                                       |
|--|---|--|------------------------|------------------------------|--------------------------------------|--|
|  | The Instru  | ction Guide explains ho                                | w to complete this     | form.                        | 1                                    | Total pages Schedule A(J)1:<br>Sch: 13/21 Rpt: 17/59 |
| 2  | FILER NAME<br>Williams, Sta                                 | aci (The Honorable)                                    |                        |                              | 3                                    | Filer ID (Ethics Commission Filers) 00069606         |
| 4  | Date<br>02/06/2024  | Moore, Dan  Contributor address; City; State; Zip Code |                        | 7                            | Amount of Contribution (\$) \$250.00 |  |
|  |   | Carrollton, TX 75006                                   |                        |                              |                                      |  |
| 8  |   | Principal Occupation                                   |                        | 9 Contributor's Job Title    |                                      |  |
|  | Attorney Attorney   |  |                        |                              |                                      |  |
| 10   | Lo Contributor's employer/law firm  Law Office of Dan Moore |  |                        | ous                          | se (if any)                          |  |
| 12   | ! If contributor is   | s a child, law firm of parent(s) (i                    | f any)                 | 1                            |                                      |  |
|  | Date  | Full name of contributor                               | out-of-state PAC (ID#: | )                            |                                      | Amount of Contribution (\$)                          |
|  | 02/07/2024  | Morris, Robert  Contributor address; City;             | State; Zip Code        |                              |                                      | \$250.00   |
|  |   | Dallas, TX 75225                                       |                        |                              |                                      |  |
|  | Contributor's Principal Occupation Contributor's Job Title  |  |                        |                              |                                      |  |
|  | Consulting  |  |                        | Consultant                   |                                      |  |
|  | Lounge 9 DF   | employer/law firm                                      |                        | Law firm of contributor's sp | ous                                  | se (if any)  |
|  |   | s a child, law firm of parent(s) (i                    | f any)                 |                              |                                      |  |
|  | ii contributor i  | s a ciliu, iaw iiiii oi pareiii(s) (i                  | i aliy)                |                              |                                      |  |
|  | Date  | Full name of contributor                               | out-of-state PAC (ID#: | )                            |                                      | Amount of Contribution (\$)                          |
|  | 02/18/2024  | Nash, Herdecine  |                        |                              |                                      | \$100.00   |
| Contributor address; City; State; Zip Code  Dallas, TX 75230 |   |  |                        |                              |                                      |  |
|  | Contributor's F   | I<br>Principal Occupation                              |                        | Contributor's Job Title      |                                      |  |
|  | Retired   |  |                        | Retired                      |                                      |  |
|  | Contributor's   | employer/law firm                                      |                        | Law firm of contributor's sp | ous                                  | se (if any)  |
|  | Retired   |  |                        |                              |                                      |  |
|  | If contributor is   | s a child, law firm of parent(s) (i                    | f any)                 |                              |                                      |  |
|  |   |  |                        |                              |                                      |  |

|          | MONET                                   | ARY POLITICAL  | CONTRIBUTIO            | ONS                          |                 | SCHEDULE A(J)1                                       |  |
|----------|---|--|------------------------|------------------------------|-----------------|--|--|
|          | The Instru                              | ction Guide explains ho  | w to complete this t   | form.                        | 1               | Total pages Schedule A(J)1:<br>Sch: 14/21 Rpt: 18/59 |  |
| 2        | FILER NAME<br>Williams, Sta             | aci (The Honorable)  |                        |                              | 3               | Filer ID (Ethics Commission Filers) 00069606         |  |
| 4        | Date 01/26/2024                         | <ul><li>5 Full name of contributor<br/>Onyenah, Kenneth (Mr.)</li><li>6 Contributor address; City; s</li></ul> |                        |                              | 7               | Amount of Contribution (\$) \$250.00                 |  |
|          |   | Irving, TX 75063   |                        |                              |                 |  |  |
| 8        |   | Principal Occupation   |                        | 9 Contributor's Job Title    |                 |  |  |
|          |   |  |                        | Attorney                     |                 |  |  |
| 10       | 10 Contributor's employer/law firm self |  |                        | ous                          | se (if any)     |  |  |
| 12       |   | s a child, law firm of parent(s) (if   | any)                   |                              |                 |  |  |
|          |   |  |                        |                              |                 |  |  |
|          | Date                                    | Full name of contributor   | out-of-state PAC (ID#: | )                            |                 | Amount of Contribution (\$)                          |  |
|          | 01/26/2024                              | Owen, John Contributor address; City; \$   | State; Zip Code        |                              |                 | \$500.00   |  |
|          |   | Colleyville, TX 76034  |                        |                              |                 |  |  |
|          |   | Principal Occupation   |                        | Contributor's Job Title      |                 |  |  |
|          | Attorney                                |  |                        | Attorney                     |                 |  |  |
|          | Contributor's of Owen & Faz             | employer/law firm  |                        | Law firm of contributor's sp | spouse (If any) |  |  |
|          |   | s a child, law firm of parent(s) (if   | any)                   |                              |                 |  |  |
|          | ii continuator i                        | s a criliu, iaw ilimi or paremi(s) (ii   | arry)                  |                              |                 |  |  |
| F        | Date                                    | Full name of contributor   | out-of-state PAC (ID#: | )                            |                 | Amount of Contribution (\$)                          |  |
|          | 01/31/2024                              | Payseur, Joan  | _                      |                              |                 | \$150.00   |  |
|          |   | Contributor address; City; s  Dallas, TX 75254   | State; Zip Code        |                              | •               |  |  |
| $\vdash$ | Contributor's F                         | Principal Occupation   |                        | Contributor's Job Title      | <u> </u>        |  |  |
|          | Retired                                 |  |                        | Retired                      |                 |  |  |
|          | Contributor's                           | employer/law firm  |                        | Law firm of contributor's sp | ous             | se (if any)  |  |
|          | n/a                                     |  |                        |                              |                 |  |  |
|          | If contributor is                       | s a child, law firm of parent(s) (if   | any)                   |                              |                 |  |  |
|          |   |  |                        |                              |                 |  |  |

|  | MONET  | ARY POLITICAL   | CONTRIBUTION           | ONS   |                                     | SCHEDULE A(J)1                                       |
|--|--|---|------------------------|---|-------------------------------------|--|
|  | The Instru   | ction Guide explains ho                                     | w to complete this     | form.   | 1                                   | Total pages Schedule A(J)1:<br>Sch: 15/21 Rpt: 19/59 |
| 2  | FILER NAME<br>Williams, Sta  | aci (The Honorable)   |                        |   | 3                                   | Filer ID (Ethics Commission Filers)<br>00069606      |
| 4  | Date 02/07/2024  |   |                        | 7   | Amount of Contribution (\$) \$50.00 |  |
| Ļ  | 0  |   |                        | In a  |                                     |  |
| 8  | Yoga Instruc   | Principal Occupation  |                        | 9 Contributor's Job Title<br>Yoga. Instructor |                                     |  |
| 10   |  |   |                        |   |                                     | on (if any)  |
| 10   | 10 Contributor's employer/law firm Yoga Maestra  11 Law firm of contributor's sp |   |                        |   | oous                                | se (IT any)  |
| 12   | If contributor is  | s a child, law firm of parent(s) (i                         | f any)                 |   |                                     |  |
|  | Date   | Full name of contributor                                    | out-of-state PAC (ID#: | )   | Π                                   | Amount of Contribution (\$)                          |
|  | 02/05/2024   | Perry, Robert  Contributor address; City;  Dallas, TX 75201 | <u> </u>               |   |                                     | \$100.00   |
|  | Contributor's Principal Occupation Contributor's Job Title                       |   |                        | <u> </u>                                      |                                     |  |
|  | Businessman  Businessman  Businessman  |   |                        |   |                                     |  |
|  |  | employer/law firm   |                        | Law firm of contributor's sp                  | oous                                | se (if any)  |
|  | Self   |   |                        |   |                                     |  |
|  | If contributor is  | s a child, law firm of parent(s) (i                         | f any)                 |   |                                     |  |
|  | Date   | Full name of contributor                                    | out-of-state PAC (ID#: | )   |                                     | Amount of Contribution (\$)                          |
|  | 02/06/2024   | Pettit, Julie   | _                      |   |                                     | \$5,000.00   |
| Contributor address; City; State; Zip Code  Dallas, TX 75201 |  |   |                        |   |                                     |  |
|  | Contributor's I  | Principal Occupation  |                        | Contributor's Job Title                       |                                     |  |
|  | Attorney   |   |                        | Attorney                                      |                                     |  |
|  | Contributor's  | employer/law firm   |                        | Law firm of contributor's sp                  | oous                                | se (if any)  |
|  | The Pettit La  | aw Group  |                        |   |                                     |  |
|  | If contributor is  | s a child, law firm of parent(s) (i                         | f any)                 | •   |                                     |  |
|  |  |   |                        |   |                                     |  |

|                                 | MONET                       | ARY POLITICAL CON   | TRIBUTIONS                 |                            | SCHEDULE A(J)1                            |
|---------------------------------|-----------------------------|---|----------------------------|----------------------------|---|
|                                 | The Instru                  | ction Guide explains how to c   | omplete this form.         |                            | pages Schedule A(J)1:<br>16/21 Rpt: 20/59 |
| 2                               | FILER NAME<br>Williams, Sta | aci (The Honorable)   |                            | 3 Filer II 00069           | D (Ethics Commission Filers)<br>9606      |
| 4                               | Date 01/31/2024             | 1/31/2024 Rash, Sonia  6 Contributor address; City; State; Zip Code             |                            | 7 Amou                     | nt of Contribution (\$)<br>\$100.00       |
|                                 |                             | Sugarland, TX 77497   |                            |                            |   |
| 8                               |                             | Principal Occupation  | 9 Contributor's            | Job Title                  |   |
| L                               | JP                          |   | JP                         |                            |   |
| 10                              | Fort Bend C                 | employer/law firm<br>ountv  | 11 Law firm of co          | intributor's spouse (if an | у)  |
| 12                              |                             | s a child, law firm of parent(s) (if any)                                       | I                          |                            |   |
|                                 | Date                        | Full name of contributor ou   | -of-state PAC (ID#:        | ) Amou                     | nt of Contribution (\$)                   |
|                                 | 01/31/2024                  | Reardon, Thomas (Mr.)  Contributor address; City; State; Zi  Longview, TX 75605 | ) Code                     |                            | \$250.00                                  |
| L                               | Contributor's I             | Principal Occupation  | Contributor's              | loh Title                  |   |
|                                 | Attorney                    | Timopai Occupation  | Attorney                   | Job Tille                  |   |
| Contributor's employer/law firm |                             |   | entributor's spouse (if an | y)                         |   |
|                                 | Gordarzi & Y                | oung ′oung  |                            |                            |   |
|                                 | If contributor is           | s a child, law firm of parent(s) (if any)                                       |                            |                            |   |
|                                 | Date                        | Full name of contributor ou   | -of-state PAC (ID#:        | ) Amou                     | nt of Contribution (\$)                   |
|                                 | 02/06/2024                  | Robinson & Hoskins, LLP  Contributor address; City; State; Zi  Dallas, TX 75208 | ) Code                     |                            | \$1,000.00                                |
| H                               | Contributor's F             | Principal Occupation  | Contributor's              | <br>Job Title              |   |
|                                 |                             |   |                            |                            |   |
|                                 | Contributor's               | employer/law firm   | Law firm of co             | ntributor's spouse (if an  | у)  |
|                                 | If contributor is           | s a child, law firm of parent(s) (if any)                                       | <u>'</u>                   |                            |   |
|                                 |                             |   |                            |                            |   |

|   | MONET  | ARY POLITICAL  | CONTRIBUTION           | ONS                                       |                                      | SCHEDULE A(J)1                                       |  |
|---|--|--|------------------------|---|--------------------------------------|--|--|
|   | The Instru   | ction Guide explains ho                                  | ow to complete this    | form.                                     | 1                                    | Total pages Schedule A(J)1:<br>Sch: 17/21 Rpt: 21/59 |  |
| 2   | FILER NAME<br>Williams, Sta  | aci (The Honorable)                                      |                        |   | 3                                    | Filer ID (Ethics Commission Filers) 00069606         |  |
| 4   | Date 02/07/2024  | SDRBS, LLP  6 Contributor address; City; State; Zip Code |                        | 7   | Amount of Contribution (\$) \$500.00 |  |  |
|   |  | Dallas, TX 75201   |                        |   |                                      |  |  |
| 8   | Contributor's I  | Principal Occupation                                     |                        | 9 Contributor's Job Title                 |                                      |  |  |
| 10  | 10 Contributor's employer/law firm 11 Law firm of contributor's sp   |  |                        | oou                                       | se (if any)                          |  |  |
| 12  | ! If contributor is  | s a child, law firm of parent(s) (i                      | f any)                 |   |                                      |  |  |
|   | Date   | Full name of contributor                                 | out-of-state PAC (ID#: | )   | T                                    | Amount of Contribution (\$)                          |  |
|   | 02/06/2024 Sbaiti, Mazin  Contributor address; City; State; Zip Code |  |                        |   | \$1,500.00                           |  |  |
|   |  | Dallas, TX 75205   |                        |   |                                      |  |  |
|   |  | Principal Occupation                                     |                        | Contributor's Job Title                   |                                      |  |  |
|   | Attorney   |  |                        | Attorney                                  |                                      |  |  |
|   | Contributor's 6  | employer/law firm  |                        | Law firm of contributor's spouse (if any) |                                      |  |  |
|   | If contributor is  | s a child, law firm of parent(s) (i                      | f any)                 |   |                                      |  |  |
| F   | Date   | Full name of contributor                                 | out-of-state PAC (ID#: | )   | T                                    | Amount of Contribution (\$)                          |  |
|   | 01/30/2024   | Scibellli, Pasqua  |                        |   |                                      | \$100.00   |  |
| Contributor address; City; State; Zip Code  Bston, MA 02133 |  |  |                        |   |                                      |  |  |
|   | Contributor's I  | Principal Occupation                                     |                        | Contributor's Job Title                   | <u> </u>                             |  |  |
|   | Attorney   | тпстрат Оссирацоп  |                        | Attorney                                  |                                      |  |  |
|   |  | employer/law firm  |                        | Law firm of contributor's sp              | oou                                  | se (if any)  |  |
|   |  | or Public Counsel Services                               |                        |   |                                      | , ,,,  |  |
|   | If contributor is  | s a child, law firm of parent(s) (i                      | f any)                 | 1   |                                      |  |  |
|   |  |  |                        |   |                                      |  |  |

|    | MONET   | ARY POLITICAL   | CONTRIBUTIO            | ONS                          |             | SCHEDULE A(J)1                                       |
|----|---|---|------------------------|------------------------------|-------------|--|
|    | The Instru  | ction Guide explains ho   | w to complete this f   | form.                        | 1           | Total pages Schedule A(J)1:<br>Sch: 18/21 Rpt: 22/59 |
| 2  | FILER NAME<br>Williams, Sta                                     | aci (The Honorable)   |                        |                              | 3           | Filer ID (Ethics Commission Filers)<br>00069606      |
| 4  | Date 02/05/2024   | 5 Full name of contributor<br>Sommerman McCaffity (<br>6 Contributor address; City; |                        |                              | 7           | Amount of Contribution (\$) \$2,500.00               |
|    |   | Dallas, TX 75219  |                        | T                            |             |  |
| 8  | Contributor's I   | Principal Occupation  |                        | 9 Contributor's Job Title    |             |  |
| 10 | 10 Contributor's employer/law firm 11 Law firm of contributor's |   |                        | oous                         | se (if any) |  |
| 12 | 2 If contributor is   | s a child, law firm of parent(s) (if  | any)                   |                              |             |  |
|    | Date  | Full name of contributor  | out-of-state PAC (ID#: | )                            |             | Amount of Contribution (\$)                          |
|    | 02/06/2024  | Song Whiddon PLLC Contributor address; City;  | <u> </u>               |                              |             | \$175.00   |
|    |   | Dallas, TX 75251  |                        |                              |             |  |
|    | Contributor's I   | Principal Occupation  |                        | Contributor's Job Title      |             |  |
|    | Contributor's   | employer/law firm   |                        | Law firm of contributor's sp | oous        | se (if any)  |
|    | If contributor is   | s a child, law firm of parent(s) (if  | any)                   |                              |             |  |
|    | Date  | Full name of contributor  | out-of-state PAC (ID#: | )                            |             | Amount of Contribution (\$)                          |
|    | 02/06/2024  | Sorrells, Linda G (Ms.)   | _                      |                              |             | \$1,000.00   |
|    |   | Contributor address; City; Dallas, TX 75232   | State; Zip Code        |                              | •           |  |
|    | Contributor's I   | rincipal Occupation   |                        | Contributor's Job Title      |             |  |
|    | Attorney  |   |                        | Attorney                     |             |  |
|    | Contributor's   | employer/law firm   |                        | Law firm of contributor's sp | oous        | se (if any)  |
|    | self  |   |                        |                              |             |  |
|    | If contributor is   | s a child, law firm of parent(s) (if  | any)                   |                              |             |  |
|    |   |   |                        |                              |             |  |

|    | MONET                       | ARY POLITICAL   | CONTRIBUTIO            | ONS                             |                                      | SCHEDULE A(J)1                                       |
|----|-----------------------------|---|------------------------|---------------------------------|--------------------------------------|--|
|    | The Instru                  | ction Guide explains ho   | w to complete this     | form.                           | 1                                    | Total pages Schedule A(J)1:<br>Sch: 19/21 Rpt: 23/59 |
| 2  | FILER NAME<br>Williams, Sta | aci (The Honorable)   |                        |                                 | 3                                    | Filer ID (Ethics Commission Filers) 00069606         |
| 4  | Date 02/06/2024             | 6/2024 Soule, Andrew 6 Contributor address; City; State; Zip Code |                        | 7                               | Amount of Contribution (\$) \$100.00 |  |
|    |                             | Dallas, TX 75240  |                        |                                 |                                      |  |
| 8  |                             | Principal Occupation  |                        | 9 Contributor's Job Title       |                                      |  |
| _  | Attorney                    |   |                        | Attorney                        |                                      | of the same  |
| 10 |                             | employer/law firm<br>uillos Soule PC                              |                        | 11 Law firm of contributor's sp | oous                                 | se (If any)  |
| 12 |                             | s a child, law firm of parent(s) (if                              | any)                   | L                               |                                      |  |
|    | Date                        | Full name of contributor  | out-of-state PAC (ID#: | )                               |                                      | Amount of Contribution (\$)                          |
|    | 02/06/2024                  | Tillotson Johnson Pattor Contributor address; City; \$            |                        |                                 |                                      | \$5,000.00   |
|    |                             | Dallas, TX 75202  |                        | T                               |                                      |  |
|    | Contributor's I             | Principal Occupation  |                        | Contributor's Job Title         |                                      |  |
|    | Contributor's               | employer/law firm   |                        | Law firm of contributor's sp    | oous                                 | se (if any)  |
|    | If contributor is           | s a child, law firm of parent(s) (if                              | any)                   |                                 |                                      |  |
|    | Date                        | Full name of contributor  | out-of-state PAC (ID#: | )                               |                                      | Amount of Contribution (\$)                          |
|    | 02/24/2024                  | Vera (BOT), Ale   |                        |                                 |                                      | \$1.00   |
|    |                             | Contributor address; City; S Houston, TX 77092                    | State; Zip Code        |                                 |                                      |  |
|    | Contributor's F             | rincipal Occupation   |                        | Contributor's Job Title         |                                      |  |
|    | ВОТ                         |   |                        | вот                             |                                      |  |
|    | Contributor's               | employer/law firm   |                        | Law firm of contributor's sp    | oous                                 | se (if any)  |
|    | n/a                         |   |                        |                                 |                                      |  |
|    | If contributor is           | s a child, law firm of parent(s) (if                              | any)                   |                                 |                                      |  |
|    |                             |   |                        |                                 |                                      |  |

|                  | MONET                       | ARY POLITICAL   | CONTRIBUTIO            | ONS                             |  | SCHEDULE A(J)1                                       |
|------------------|-----------------------------|---|------------------------|---------------------------------|--|--|
|                  | The Instru                  | ction Guide explains hov  | v to complete this f   | form.                           | 1  | Total pages Schedule A(J)1:<br>Sch: 20/21 Rpt: 24/59 |
| 2                | FILER NAME<br>Williams, Sta | aci (The Honorable)   |                        |                                 | 3  | Filer ID (Ethics Commission Filers)<br>00069606      |
| 4                | Date 02/11/2024             | Ward, Katherine  6 Contributor address; City; State; Zip Code         |                        | 7                               | Amount of Contribution (\$) \$5.00             |  |
|                  |                             | Garland, TX 75044   |                        |                                 |  |  |
| 8                |                             | Principal Occupation  |                        | 9 Contributor's Job Title       |  |  |
| L                | Retired                     |   |                        | Retired                         |  |  |
| 10               | Retired                     | employer/law firm   |                        | 11 Law firm of contributor's sp | oous   | se (If any)  |
| 12               | If contributor is           | s a child, law firm of parent(s) (if                                  | any)                   |                                 |  |  |
|                  | Date                        | Full name of contributor  | out-of-state PAC (ID#: | )                               |  | Amount of Contribution (\$)                          |
|                  | 02/18/2024                  | White, Germaine (Mr.)  Contributor address; City; S  Dallas, TX 75230 | state; Zip Code        |                                 |  | \$25.00  |
|                  | Contributor's F             | Principal Occupation  |                        | Contributor's Job Title         | <u> </u>                                       |  |
| Insurance Broker |                             |   | Broker                 |                                 |  |  |
| Г                | Contributor's               | employer/law firm   |                        | Law firm of contributor's sp    | oous   | se (if any)  |
|                  | GW Insuran                  | ce Association  |                        |                                 |  |  |
|                  | If contributor is           | s a child, law firm of parent(s) (if                                  | any)                   |                                 |  |  |
|                  | Date                        | Full name of contributor  | out-of-state PAC (ID#: | )                               |  | Amount of Contribution (\$)                          |
|                  | 02/06/2024                  | William Chu Law Office  |                        |                                 |  | \$1,000.00   |
|                  |                             | Contributor address; City; S  Dallas, TX 75244                        |                        |                                 |  |  |
|                  | Contributor's F             | Principal Occupation  |                        | Contributor's Job Title         | <u>                                       </u> |  |
|                  | Contributor's               | employer/law firm   |                        | Law firm of contributor's sp    | oous   | se (if any)  |
|                  | If contributor is           | s a child, law firm of parent(s) (if                                  | any)                   | 1                               |  |  |
|                  |                             |   |                        |                                 |  |  |

|  | 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:<br>Sch: 21/21 Rpt: 25/59 |
| 2  | FILER NAME<br>Williams, Sta  | aci (The Honorable)                            |  |  | 3          | Filer ID (Ethics Commission Filers)<br>00069606      |
| 4  | Date 02/06/2024  | 5 Full name of contributor<br>Williams, Rachel | villiams, Rachel ontributor address; City; State; Zip Code |  | 7          | Amount of Contribution (\$) \$500.00                 |
|  |  | Dallas, TX 75231                               |  |  |            |  |
| 8  |  | Principal Occupation                           |  | 9 Contributor's Job Title              |            |  |
| _  | Attorney   |  |  | Attorney                               |            |  |
| 10   | <ul><li>10 Contributor's employer/law firm</li><li>11 Law firm of contributor's sp</li><li>Williams Law PC</li></ul> |  |  | oous                                   | e (if any) |  |
| 12   | ! If contributor is  | s a child, law firm of parent(s) (i            | f any)   |  |            |  |
|  | Date   | Full name of contributor                       | out-of-state PAC (ID#:                                     | )                                      |            | Amount of Contribution (\$)                          |
|  | 02/07/2024   | Wishnew, Dave  Contributor address; City;      | State; Zip Code  |  |            | \$500.00   |
|  |  | Dallas, TX 75201                               |  | T                                      |            |  |
|  |  | Principal Occupation                           |  | Contributor's Job Title                |            |  |
| _  | Attorney   | employer/law firm                              |  | Attorney  Law firm of contributor's sp | 20110      | o (if any)   |
|  |  | /ishnew & Lang                                 |  | Law littl of contributors sp           | Jous       | e (II ally)  |
| _  |  | s a child, law firm of parent(s) (i            | f any)   |  |            |  |
|  | oonanaata  | o a orma, tarr mm or parom(o) (                | ,,   |  |            |  |
|  | Date   | Full name of contributor                       | out-of-state PAC (ID#:                                     | )                                      |            | Amount of Contribution (\$)                          |
|  | 01/27/2024   | Witherite, Amy                                 | _  |  |            | \$5,000.00   |
| Contributor address; City; State; Zip Code  Dallas, TX 75231 |  |  |  |  |            |  |
|  | Contributor's F  | Principal Occupation                           |  | Contributor's Job Title                | <u> </u>   |  |
|  | Attorney   |  |  | Attorney                               |            |  |
|  | Contributor's  | employer/law firm                              |  | Law firm of contributor's sp           | oous       | se (if any)  |
|  | Witherrite La  | aw Group                                       |  |  |            |  |
|  | If contributor is  | s a child, law firm of parent(s) (i            | f any)   |  |            |  |
|  |  |  |  |  |            |  |

| PLEDG                         | ED CONTRIBUTIONS (JUDICI   | AL)                     |                                   | SCHED             | ULE B(J)                 |
|-------------------------------|--|-------------------------|-----------------------------------|-------------------|--------------------------|
| The I                         | nstruction Guide explains how to comple  | te this form.           | 1 Total pages Sc<br>Sch: 1/1 Rpt: |                   |                          |
| 2 FILER NAME<br>Williams, Sta | aci (The Honorable)  |                         | <b>3</b> Filer ID (               | Ethics Commissio  | n Filers)                |
| 4 TOTAL OF                    | UNITEMIZED PLEDGES   |                         |                                   | \$                | 0.00                     |
| 5 Date                        | 6 Full name of pledgor out-of-state PAC (ID#:_ 7 Pledgor Address; City; State; Zip |                         | 8 Amount of pledge (\$)           | 9 In-kind (If ap  | description<br>plicable) |
|                               |  |                         | Check if travel                   | outside of Texas. | Complete Schedule T.     |
| 10 Pledgor's prin             | cipal occupation   | 11 Pledgor's job title  |                                   |                   |                          |
| 12 Pledgor's emp              | oloyer/law firm  | 13 Law firm of pledgor' | s spouse (if any)                 |                   |                          |
| <b>14</b> If pledgor is a     | child, law firm of parent(s) (if any)  | I                       |                                   |                   |                          |
|                               |  |                         |                                   |                   |                          |
|                               |  |                         |                                   |                   |                          |
|                               |  |                         |                                   |                   |                          |
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|                               |  |                         |                                   |                   |                          |
|                               |  |                         |                                   |                   |                          |
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|                               |  |                         |                                   |                   |                          |
|                               |  |                         |                                   |                   |                          |
|                               |  |                         |                                   |                   |                          |
|                               |  |                         |                                   |                   |                          |
|                               |  |                         |                                   |                   |                          |
|                               |  |                         |                                   |                   |                          |
|                               |  |                         |                                   |                   |                          |
|                               |  |                         |                                   |                   |                          |

|    | LOANS (J  | UDICIAL)  |   |          |   | SCHED         | DULE E       | (J)   |
|----|---|---|---|----------|---|---------------|--------------|-------|
|    | The Instruction Guide explains how to complete this form. |   |   | 1        | 1 Total pages Schedule E(J):<br>Sch: 1/1 Rpt: 27/59 |               |              |       |
| 2  | FILER NAME<br>Williams, Staci (                           | The Honorable)                                    |   | 1        | Filer ID  | (Ethics Com   | nmission Fil | lers) |
| 4  | TOTAL OF UN   | IITEMIZED LOANS                                   |   | <u> </u> |   | \$            |              | 0.00  |
| 5  | Date of loan  | 7 Name of lender out-of-state P/                  | AC (ID#:  |          | )   | 9 Loan Am     | ount (\$)    |       |
| 6  | Is lender a financial institution?                        | 8 Lender address; City; State;                    | Zip Code  |          |   | 10 Interest F |              |       |
|    |   |   |   |          |   | 11 Maturity   | Date         |       |
| 12 | 2 Lender's Principal                                      | Occupation  | 13 Lender's Job Title   |          |   |               |              |       |
| 14 | 1 Lender's Employer                                       | r/Law Firm  | 15 Law Firm of lender's spous   | se (if   | any)  |               |              |       |
| 16 | If lender is child, la                                    | aw firm of parent(s) (if any)                     | 1   |          |   |               |              |       |
| 17 | 7 Description of Coll                                     | ateral  | 18 Check if personal funds were deposited into political account (See Instructions) |          |   |               |              |       |
| 19 | GUARANTOR<br>INFORMATION                                  | 20 Name of guarantor                              | 22 Amount Guaranteed  |          | Guaranteed  | d (\$)        |              |       |
| 23 | not applicable  not applicable                            | 21 Guarantor address; City; State; pal Occupation | Zip Code  Zip Code  |          |   |               |              |       |
| 25 | <b>5</b> Guarantor's Emplo                                | over/Low Firm                                     | 26 Law Firm of guarantor's sp   | 201100   | (if any)  |               |              |       |
|    |   |   | 20 Law Filli of guarantor's Sp  | Jouse    | (II ally)   |               |              |       |
| 27 | <sup>1</sup> If guarantor is child                        | d, law firm of parent(s) (if any)                 |   |          |   |               |              |       |
|    |   |   |   |          |   |               |              |       |

#### SCHEDULE F1

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

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

|          | Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|----------|--|---|
| 1        | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|          | Sch: 1/28 Rpt: 28/59                                   | Williams, Staci (The Honorable) 00069606  |
| 4        | Date   | 5 Payee name  |
|          | 02/12/2024   | .Foston International   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$10,000.00  | P.O. Box 14555  |
|          |  |   |
| L        |  | Houston, TX 77005   |
| 8        | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                  |
|          |  | Advertisement Placement   |
|          |  |   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             | <del>1</del>  |
|          | Date   | Payee name  |
|          | 01/26/2024   | 4Imprint  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$381.68   | 101 Commerce Street   |
|          |  |   |
|          |  | Oshkosh, WI 54901   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                  |
|          |  | Give aways for GO-TV events   |
|          |  | Sive unity of the events  |
| ⊢        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             | · · · · · · · · · · · · · · · · · · ·   |
| H        | Date   | Payee name  |
|          | 02/07/2024   | 7-Eleven 35531  |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$51.48  | 408 N. Hampton Road   |
|          |  |   |
|          |  | Dallas, TX 75208  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Travel In District Check if travel outside of Texas. Complete Schedule T.   |
|          | EXPENDITORE  | Check if Austin, TX, officeholder living expense  |
|          |  | Gas   |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | Complete ONLY if direct expenditure to benefit C/Ol    | · · · · · · · · · · · · · · · · · · ·   |
| $\vdash$ |  |   |
|          |  |   |
|          |  |   |

### SCHEDULE F1

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

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

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

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

|   | Candidate/Officenoider/Politica<br>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: 2/28 Rpt: 29/59                                   | Williams, Staci (The Honorable) 00069606  |
| 4 | Date   | 5 Payee name  |
|   | 02/02/2024   | ABM Parking George Allen  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$40.00  | 601 Commerce St.  |
|   |  |   |
|   |  | Dallas, TX 75202  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | Parking for staff   |
|   |  | , and great each  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
| _ | Date   | Davies same   |
|   | 01/29/2024   | Payee name ADOBE, Inc.  |
|   |  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$34.62  | 151 South Almaden Blvd  |
|   |  |   |
|   |  | San Jose, CA 95110  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | License for campaign work   |
|   |  |   |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
| _ | Date   | Payee name  |
|   | 02/06/2024   | AGE Graphics  |
|   |  | ·   |
|   | Amount (\$)  | Payee address; City; State; Zip Code<br>6786 Collins Road   |
|   | \$850.00   | 6786 COIIIIS ROdu   |
|   |  |   |
|   |  | Little Hocking, OH 45742  |
|   | PURPOSE<br>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               |
|   |  | Signs   |
|   |  | O.g. C  |
|   | 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 Co

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<br>Credit Card Payment | The Instruction Guide explains how to complete this form.   |
|---|--|---|
| 1 | Total pages Schedule F1:                               | <u> </u>  |
|   | Sch: 3/28 Rpt: 30/59                                   | Williams, Staci (The Honorable) 00069606  |
| 4 | Date   | 5 Payee name  |
|   | 02/22/2024   | African American Museum   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$200.00   | 3536 Grand Ave  |
|   |  |   |
|   |  | Dallas, TX 75201  |
| 8 | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense            |
|   |  | Advertisement   |
|   |  |   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            | 1   |
|   | Date   | Payee name  |
|   | 01/29/2024   | Amazon  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$60.31  | 5 Boren Ave N.  |
|   |  |   |
|   |  | Seattle, WA 98109   |
|   | PURPOSE<br>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            |
|   |  | GEt Out the Vote supplies   |
|   |  |   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            | 1   |
|   | Date   | Payee name  |
|   | 01/29/2024   | American Inn of Court   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$225.00   | 225 Reinekers Lane  |
|   |  | Suite 770   |
|   |  | Alexandria , VA 22314   |
|   | PURPOSE<br>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 |
|   |  | Annual Membership Fee   |
|   |  |   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            | <del>1</del>  |
|   |  |   |
|   |  |   |

### SCHEDULE F1

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

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

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

Expense Travel in District

| Expense Travel Out of District

| S/Wages/Contract Labor OTHER (enter a cate

|   | Credit Card Payment                                 | The Instruction Guide explains how to co   | Ü    | ete this form.   |
|---|---|--|------|--|
| 1 | Total pages Schedule F1:<br>Sch: 4/28 Rpt: 31/59    | FILER NAME     Williams, Staci (The Honorable)   |      | 3 Filer ID (Ethics Commission Filers) 00069606   |
| 4 | Date 02/24/2024                                     | 5 Payee name<br>Anedot   |      |  |
| 6 | Amount (\$)<br>\$1,851.50                           | 7 Payee address; City; State; Zip Co<br>1340 Poydras Street<br>Suite 1770<br>New Orleans, LA 70112 | ode  |  |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense  | (b)  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  on-line donations fees for legitimate donations; does not include fees for Ale Vera (BOT) donations |
| 9 | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sou   | ight | Office held  |
|   | Date 02/24/2024                                     | Payee name<br>Anedot   |      |  |
|   | Amount (\$) \$0.34                                  | Payee address; City; State; Zip Co<br>1340 Poydras Street<br>Suite 1770<br>New Orleans, LA 70112   | ode  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense  | (b)  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense for Ave Vera (BOT) donation not refunded during this period  |
|   | Complete ONLY if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office soul  | ight | Office held  |
|   | Date 02/08/2024                                     | Payee name<br>Apple Inc.   |      |  |
|   | Amount (\$)<br>\$3.24                               | Payee address; City; State; Zip Co<br>1 Infinite Loop<br>Cupertino, CA 95014                       | ode  |  |
|   | PURPOSE<br>OF<br>EXPENDITURE                        | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense    | (b)  | Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  App charge  |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office soul  | ight | Office held  |
|   |   |  |      |  |

#### SCHEDULE F1

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

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

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

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

|          | Candidate/Officeholder/Politica<br>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: 5/28 Rpt: 32/59                                   | Williams, Staci (The Honorable) 00069606   |
| 4        | Date   | 5 Payee name   |
|          | 02/15/2024   | Apple Inc.   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$9.99   | 1 Infinite Loop  |
|          |  |  |
|          |  | Cupertino, CA 95014  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense  App fee  |
|          |  | 7 App Ice  |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O                             |  |
| F        | Date   | Payee name   |
|          | 02/13/2024   | Barbee, Windsor  |
| H        | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$750.00   | P.O. Box. 222139   |
|          |  |  |
|          |  | Dallas, TX 75222   |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Consulting Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  Campaign consulting  |
|          |  | - Campaign concaining  |
| ⊢        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/O                             |  |
| H        | Date   | Payee name   |
|          | 02/02/2024   | BattleAX Digital   |
| H        | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$25,000.00  | 1405 Florida Ave., NW  |
|          | <del>+</del> =0,000.00                                 |  |
|          |  | Washington, DC 20009   |
| Г        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Advertising Expense  |
|          | EXPENDITORE  | Check if Austin, TX, officeholder living expense   |
|          |  | Advertising  |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | Complete ONLY if direct expenditure to benefit C/Ol    | •  |
| <u> </u> |  |  |
|          |  |  |
|          |  |  |

### SCHEDULE F1

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

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

|   | Candidate/Officeholder/Politica<br>Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form. |
|---|--|---|
| 1 | Total pages Schedule F1:                               | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |
|   | Sch: 6/28 Rpt: 33/59                                   | Williams, Staci (The Honorable) 00069606  |
| 4 | Date   | 5 Payee name  |
|   | 02/20/2024   | Bivins, Ron   |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$11,000.00  | 901 Mockingbird Ln.   |
|   |  |   |
|   |  | DeSoto, TX 75115  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Consulting Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Check if Austin, TX, officeholder living expense  Campaign Consulting   |
|   |  | Campaign Consulting   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
| ľ | expenditure to benefit C/O                             |   |
|   | Date   | Payee name  |
|   | 02/20/2024   | Bivins, Ron   |
|   |  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$500.00   | 901 Mockingbird Ln.   |
|   |  |   |
|   |  | DeSoto, TX 75115  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Consulting Expense Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Compaign Consulting   |
|   |  | Campaign Consulting   |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
|   | Data   |   |
|   | Date   | Payee name  |
|   | 01/30/2024   | Buy Low   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$51.00  | 100 Irby Lane   |
|   |  |   |
|   |  | IRVING , TX 75061   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Travel In District Check if travel outside of Texas. Complete Schedule T.   |
|   |  | Coc Check if Austin, TX, officeholder living expense  |
|   |  | Gas   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
| _ |  |   |
|   |  |   |
|   |  |   |

#### SCHEDULE F1

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

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

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  |   |
|---|--|--|---|
| _ | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   | - |
| 1 | Sch: 7/28 Rpt: 34/59   | 2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069606  |   |
| 4 | Date   | 5 Payee name   |   |
|   | 02/08/2024   | Constant Contact   |   |
| 6 | Amount (\$)<br>\$2.08  | 7 Payee address; City; State; Zip Code<br>1601 Tapelo Rd.  |   |
|   |  | Waltham, MA 02451  |   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
|   | OF   | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |   |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  Image fee  |   |
| _ | On manufacture ONU V if allow at   | Organization (Office health arrange)   | _ |
| 9 | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held<br>H   |   |
|   | Date   | Payee name   |   |
|   | 02/13/2024   | Constant Contact   |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |   |
|   | \$263.31   | 1601 Tapelo Rd.  |   |
|   | *  |  |   |
|   |  | Waltham, MA 02451  |   |
|   | PURPOSE<br>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  |   |
|   |  | Subscription   |   |
|   |  | Subscription   |   |
| _ | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held  |   |
|   | Complete ONLY if direct expenditure to benefit C/OI  |  |   |
|   | Date   | Payee name   |   |
|   | 02/16/2024   | Easy Signs Inc   |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |   |
|   | \$14.00  | 7346 Penn Drive  |   |
|   |  |  |   |
|   |  | Allentown, PA 18106  |   |
|   | PURPOSE<br>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   |   |
|   |  | Design Fee   |   |
| _ | Operation Children   | On this to 10 feet believe and the second of |   |
|   | Complete ONLY if direct expenditure to benefit C/OI  | Candidate/Officeholder name Office sought Office held<br>H   |   |
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### SCHEDULE F1

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

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

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

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

|   | Candidate/Officeholder/Politica<br>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: 8/28 Rpt: 35/59                                   | Williams, Staci (The Honorable) 00069606  |
| 4 | Date   | 5 Payee name  |
|   | 02/16/2024   | Easy Signs Inc  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$219.73   | 7346 Penn Drive   |
|   |  |   |
|   |  | Allentown, PA 18106   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  Campaign signs  |
|   |  | Campaigh signs  |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             | - · · · · · · · · · · · · · · · · · · ·   |
| - | Date   | Dougo nama  |
|   | 02/08/2024   | Payee name  EliteNews   |
|   |  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$400.00   | 3906 S. Lancaster Road,   |
|   |  |   |
|   |  | Dallas, TX 75216  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  Advertisement   |
|   |  | Advertisement   |
| _ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
| - | Date   | Payee name  |
|   | 02/16/2024   | Payee name  EliteNews   |
|   |  |   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$150.00   | 3906 S. Lancaster Road,   |
|   |  |   |
|   |  | Dallas, TX 75216  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense                                  |
|   |  | Advertisement   |
|   |  | , 14.0.1400.110111  |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                             |   |
|   |  |   |
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#### SCHEDULE F1

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

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

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

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

|   | Candidate/Officeholder/Politica<br>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: 9/28 Rpt: 36/59                                   | Williams, Staci (The Honorable) 00069606  |
| 4 | Date   | 5 Payee name  |
|   | 02/23/2024   | FEDEX Office  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$9.50   | 15220 Montfort Dr   |
|   |  |   |
|   |  | Dallas, TX 75248  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |  | Overnight service for campaign materials  |
|   |  |   |
| 9 | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            | <b>⊣</b>  |
| _ | Date   | Payee name  |
|   | 02/20/2024   | Go Daddy  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$15.98  | 100 S. Mill   |
|   |  |   |
|   |  | Tempe, AZ 85281   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE                                      | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|   | LAPENDITORE  | Check if Austin, TX, officeholder living expense  |
|   |  | Website Maintenance   |
|   | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                            | · · · · · · · · · · · · · · · · · · ·   |
|   | Date   | Payee name  |
|   | 02/14/2024   | Good Guys Signs   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$743.97   | 5002 N. Howard Ave  |
|   | Ψ. 10.0.   |   |
|   |  | Tampa, FL 33603   |
|   | PURPOSE  | (a) Category (see Categories listed at the top of this schedule) (b) Description  |
|   | OF   | Advertising Expense  Check if travel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|   |  | Campaign signs  |
|   |  |   |
|   | Complete ONLY if direct expenditure to benefit C/OI    | Candidate/Officeholder name Office sought Office held   |
|   |  |   |
|   |  |   |
|   |  |   |

### SCHEDULE F1

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

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

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

|   | Credit Card Payment        | The Instruction Guide explains how to complete this form.  |   |
|---|----------------------------|--|---|
| 1 | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)   | ) |
|   | Sch: 10/28 Rpt: 37/59      | Williams, Staci (The Honorable) 00069606   |   |
| 4 | Date                       | 5 Payee name   |   |
|   | 02/14/2024                 | Good Guys Signs  |   |
| 6 | Amount (\$)                | 7 Payee address; City; State; Zip Code   |   |
|   | \$1,944.88                 | 5002 N. Howard Ave   |   |
|   |                            |  |   |
|   |                            | Tampa, FL 33603  |   |
| 8 | PURPOSE                    | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
|   | OF<br>EXPENDITURE          | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |   |
|   |                            | Check if Austin, TX, officeholder living expense  Campaign Signs   |   |
|   |                            | Campaign Signs   |   |
| 9 | Complete ONLY if direct    | Candidate/Officeholder name Office sought Office held  |   |
| 9 | expenditure to benefit C/O | the state of the s |   |
| _ |                            | T  |   |
|   | Date                       | Payee name   |   |
|   | 02/14/2024                 | Good Guys Signs  |   |
|   | Amount (\$)                | Payee address; City; State; Zip Code   |   |
|   | \$1,994.88                 | 5002 N. Howard Ave   |   |
|   |                            |  |   |
|   |                            | Tampa, FL 33603  |   |
|   | PURPOSE<br>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 Signs   |   |
|   |                            | - Campaign Oigne   |   |
|   | Complete ONLY if direct    | Candidate/Officeholder name Office sought Office held  |   |
|   | expenditure to benefit C/O | the state of the s |   |
|   | Dette                      | T -  | _ |
|   | Date                       | Payee name   |   |
|   | 02/20/2024                 | Graphic Solutions Group  |   |
|   | Amount (\$)                | Payee address; City; State; Zip Code   |   |
|   | \$59.54                    | 4601 Spring Valley Rad   |   |
|   |                            |  |   |
|   |                            | Dallas, TX 75244   |   |
|   | PURPOSE                    | (a) Category (See Categories listed at the top of this schedule) (b) Description   |   |
|   | OF<br>EXPENDITURE          | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |   |
|   | EXPENDITORE                | Check if Austin, TX, officeholder living expense   |   |
|   |                            | Supplies for campaign signs  |   |
|   |                            |  |   |
|   | Complete ONLY if direct    | Candidate/Officeholder name Office sought Office held  |   |
|   | expenditure to benefit C/O | п  |   |
|   |                            |  |   |
|   |                            |  |   |

### SCHEDULE F1

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

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

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### SCHEDULE F1

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

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

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

Printing Expense Salaries/Wages/Contract Labor

|   | Credit Card Payment  The Instruction Guide explains how to complete this form. |   |  |  |  |  |  |  |  |
|---|--|---|--|--|--|--|--|--|--|
| 1 | Total pages Schedule F1:   | 2 FILER NAME 3 Filer ID (Ethics Commission Filers)  |  |  |  |  |  |  |  |
|   | Sch: 12/28 Rpt: 39/59  | Williams, Staci (The Honorable) 00069606  |  |  |  |  |  |  |  |
| 4 | Date   | 5 Payee name  |  |  |  |  |  |  |  |
|   | 02/22/2024   | I Messenger Media   |  |  |  |  |  |  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |  |  |  |  |  |  |  |
|   | \$2,000.00   | 320 S. R L Thornton Fwy, Ste. 100   |  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |
|   |  | Dallas, TX 75203  |  |  |  |  |  |  |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |  |  |  |  |  |  |  |
|   | OF<br>EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |  |  |  |  |  |  |  |
|   |  | Check if Austin, TX, officeholder living expense  Advertisement   |  |  |  |  |  |  |  |
|   |  | Advertisement   |  |  |  |  |  |  |  |
| 9 | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |  |  |
|   | expenditure to benefit C/O   |   |  |  |  |  |  |  |  |
| = | Date   | Payee name  |  |  |  |  |  |  |  |
|   | 02/12/2024   | Ifte, Saif  |  |  |  |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |  |  |
|   | \$2,895.00   | 3942 Grapeseed Drive  |  |  |  |  |  |  |  |
|   | Ψ2,000.00  | So IZ Graposocu Brivo   |  |  |  |  |  |  |  |
|   |  | Frisco, TX 75033  |  |  |  |  |  |  |  |
|   | PURPOSE  |   |  |  |  |  |  |  |  |
|   | OF   | (a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T. |  |  |  |  |  |  |  |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |  |  |  |  |  |  |  |
|   |  | Consulting  |  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/Ol                            | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |
|   | Date   | Payee name  |  |  |  |  |  |  |  |
|   | 02/20/2024   | Jet Couriers  |  |  |  |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |  |  |  |  |  |  |  |
|   | \$26.91  | 1705 Wallace Drive  |  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |
|   |  | Carrollton, TX 75006  |  |  |  |  |  |  |  |
|   | PURPOSE<br>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                       |  |  |  |  |  |  |  |
|   |  | Courier delivery service  |  |  |  |  |  |  |  |
|   |  |   |  |  |  |  |  |  |  |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sought Office held   |  |  |  |  |  |  |  |
|   | expenditure to benefit C/O   | <del>1</del>  |  |  |  |  |  |  |  |
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### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

|   | Credit Card Payment                                 | The Instruction Guide explains how to complete this form.                        |   |
|---|---|--|---|
| 1 | Total pages Schedule F1:                            | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 13/28 Rpt: 40/59                               | Williams, Staci (The Honorable)  | 00069606  |
| 4 | Date  | 5 Payee name   |   |
|   | 02/12/2024  | Johnston Campaigns   |   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |   |
|   | \$25,000.00   | 1415 S. Voss Road  |   |
|   |   |  |   |
|   |   | Houston, TX 77057  |   |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |   |
|   | OF<br>EXPENDITURE                                   | Advertising Expense  | avel outside of Texas. Complete Schedule T.   |
|   |   | Advertisin   | ustin, TX, officeholder living expense  |
|   |   | Advertion  | 9   |
| 9 | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held   |
|   | expenditure to benefit C/O                          |  | C66 No.16   |
| _ | Date  | Payee name   |   |
|   | 02/16/2024  | Johnston Campaigns   |   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |   |
|   | \$26,610.00   | 1415 S. Voss Road  |   |
|   | 7-2,0-2000  |  |   |
|   |   | Houston, TX 77057  |   |
|   | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description |   |
|   | OF  |  | avel outside of Texas. Complete Schedule T.   |
|   | EXPENDITURE   | Check if A   | ustin, TX, officeholder living expense  |
|   |   | Campaigr   | Advertisement   |
|   |   |  |   |
|   | Complete ONLY if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought  | Office held   |
|   |   |  |   |
|   | Date  | Payee name   |   |
|   | 02/20/2024  | Johnston Campaigns   |   |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |   |
|   | \$25,000.00   | 1415 S. Voss Road  |   |
|   |   |  |   |
|   |   | Houston, TX 77057  |   |
|   | PURPOSE<br>OF                                       | (a) Category (See Categories listed at the top of this schedule)                 |   |
|   | EXPENDITURE   | Advertising Expense  | avel outside of Texas. Complete Schedule T.<br>ustin, TX, officeholder living expense |
|   |   | Advertise  | · '   |
|   |   |  |   |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought  | Office held   |
|   | expenditure to benefit C/O                          |  |   |
|   |   |  |   |
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#### 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<br>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: 14/28 Rpt: 41/59                                  | Williams, Staci (The Honorable) 00069606  |
| 4        | Date   | 5 Payee name  |
|          | 02/21/2024   | Johnston Campaigns  |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|          | \$26,610.00  | 1415 S. Voss Road   |
|          |  |   |
|          |  | Houston, TX 77057   |
| 8        | PURPOSE<br>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 Advertisements   |
|          |  |   |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/Ol                            | 1   |
|          | Date   | Payee name  |
|          | 02/08/2024   | Kitchen + Kocktails   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$3,677.50   | Main Street   |
|          |  |   |
|          |  | Dallas, TX 75201  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  Beverage Expense  |
|          |  | Develage Expense  |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
| Г        | Date   | Payee name  |
|          | 02/05/2024   | Life Storage 3764   |
|          | Amount (\$)  | Payee address; City; State; Zip Code  |
|          | \$840.00   | 13820 Montfort Drive  |
|          |  |   |
|          |  | Dallas, TX 75240  |
| Г        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|          | OF<br>EXPENDITURE                                      | Office Overhead/Rental Expense  |
|          | LXI LINDITORL  | Check if Austin, TX, officeholder living expense  |
|          |  | storage fees for campaign materials   |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held   |
|          | expenditure to benefit C/O                             |   |
| $\vdash$ |  |   |
|          |  |   |
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### 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: 15/28 Rpt: 42/59                               | Williams, Staci (The Honorable) 00069606   |
| 4 | Date  | 5 Payee name   |
|   | 01/26/2024  | Little Greek Fresh Grill   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code   |
|   | \$10.11   | 9665 N. Central Expy   |
|   |   | Suite 140  |
|   |   | Dallas, TX 75231   |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                   | Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE   | Check if Austin, TX, officeholder living expense   |
|   |   | Lunch  |
|   |   |  |
| 9 | Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held  |
|   | experiantare to benefit of or                       |  |
|   | Date  | Payee name   |
|   | 02/20/2024  | Lowe's #515  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$40.91   | 11920 Inwood Road  |
|   |   |  |
|   |   | Dallas, TX 75244   |
|   | PURPOSE<br>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   |
|   |   | Supplies for signs   |
|   |   | Cupplies is signed   |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                          |  |
|   | Date  | Payee name   |
|   | 02/12/2024  | Payee name  Luby's 0221  |
|   |   |  |
|   | Amount (\$)   | Payee address; City; State; Zip Code   |
|   | \$9.73  | 5600 South Hampton Road  |
|   |   |  |
|   |   | Dallas, TX 75232   |
|   | PURPOSE<br>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 |
|   |   | Meal for supporter   |
|   |   |  |
|   | Complete ONLY if direct                             | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                          |  |
|   |   |  |
|   |   |  |
|   |   |  |

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

|   | Candidate/Officeholder/Politica Credit Card Payment |                    | Legal Services                                 |                         |          | se<br>s/Contract Labor |       | OTHER (enter a      | strict<br>a category not listed abov | e)        |
|---|---|--------------------|--|-------------------------|----------|------------------------|-------|---------------------|--------------------------------------|-----------|
|   | Credit Card Payment                                 |                    | The Instruction Guid                           | de explains how to co   | mple     | ete this form.         |       |                     |                                      |           |
| 1 | Total pages Schedule F1:                            | 2 FILER NAM        | ИE   |                         |          |                        | 3     | Filer ID            | (Ethics Commission                   | n Filers) |
|   | Sch: 16/28 Rpt: 43/59                               | Williams,          | Staci (The Honoral                             | ole)                    |          |                        |       | 00069606            |                                      |           |
| 4 | Date  | 5 Payee nam        | ne   |                         |          |                        |       |                     |                                      |           |
|   | 02/12/2024  | Luby's 02          |  |                         |          |                        |       |                     |                                      |           |
| 6 | Amount (\$)   | <b>7</b> Payee add | ress; City;                                    | State; Zip Co           | ode      |                        |       |                     |                                      |           |
|   | \$437.93  | 5600 Sou           | th Hampton Road                                | ·                       |          |                        |       |                     |                                      |           |
|   |   |                    | -  |                         |          |                        |       |                     |                                      |           |
|   |   | Dallas, T          | 〈 75232  |                         |          |                        |       |                     |                                      |           |
| 8 | PURPOSE   |                    |  |                         | (h)      | Description            |       |                     |                                      |           |
| ľ | OF  |                    | (See Categories listed at the<br>erage Expense | e top of this schedule) | (5)      |                        | outsi | de of Texas. Con    | plete Schedule T.                    |           |
|   | EXPENDITURE   | 1 000/156          | crage Expense                                  |                         |          | =                      |       | officeholder living | •                                    |           |
|   |   |                    |  |                         |          | GOTV Event             |       |                     |                                      |           |
|   |   |                    |  |                         |          |                        |       |                     |                                      |           |
| 9 | Complete ONLY if direct                             |                    | fficeholder name                               | Office sou              | ight     |                        |       | Office h            | eld                                  |           |
|   | expenditure to benefit C/OI                         | 1                  |  |                         |          |                        |       |                     |                                      |           |
|   | Date  | Payee nan          | ne   |                         |          |                        |       |                     |                                      |           |
|   | 02/06/2024  | Lux Livery         | / Valet  |                         |          |                        |       |                     |                                      |           |
|   | Amount (\$)   | Payee add          | ress; City;                                    | State; Zip Co           | ode      |                        |       |                     |                                      |           |
|   | \$1,299.00  | 3824 Ced           | ar Springs                                     |                         |          |                        |       |                     |                                      |           |
|   |   | #108               |  |                         |          |                        |       |                     |                                      |           |
|   |   | Dallas, T          | < 75219  |                         |          |                        |       |                     |                                      |           |
|   | PURPOSE   | (a) Category       | (See Categories listed at the                  | top of this schodule)   | (b)      | Description            |       |                     |                                      |           |
|   | OF  | Event Exp          |  | top of this schedule)   | <u> </u> |                        | outsi | de of Texas. Con    | plete Schedule T.                    |           |
|   | EXPENDITURE   |                    |  |                         |          | Check if Austin        | , TX, | officeholder living | g expense                            |           |
|   |   |                    |  |                         |          | Valet Parker           |       |                     |                                      |           |
|   |   |                    |  |                         |          |                        |       |                     |                                      |           |
|   | Complete ONLY if direct expenditure to benefit C/OI |                    | officeholder name                              | Office sou              | ıght     |                        |       | Office h            | eld                                  |           |
|   | experialitate to beliefit e/of                      | ·                  |  |                         |          |                        |       |                     |                                      |           |
|   | Date  | Payee nan          | ne   |                         |          |                        |       |                     |                                      |           |
|   | 02/21/2024  | MJQ Pror           | notions  |                         |          |                        |       |                     |                                      |           |
|   | Amount (\$)   | Payee add          | ress; City;                                    | State; Zip Co           | ode      |                        |       |                     |                                      |           |
|   | \$300.00  | 5420 Son           | ata  |                         |          |                        |       |                     |                                      |           |
|   |   |                    |  |                         |          |                        |       |                     |                                      |           |
|   |   | Dallas, T          | 〈 75241  |                         |          |                        |       |                     |                                      |           |
|   | PURPOSE   | (a) Category       | (See Categories listed at the                  | e top of this schedule) | (b)      | Description            |       |                     |                                      |           |
|   | OF<br>EXPENDITURE                                   | Advertisin         | g Expense                                      |                         |          |                        |       |                     | plete Schedule T.                    |           |
|   | ZA ZHOHOKZ  |                    |  |                         |          |                        |       | officeholder living | g expense                            |           |
|   |   |                    |  |                         |          | Advertisemer           | 11    |                     |                                      |           |
| _ | Complete ONLY if direct                             | Candidate/C        | Afficabalder name                              | Office                  | labt     |                        |       | Office h            | old                                  |           |
|   | Complete ONLY if direct expenditure to benefit C/OI |                    | officeholder name                              | Office sou              | ıgrıt    |                        |       | Office n            | eiu                                  |           |
|   | •   |                    |  |                         |          |                        |       |                     |                                      |           |
|   |   |                    |  |                         |          |                        |       |                     |                                      |           |
|   |   |                    |  |                         |          |                        |       |                     |                                      |           |

### SCHEDULE F1

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

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

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

|   | Credit Card Payment         | The Instruction Guide explains how to complete this form.   |
|---|-----------------------------|---|
| 1 | Total pages Schedule F1:    |   |
|   | Sch: 17/28 Rpt: 44/59       | Williams, Staci (The Honorable) 00069606  |
| 4 | Date                        | 5 Payee name  |
|   | 02/15/2024                  | Paul Food Mart & Gas  |
| 6 | Amount (\$)                 | 7 Payee address; City; State; Zip Code  |
|   | \$53.00                     | 2052 Fort Worth Ave   |
|   |                             |   |
|   |                             | Dallas, TX 75208  |
| 8 | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) Description                              |
|   | OF<br>EXPENDITURE           | Travel In District Check if travel outside of Texas. Complete Schedule T.                                     |
|   |                             | Check if Austin, TX, officeholder living expense  Gas for travel to 6 counties                                |
|   |                             | ous for traver to 0 counties  |
| 9 | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI |   |
| _ | Data                        |   |
|   | Date<br>02/05/2024          | Payee name  |
|   |                             | Plains Capital Bank   |
|   | Amount (\$)                 | Payee address; City; State; Zip Code  |
|   | \$35.00                     | P.O. Box 271  |
|   |                             |   |
|   |                             | Lubbock, TX 79408   |
|   | PURPOSE                     | (a) Category (See Categories listed at the top of this schedule) (b) Description                              |
|   | OF<br>EXPENDITURE           | Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                             | Bank wire transfer feed   |
|   |                             | Ballit Will a darlots, loca   |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI | · · · · · · · · · · · · · · · · · · ·   |
| - | Date                        | Payros namo   |
|   | 02/12/2024                  | Payee name<br>Plains Capital Bank   |
|   |                             |   |
|   | Amount (\$)                 | Payee address; City; State; Zip Code P.O. Box 271   |
|   | \$35.00                     | P.O. BOX 271  |
|   |                             | L 11 - 1 TV 70400   |
|   |                             | Lubbock, TX 79408   |
|   | PURPOSE<br>OF               | (a) Category (See Categories listed at the top of this schedule)  (b) Description                             |
|   | EXPENDITURE                 | Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
|   |                             | Bank fee for wire transfer  |
|   |                             |   |
|   | Complete ONLY if direct     | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI |   |
|   |                             |   |
|   |                             |   |
|   |                             |   |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

|   | Credit Card Payment   | The Instruction Guide explains how to comple                         | ete this form.   |
|---|---|--|--|
| 1 | Total pages Schedule F1:                                      | 2 FILER NAME   | 3 Filer ID (Ethics Commission Filers)  |
| l | Sch: 18/28 Rpt: 45/59   | Williams, Staci (The Honorable)                                      | 00069606   |
| 4 | Date  | 5 Payee name   | •  |
|   | 02/12/2024  | Plains Capital Bank  |  |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code                               |  |
|   | \$35.00   | P.O. Box 271   |  |
| l |   |  |  |
| l |   | Lubbock, TX 79408  |  |
| 8 | PURPOSE   | (a) Category (See Categories listed at the top of this schedule) (b) | Description  |
| l | OF<br>EXPENDITURE   | Advertising Expense  | Check if travel outside of Texas. Complete Schedule T.   |
| l | EXPENDITORE   |  | Check if Austin, TX, officeholder living expense   |
| l |   |  | Wire Transfer Fee  |
| Ļ | Operation ONLY if dispose                                     | Out distant (Office helden manne                                     | Office held  |
| 9 | Complete ONLY if direct expenditure to benefit C/OI           | Candidate/Officeholder name Office sought                            | Office held  |
| ┡ | ·<br>   |  |  |
| l | Date  | Payee name   |  |
| L | 02/16/2024  | Plains Capital Bank  |  |
| l | Amount (\$)   | Payee address; City; State; Zip Code                                 |  |
| l | \$35.00   | P.O. Box 271   |  |
| l |   |  |  |
| L |   | Lubbock, TX 79408  |  |
| l | PURPOSE<br>OF   | (a) Category (See Categories listed at the top of this schedule) (b) | Description  |
| l | EXPENDITURE   | Accounting/Banking   | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |
| l |   |  | Wire Transfer Fee  |
|   |   |  |  |
| Н | Complete ONLY if direct                                       | Candidate/Officeholder name Office sought                            | Office held  |
|   | expenditure to benefit C/OI                                   | 1  |  |
| F | Date  | Payee name   |  |
|   | 02/20/2024  | Plains Capital Bank  |  |
| ┝ | Amount (\$)   | Payee address; City; State; Zip Code                                 |  |
| l | \$3.00  | P.O. Box 271   |  |
| l |   |  |  |
| l |   | Lubbock, TX 79408  |  |
| ⊢ | PURPOSE   |  | Description  |
| l | OF  | Accounting/Banking   | Check if travel outside of Texas. Complete Schedule T.   |
| l | EXPENDITURE   | , , , , , , , , , , , , , , , , , , ,                                | Check if Austin, TX, officeholder living expense   |
|   |   |  | Banking fee  |
| L | 0 1. 2  |  |  |
|   | Complete <u>ONLY</u> if direct<br>expenditure to benefit C/OI | Candidate/Officeholder name Office sought                            | Office held  |
| 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

|   | 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: 19/28 Rpt: 46/59  | Williams, Staci (The Honorable)                                  |     | 00069606   |  |  |  |  |  |  |
| 4 | Date   | 5 Payee name   |     | <u> </u>   |  |  |  |  |  |  |
|   | 02/20/2024   | Plains Capital Bank  |     |  |  |  |  |  |  |  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code                           | е   |  |  |  |  |  |  |  |
|   | \$35.00  | P.O. Box 271   |     |  |  |  |  |  |  |  |
|   |  |  |     |  |  |  |  |  |  |  |
|   |  | Lubbock, TX 79408  |     |  |  |  |  |  |  |  |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) | b)  | Description  |  |  |  |  |  |  |
|   | OF<br>EXPENDITURE  | Accounting/Banking   |     | Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |  |
|   | LAI LINDITORE  |  |     | Check if Austin, TX, officeholder living expense   |  |  |  |  |  |  |
|   |  |  |     | Wire Transfer fee  |  |  |  |  |  |  |
| 9 | Complete ONLY if direct  | Candidate/Officeholder name Office sough                         | ht  | Office held  |  |  |  |  |  |  |
| 9 | expenditure to benefit C/OI  |  | IIL | Office field   |  |  |  |  |  |  |
|   | Data   |  |     |  |  |  |  |  |  |  |
|   | Date 02/21/2024  | Payee name   |     |  |  |  |  |  |  |  |
|   |  | Plains Capital Bank  |     |  |  |  |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code                             | е   |  |  |  |  |  |  |  |
|   | \$35.00  | P.O. Box 271   |     |  |  |  |  |  |  |  |
|   |  |  |     |  |  |  |  |  |  |  |
|   |  | Lubbock, TX 79408  |     |  |  |  |  |  |  |  |
|   | PURPOSE<br>OF  | ,  | b)  | Description  |  |  |  |  |  |  |
|   | EXPENDITURE  | Accounting/Banking   |     | Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense |  |  |  |  |  |  |
|   |  | Wire transfer fee  |     |  |  |  |  |  |  |  |
|   |  |  |     |  |  |  |  |  |  |  |
|   | Complete ONLY if direct  | Candidate/Officeholder name Office sough                         | ht  | Office held  |  |  |  |  |  |  |
|   | expenditure to benefit C/OI  | 1  |     |  |  |  |  |  |  |  |
|   | Date   | Payee name   |     |  |  |  |  |  |  |  |
|   | 01/26/2024   | PrintNoise   |     |  |  |  |  |  |  |  |
|   | Amount (\$)  | Payee address; City; State; Zip Code                             | e   |  |  |  |  |  |  |  |
|   | \$616.62   | 6105 S. Sherman St   |     |  |  |  |  |  |  |  |
|   |  | #100   |     |  |  |  |  |  |  |  |
|   |  | Richardson, TX 75081   |     |  |  |  |  |  |  |  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) | b)  | Description  |  |  |  |  |  |  |
|   | OF   | Printing Expense   | •   | Check if travel outside of Texas. Complete Schedule T.   |  |  |  |  |  |  |
|   | EXPENDITURE  |  |     | Check if Austin, TX, officeholder living expense   |  |  |  |  |  |  |
|   |  |  |     | Pushcards  |  |  |  |  |  |  |
|   | Operation Chilly 2.  | Open Highest (Office health                                      |     | 0.5  |  |  |  |  |  |  |
|   | Complete ONLY if direct expenditure to benefit C/OI                            | Candidate/Officeholder name Office sough                         | nt  | Office held  |  |  |  |  |  |  |
|   |  |  |     |  |  |  |  |  |  |  |
|   |  |  |     |  |  |  |  |  |  |  |
|   |  |  |     |  |  |  |  |  |  |  |

#### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

| l | The Instruction Guide explains how to complete this form. |          |   |            |      |                                  |      |                     |                            |   |
|---|---|----------|---|------------|------|----------------------------------|------|---------------------|----------------------------|---|
| 1 | Total pages Schedule F1:                                  | 2        | FILER NAME  |            |      | 3                                |      | Filer ID            | (Ethics Commission Filers) | ) |
| l | Sch: 20/28 Rpt: 47/59                                     |          | Williams, Staci (The Honorable)   |            |      |                                  |      | 00069606            |                            |   |
| 4 | Date  | 5        | Payee name  |            |      | <b>-</b>                         |      |                     |                            | _ |
| l | 01/26/2024  |          | PrintNoise  |            |      |                                  |      |                     |                            |   |
| 6 | Amount (\$)   | 7        | Payee address; City; State  | e; Zip Co  | de   |                                  |      |                     |                            |   |
| l | \$616.62  |          | 6105 S. Sherman St  |            |      |                                  |      |                     |                            |   |
| l |   |          | #100  |            |      |                                  |      |                     |                            |   |
| l |   |          | Richardson, TX 75081  |            |      |                                  |      |                     |                            |   |
| 8 | PURPOSE   | (a)      | Category (See Categories listed at the top of this so                     | chedule)   | (b)  | Description                      |      |                     |                            |   |
|   | OF<br>EXPENDITURE   |          | Printing Expense  |            |      | Check if travel outs             |      |                     |                            |   |
|   |   |          |   |            |      | Check if Austin, TX Pushcards    | Χ, ( | officeholder living | expense                    |   |
|   |   |          |   |            |      | Tusticalus                       |      |                     |                            |   |
| 9 | Complete ONLY if direct                                   | <u> </u> | Candidate/Officeholder name   | Office sou | aht  |                                  |      | Office he           | ald.                       |   |
| ľ | expenditure to benefit C/O                                |          |   | 000 000,   | 9    |                                  |      | 000                 |                            |   |
| H | Date  | Г        | Payee name  |            |      |                                  |      |                     |                            | _ |
|   | 01/29/2024  |          | PrintNoise  |            |      |                                  |      |                     |                            |   |
| ┝ | Amount (\$)   | ┝        |   | e; Zip Co  | de   |                                  |      |                     |                            |   |
|   | \$1,077.61  |          | 6105 S. Sherman St  | -, -,p     |      |                                  |      |                     |                            |   |
|   | , ,-  |          | #100  |            |      |                                  |      |                     |                            |   |
| l |   |          | Richardson, TX 75081  |            |      |                                  |      |                     |                            |   |
| ┝ | PURPOSE   | (a)      | Category (See Categories listed at the top of this so                     | -11-1->    | (b)  | Description                      |      |                     |                            |   |
|   | OF  | ``       | Printing Expense  | riedule)   | (-,  | Check if travel outs             | sid  | e of Texas. Comp    | plete Schedule T.          |   |
|   | EXPENDITURE   |          | 3 1-1-1-1   |            |      | Check if Austin, TX              |      | officeholder living | expense                    |   |
|   |   |          |   |            |      | GOTV materials                   | S    |                     |                            |   |
| ┡ | Commists ONII V if direct                                 | <u> </u> |   | Office     | la 4 |                                  |      | Office he           | ıla                        |   |
|   | Complete ONLY if direct expenditure to benefit C/Ol       |          | Candidate/Officeholder name   | Office sou | ynı  |                                  |      | Office he           | eia                        |   |
| ⊨ | Data  | Π        | Davida marina   |            |      |                                  |      |                     |                            |   |
| l | Date 02/05/2024   |          | Payee name PrintNoise   |            |      |                                  |      |                     |                            |   |
| ┡ | Amount (\$)   | H        |   | e; Zip Co  | do   |                                  |      |                     |                            |   |
|   | \$534.54  |          | 903   | e, zip co  | ue   |                                  |      |                     |                            |   |
| l | 400 110 1   |          | Bowser  |            |      |                                  |      |                     |                            |   |
|   |   |          | Richardson, TX 75251  |            |      |                                  |      |                     |                            |   |
| ┝ | PURPOSE   | (0)      |   | ī          | (h)  | Description                      |      |                     |                            |   |
|   | OF  | (a)      | Category (See Categories listed at the top of this so Advertising Expense | chedule)   | (D)  | Description Check if travel outs | sid  | e of Texas. Com     | olete Schedule T.          |   |
| l | EXPENDITURE   |          | Advertising Expense   |            |      | Check if Austin, TX              |      |                     |                            |   |
| l |   |          |   |            |      | Advertisement                    |      |                     |                            |   |
|   |   |          |   |            |      |                                  |      |                     |                            |   |
|   | Complete ONLY if direct expenditure to benefit C/O        |          | Candidate/Officeholder name   | Office sou | ght  |                                  |      | Office he           | eld                        |   |
| L | experience to beliefft C/O                                |          |   |            |      |                                  |      |                     |                            |   |
|   |   |          |   |            |      |                                  |      |                     |                            |   |
| 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

|   | Credit Card Payment  | The Instruction Guide explains how to complete this form.   |    |
|---|--|---|----|
| 1 | Total pages Schedule F1:<br>Sch: 21/28 Rpt: 48/59          | 2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers 00069606  | 3) |
| 4 | Date 02/05/2024  | 5 Payee name PrintNoise   |    |
| 6 | Amount (\$)<br>\$534.54                                    | 7 Payee address; City; State; Zip Code 903 Bowser Richardson, TX 75251  |    |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                               | (a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Advertisement         |    |
| 9 | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held H   |    |
|   | Date 02/16/2024  | Payee name PrintNoise   |    |
|   | Amount (\$)<br>\$827.03                                    | Payee address; City; State; Zip Code 903 Bowser Richardson, TX 75251  |    |
|   | PURPOSE<br>OF<br>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 advertisement |    |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol | Candidate/Officeholder name Office sought Office held H   |    |
|   | Date 02/16/2024  | Payee name PrintNoise   |    |
|   | Amount (\$)<br>\$827.03                                    | Payee address; City; State; Zip Code 903 Bowser Richardson, TX 75251  |    |
|   | PURPOSE<br>OF<br>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 materials     |    |
|   | Complete ONLY if direct expenditure to benefit C/OI        | Candidate/Officeholder name Office sought Office held H   |    |
|   |  |   |    |

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contribution/ Officeholds/(Political Committee

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

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

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

|   | Candidate/Officeholder/Politica<br>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: 22/28 Rpt: 49/59                                      | Williams, Staci (The Honorable) 00069606  |
| 4 | Date   | 5 Payee name  |
|   | 02/21/2024   | PrintNoise  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$1,894.38   | 903   |
|   |  | Bowser  |
|   |  | Richardson, TX 75251  |
| 8 | PURPOSE<br>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 Materials  |
|   |  | Campaign Materials  |
| 9 | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                                |   |
|   | Date   | Payee name  |
|   | 02/23/2024   | RB3 Exclusive Printing  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$180.00   | 119 Exectuive Way   |
|   |  | #305  |
|   |  | Desoto, TX 75115  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  T-shirt printing  |
|   |  | 1 Still printing  |
|   | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/OI                                |   |
|   | Date   | Payee name  |
|   | 02/23/2024   | RB3 Exclusive Printing  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$360.00   | 119 Exectuive Way   |
|   |  | #305  |
|   |  | Desoto, TX 75115  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE  | Check if Austin, TX, officeholder living expense  |
|   |  | T-shirt printing  |
|   | 0 1 0 0 0 0 0  |   |
|   | Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held   |
|   |  |   |
|   |  |   |
| L |  |   |

#### SCHEDULE F1

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

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

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

|          | Candidate/Officeholder/Politica<br>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: 23/28 Rpt: 50/59                                  | Williams, Staci (The Honorable) 00069606   |
| 4        | Date   | 5 Payee name   |
|          | 02/09/2024   | RaceTrac 526   |
| 6        | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|          | \$33.69  | 309 W. Spring Creek  |
|          |  |  |
|          |  | Plano, TX 75023  |
| 8        | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Travel In District Check if travel outside of Texas. Complete Schedule T.  |
|          |  | Check if Austin, TX, officeholder living expense  Gas  |
|          |  | - Cus  |
| 9        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
| ľ        | expenditure to benefit C/OI                            |  |
| ⊨        | Date   | Davies name  |
|          | 01/30/2024   | Payee name   |
| L        |  | Raising Cane's   |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$34.62  | 11748 N. Central Expressway  |
|          |  |  |
|          |  | Dalls, TX 75243  |
|          | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|          | OF<br>EXPENDITURE                                      | Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.   |
|          |  | Check if Austin, TX, officeholder living expense food for group meeting  |
|          |  | lood for group meeting   |
| ⊢        | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI                            |  |
| ⊨        | Date   | Davis same   |
|          | 01/26/2024   | Payee name<br>Royal China  |
| L        |  |  |
|          | Amount (\$)  | Payee address; City; State; Zip Code   |
|          | \$56.00  | 6025 Royal Lane  |
|          |  |  |
|          |  | Dallas, TX 75229   |
|          | PURPOSE<br>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 with supporter   |
|          |  | diffiler with supporter  |
| $\vdash$ | Complete ONLY if direct                                | Candidate/Officeholder name Office sought Office held  |
|          | expenditure to benefit C/OI                            |  |
| $\vdash$ |  |  |
|          |  |  |
|          |  |  |

### SCHEDULE F1

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

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

|   | Credit Card Payment                                | The Instruction Guide explains how to complete this form.  |
|---|--|--|
| 1 | Total pages Schedule F1:                           |  |
|   | Sch: 24/28 Rpt: 51/59                              | Williams, Staci (The Honorable) 00069606   |
| 4 | Date   | 5 Payee name   |
|   | 02/07/2024   | Sam's Club 6376  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code   |
|   | \$598.00   | 4062 LBJ Fwy.  |
|   |  |  |
|   |  | Dallas, TX 75244   |
| 8 | PURPOSE<br>OF                                      | (a) Category (See Categories listed at the top of this schedule)   |
|   | EXPENDITURE  | Event Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense   |
|   |  | Flowers/B-day cake/envelope/nametags etc.  |
|   |  |  |
| 9 | Complete ONLY if direct                            | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                         | 1  |
| F | Date   | Payee name   |
|   | 02/12/2024   | Shane Hefner Enterprises   |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$1,500.00   | ONLINE   |
|   |  |  |
|   |  | Richardson, TX 75081   |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description   |
|   | OF<br>EXPENDITURE                                  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.   |
|   | LXI LINDITORE                                      | Check if Austin, TX, officeholder living expense   |
|   |  | Advetisement   |
| _ | Complete ONLY if direct                            | Candidate/Officeholder name Office sought Office held  |
|   | expenditure to benefit C/O                         |  |
| - | Date   | Payee name   |
|   | 02/01/2024   | Southern Dallas Living Magazine  |
|   | Amount (\$)  | Payee address; City; State; Zip Code   |
|   | \$675.00   | 1716 White Cap   |
|   | 40.0.00  | -1.20 Time Cup   |
|   |  | DeSoto, TX 75115   |
|   | 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   |
|   |  | Advertisement  |
|   |  |  |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held  |
|   | experientare to beliefft C/O                       | ·  |
|   |  |  |
|   |  |  |

### SCHEDULE F1

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

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

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

|   | Credit Card Payment                                | The Instruction Guide explains how to complete this form.   |
|---|--|---|
| 1 | Total pages Schedule F1:<br>Sch: 25/28 Rpt: 52/59  | 2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069606   |
| 4 | Date 02/02/2024                                    | 5 Payee name<br>Southwest Media Marketing   |
| 6 | Amount (\$)<br>\$2,400.00                          | 7 Payee address; City; State; Zip Code 204 E. Pleasant Run  Lancaster, TX 75146   |
| 8 | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertisement             |
| 9 | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |
|   | Date 02/20/2024                                    | Payee name<br>Southwest Media Marketing   |
|   | Amount (\$)<br>\$1,760.00                          | Payee address; City; State; Zip Code 204 E. Pleasant Run  Lancaster, TX 75146   |
|   | PURPOSE<br>OF<br>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 Advertisement |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |
|   | Date 02/14/2024                                    | Payee name<br>The Dallas Examiner   |
|   | Amount (\$)<br>\$1,960.00                          | Payee address; City; State; Zip Code P.O. Box 3720  |
|   |  | Dallas, TX 75208  |
|   | PURPOSE<br>OF<br>EXPENDITURE                       | (a) Category (See Categories listed at the top of this schedule) Advertising Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertisement             |
|   | Complete ONLY if direct expenditure to benefit C/O | Candidate/Officeholder name Office sought Office held   |
|   |  |   |

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage
Contributions/ Donations Made By Contributions/ Officials India Committee
Graduates/Officials India Committee

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

|   | Candidate/Officeholder/Politica<br>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: 26/28 Rpt: 53/59                                      | Williams, Staci (The Honorable) 00069606  |
| 4 | Date   | 5 Payee name  |
|   | 02/14/2024   | The Home Depot  |
| 6 | Amount (\$)  | 7 Payee address; City; State; Zip Code  |
|   | \$12.28  | 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<br>EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  |
|   |  | Check if Austin, TX, officeholder living expense  Ties for sign   |
|   |  | Ties for sign   |
| 9 | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |
| 9 | expenditure to benefit C/O                                 |   |
| _ | <u> </u>   |   |
|   | Date   | Payee name  |
|   | 01/29/2024   | Tiger Mart #17  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$38.00  | 710 E. Beltlime Raod  |
|   |  |   |
|   |  | Cedar Hill, TX 75104  |
|   | PURPOSE<br>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                                   |
|   |  | Gas   |
|   |  |   |
| _ | Complete ONLY if direct                                    | Candidate/Officeholder name Office sought Office held   |
|   | expenditure to benefit C/O                                 |   |
|   | Data   |   |
|   | Date   | Payee name  |
|   | 02/13/2024   | USPS  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$57.80  | 401 Tom Landry HWY  |
|   |  |   |
|   |  | Dallas, TX 75260  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Office Overhead/Rental Expense  |
|   | ZAI ZIAZITORZ  | Check if Austin, TX, officeholder living expense  |
|   |  | Overnight Express mail  |
| _ | Occupation ONE VIII  | On didn't 10 ff a balden name   |
|   | 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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

|   | Contributions/ Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |   |
|---|--|---|
| 1 | Total pages Cabadala E4  | <u>_</u>  |
| 1 | Total pages Schedule F1:<br>Sch: 27/28 Rpt: 54/59  | 2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069606   |
| 4 | Date   | 5 Payee name  |
|   | 02/09/2024   | WM Supercenter 1117   |
| 6 | Amount (\$)<br>\$15.76   | 7 Payee address; City; State; Zip Code 6001 Central Expy  Plano, TX 75023   |
| 8 | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Snacks |
| 9 | Complete <u>ONLY</u> if direct expenditure to benefit C/Ol                                 | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 02/16/2024   | WPMaven   |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$675.00   | 3600 Breeville  |
|   |  |   |
|   |  | Monroe, LA 71205  |
|   | PURPOSE<br>OF  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | EXPENDITURE  | Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense            |
|   |  | website update  |
|   |  | website apacite   |
|   | Complete ONLY if direct expenditure to benefit C/Ol  | Candidate/Officeholder name Office sought Office held   |
|   | Date   | Payee name  |
|   | 02/13/2024   | Wal-Mart #3204  |
|   | Amount (\$)  | Payee address; City; State; Zip Code  |
|   | \$6.00   | 820 E. Belt Line Road   |
|   |  | Cedar Hill, TX 75104  |
|   | PURPOSE  | (a) Category (See Categories listed at the top of this schedule) (b) Description  |
|   | OF<br>EXPENDITURE  | Food/Beverage Expense   |
|   | LAFENDITORE  | Check if Austin, TX, officeholder living expense  |
|   |  | Snacks  |
|   |  |   |
|   | 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 Comm

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<br>Credit Card Payment |                   | Legal Services  The Instruction Guide ex | Salaries/V       | Vages      | /Contract Labor |       | OTHER (enter a      | category not listed above) |
|---|--|-------------------|--|------------------|------------|-----------------|-------|---------------------|----------------------------|
| 1 | Total pages Schedule F1:                               | 2 FILER NA        | AME                                      |                  |            |                 | 3     | Filer ID            | (Ethics Commission Filers) |
|   | Sch: 28/28 Rpt: 55/59                                  |                   | , Staci (The Honorable)                  |                  |            |                 |       | 00069606            |                            |
| 4 | Date   | <b>5</b> Payee na | me                                       |                  |            |                 |       |                     |                            |
|   | 02/22/2024   | Wal-Mai           | t #3204                                  |                  |            |                 |       |                     |                            |
| 6 | Amount (\$)  | <b>7</b> Payee ac | dress; City;                             | State; Zip Co    | ode        |                 |       |                     |                            |
|   | \$44.50  | 820 E. E          | elt Line Road                            |                  |            |                 |       |                     |                            |
|   |  |                   |  |                  |            |                 |       |                     |                            |
|   |  |                   | ill, TX 75104                            |                  |            |                 |       |                     |                            |
| 8 | PURPOSE<br>OF  |                   | (See Categories listed at the top of     | f this schedule) | (b)        | Description     |       |                     |                            |
| l | EXPENDITURE  | Travel Ir         | District                                 |                  |            | ш               |       | de of Texas. Com    |                            |
| l |  |                   |  |                  |            | _               |       | officeholder living |                            |
| l |  |                   |  |                  |            | Gas for trave   | 1 10/ | irom 6 coun         | iues                       |
|   |  |                   |  |                  |            |                 |       |                     |                            |
| 9 | Complete ONLY if direct expenditure to benefit C/OI    |                   | Officeholder name                        | Office sou       | ight       |                 |       | Office he           | eld                        |
| F | Date   | Payee na          | me                                       |                  |            |                 |       |                     |                            |
| l | 02/14/2024   | ZOOM.U            |  |                  |            |                 |       |                     |                            |
| ⊢ |  |                   |  | State; Zip Co    | ndo.       |                 |       |                     |                            |
| l | Amount (\$)  | Payee ad          | •  | State, Zip Ct    | Jue        |                 |       |                     |                            |
| l | \$34.10  | 55 Alma           | den Boulevard                            |                  |            |                 |       |                     |                            |
| l |  | 6th Floo          | r  |                  |            |                 |       |                     |                            |
|   |  | San Jos           | e, CA 95113                              |                  |            |                 |       |                     |                            |
| H | PURPOSE  | (a) Category      | (See Categories listed at the top o      | f this schedule) | (b)        | Description     |       |                     |                            |
| l | OF   |                   | verhead/Rental Expense                   |                  | <u> </u> ` |                 | outsi | de of Texas. Com    | olete Schedule T.          |
| l | EXPENDITURE  | Onice o           | verneda/Nemai Expense                    | •                |            | Check if Austin | , TX, | officeholder living | expense                    |
| l |  |                   |  |                  |            | Subscription    |       |                     |                            |
| l |  |                   |  |                  |            |                 |       |                     |                            |
|   | Complete ONLY if direct                                | Candidate/        | Officeholder name                        | Office sou       | ı<br>ıght  |                 |       | Office he           | eld                        |
|   | expenditure to benefit C/OI                            | 4                 |  |                  |            |                 |       |                     |                            |
| ┝ |  |                   |  |                  |            |                 |       |                     |                            |
| l |  |                   |  |                  |            |                 |       |                     |                            |
| l |  |                   |  |                  |            |                 |       |                     |                            |
|   |  |                   |  |                  |            |                 |       |                     |                            |
|   |  |                   |  |                  |            |                 |       |                     |                            |
| l |  |                   |  |                  |            |                 |       |                     |                            |
|   |  |                   |  |                  |            |                 |       |                     |                            |
| l |  |                   |  |                  |            |                 |       |                     |                            |
| l |  |                   |  |                  |            |                 |       |                     |                            |
| l |  |                   |  |                  |            |                 |       |                     |                            |
| l |  |                   |  |                  |            |                 |       |                     |                            |
| l |  |                   |  |                  |            |                 |       |                     |                            |
|   |  |                   |  |                  |            |                 |       |                     |                            |
|   |  |                   |  |                  |            |                 |       |                     |                            |
|   |  |                   |  |                  |            |                 |       |                     |                            |
|   |  |                   |  |                  |            |                 |       |                     |                            |
|   |  |                   |  |                  |            |                 |       |                     |                            |
|   |  |                   |  |                  |            |                 |       |                     |                            |

### POLITICAL EXPENDITURES FROM PERSONAL FUNDS

### SCHEDULE G

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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

|   | Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidade Pofficeholder/Politica |   | Transportation Equipment & Related Expense<br>Travel in District<br>Travel Out of District<br>OTHER (enter a category not listed above) |
|---|---|---|---|
|   | Credit Card Payment   | The Instruction Guide explains how to complete this form.                 |   |
| 1 | Total pages Schedule G:   | 2 FILER NAME  | 3 Filer ID (Ethics Commission Filers)   |
|   | Sch: 1/1 Rpt: 56/59   | Williams, Staci (The Honorable)   | 00069606  |
| 4 | Date  | Payee name  |   |
|   | 02/02/2024  | PrintNoise  |   |
| 6 | Amount (\$)   | 7 Payee address; City; State; Zip Code                                    |   |
|   | \$1,894.38  | 903   |   |
|   | Reimbursement from  | Bowser  |   |
|   | x political contributions intended  | Richardson, TX 75251  |   |
| 8 | PURPOSE   | (b) Description   | Check if travel outside of Texas. Complete Schedule T.  |
|   | OF  | Advertising Expense   | Check if Austin, TX, officeholder living expense  |
|   | EXPENDITURE   | Campaign signs  |   |
|   |   |   |   |
| 9 |   | andidate/Officeholder name Office sought                                  | Office held   |
|   | expenditure to benefit C/OH   |   |   |
| L |   |   |   |
|   | Date  | Payee name  |   |
| L | 02/20/2024  | PrintNoise  |   |
|   | Amount (\$)   | Payee address; City; State; Zip Code                                      |   |
|   | \$350.46  | 903   |   |
|   | Reimbursement from political contributions  | Bowser  |   |
|   | intended  | Richardson, TX 75251  |   |
|   | PURPOSE<br>OF   | Category (See Categories listed at the top of this schedule)  Description | Check if travel outside of Texas. Complete Schedule T.  |
|   | EXPENDITURE   | Advertising Expense   | Check if Austin, TX, officeholder living expense  |
|   |   | Campaign materi   | ais   |
|   | Complete ONLY if direct   | andidate/Officeholder name Office sought                                  | Office held   |
|   | expenditure to benefit  | andidate/Officeholder name Office sought                                  | Office field  |
|   | C/OH  |   |   |
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# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

| SCH | FD | ш  | F   | k |
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|   | The Instru                  | ction Guide explains how to complete this form.  | 1                     |        |        | ages Schedule K:<br>/3 Rpt: 57/59 |        |
|---|-----------------------------|--|-----------------------|--------|--------|-----------------------------------|--------|
| 2 | FILER NAME<br>Williams, Sta | ler ID<br>00696  | (Ethics Commission Fi | ilers) |        |                                   |        |
| 4 | Date<br>02/05/2024          | <ul> <li>Name of person from whom amount is received         ANEDOT     </li> <li>Address of person from whom amount is received; City; State; Zip Code</li> </ul> |                       |        |        | 8 Amount (\$)                     | \$5.00 |
|   |                             | New Orleans, LA 70112  |                       |        |        |                                   |        |
|   |                             | 7 Purpose for which amount is received   | olitio                | cal    | contri | ibution returned to filer         |        |
|   | Date<br>02/05/2024          | Name of person from whom amount is received ANEDOT  Address of person from whom amount is received; City; State; Zip Code  New Orleans, LA 70112                   |                       | ••••   |        | Amount (\$)                       | \$5.00 |
|   |                             | Purpose for which amount is received   | olitio                | cal    | contri | ibution returned to filer         |        |
|   | Date<br>02/05/2024          | Name of person from whom amount is received ANEDOT  Address of person from whom amount is received; City; State; Zip Code  |                       |        |        | Amount (\$)                       | \$5.00 |
|   |                             |  | olitio                | cal    | contri | ibution returned to filer         |        |
|   | Date 02/05/2024             | Ale Vera (BOT) 1/16/24 donation  Name of person from whom amount is received  ANEDOT  Address of person from whom amount is received; City; State; Zip Code        |                       | •••••  |        | Amount (\$)                       | \$5.00 |
|   |                             | New Orleans, LA 70112  Purpose for which amount is received  | olitio                | cal    | contri | ibution returned to filer         |        |
|   | Date<br>02/05/2024          | Name of person from whom amount is received ANEDOT  Address of person from whom amount is received; City; State; Zip Code  |                       |        |        | Amount (\$)                       | \$5.00 |
|   |                             | New Orleans, LA 70112  Purpose for which amount is received  | olitio                | cal    | contri | ibution returned to filer         |        |
|   |                             |  |                       |        |        |                                   |        |

## INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

#### SCHEDULE K

|   | The Instru              | ction Guide explains how to complete this form.                         | 1      |         | pages Schedule K:<br>2/3 Rpt: 58/59  |         |  |
|---|-------------------------|---|--------|---------|--|---------|--|
| 2 | 2 FILER NAME 3 Filer ID |   |        |         | D (Ethics Commission F   | ilers)  |  |
|   | Williams, Sta           | Williams, Staci (The Honorable) 00069                                   |        |         |  |         |  |
| 4 | Date                    | 5 Name of person from whom amount is received                           | _      |         | 8 Amount (\$)  |         |  |
|   | 02/05/2024              | ANEDOT  |        |         |  | \$5.00  |  |
|   |                         | 6 Address of person from whom amount is received; City; State; Zip Code |        |         |  |         |  |
|   |                         |   |        |         |  |         |  |
|   |                         |   |        |         |  |         |  |
|   |                         | New Orleans, LA 70112   |        |         |  |         |  |
|   |                         | 7 Purpose for which amount is received                                  | olitic | al con  | tribution returned to filer  |         |  |
|   |                         | Ale Vera (BOT) 1/12/24 donation   |        |         |  |         |  |
| = | Date                    | Name of person from whom amount is received                             |        |         | Amount (\$)  |         |  |
|   | 02/05/2024              | ANEDOT  |        |         | 7 unount (\$\psi\$)  | \$5.00  |  |
|   | 0_,00,_0                | Address of person from whom amount is received; City; State; Zip Code   |        |         |  | 40.00   |  |
|   |                         | Address of person from whom amount is received, City, State, 2th Code   |        |         |  |         |  |
|   |                         |   |        |         |  |         |  |
|   |                         | New Orleans, LA 70112   |        |         |  |         |  |
|   |                         |   | olitic | al con  | I<br>tribution returned to filer   |         |  |
|   |                         | Ale Vera (BOT) 1/11/24 donation   | Ontic  | our con | and a little and a |         |  |
|   | D-4-                    |   |        |         | Δ  |         |  |
|   | Date 02/05/2024         | Name of person from whom amount is received  ANEDOT                     |        |         | Amount (\$)  | \$5.00  |  |
|   | 02/03/2024              |   |        |         |  | Φ3.00   |  |
|   |                         | Address of person from whom amount is received; City; State; Zip Code   |        |         |  |         |  |
|   |                         |   |        |         |  |         |  |
|   |                         | New Orleans, LA 70112   |        |         |  |         |  |
|   |                         | Purpose for which amount is received Check if po                        | olitic | al con  | tribution returned to filer  |         |  |
|   |                         | Ale Vera (BOT) 1/7/24 donation  |        |         |  |         |  |
|   | Date                    | Name of person from whom amount is received                             |        |         | Amount (\$)  |         |  |
|   | 02/05/2024              | ANEDOT  |        |         | Amount (\$)  | \$25.00 |  |
|   | 02/03/2024              |   |        |         |  | Ψ23.00  |  |
|   |                         | Address of person from whom amount is received; City; State; Zip Code   |        |         |  |         |  |
|   |                         |   |        |         |  |         |  |
|   |                         | New Orleans, LA 70112   |        |         |  |         |  |
|   |                         |   | olitic | al con  | I<br>tribution returned to filer   |         |  |
|   |                         | Ale Vera (BOT) 1/6/24 donations   | Ontic  | Jan 551 | ansation retained to mer   |         |  |
| _ | Date                    |   |        |         | Amount (¢)   |         |  |
|   | 02/05/2024              | Name of person from whom amount is received  ANEDOT                     |        |         | Amount (\$)  | \$10.00 |  |
|   | 02/03/2024              |   |        |         |  | Ψ10.00  |  |
|   |                         | Address of person from whom amount is received; City; State; Zip Code   |        |         |  |         |  |
|   |                         |   |        |         |  |         |  |
|   |                         | New Orleans, LA 70112   |        |         |  |         |  |
|   |                         |   | olitic | al con  | tribution returned to filer  |         |  |
|   |                         | Ale Vera (BOT) 1/5/24 donations   | UIILIC | ai CUI  | andalion retained to life!   |         |  |
| _ |                         |   |        |         |  |         |  |
|   |                         |   |        |         |  |         |  |

### INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** 1 Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 59/59 2 FILER NAME Filer ID (Ethics Commission Filers) Williams, Staci (The Honorable) 00069606 8 Amount (\$) Date 5 Name of person from whom amount is received 02/10/2024 **ANEDOT** \$1.00 6 Address of person from whom amount is received; City; State; Zip Code New Orleans, LA 70112 Purpose for which amount is received X Check if political contribution returned to filer refund reversed for Ale Vera (BOT) Amount (\$) Name of person from whom amount is received Date 02/20/2024 **BattleAx Strategies** \$25,000.00 Address of person from whom amount is received; City; State; Zip Code Washington, DC 20009 Purpose for which amount is received Check if political contribution returned to filer Return on Deposit 2/2/2024 Date Name of person from whom amount is received Amount (\$) 02/05/2024 PrintNoise \$534.54 Address of person from whom amount is received; City; State; Zip Code Richardson, TX 75081 Purpose for which amount is received Check if political contribution returned to filer Refund of overcharge