CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

-	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:			I OFFIC	E USE ONLY
	00069606		27			Date Received	
3	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRON	IICALLY FILED
	OFFICEHOLDER NAME	The Honorable	Staci			04/15/2025	
	. 47 MAIL	NICKNAME	LAST		SUFFIX	1	
			Williams				
4	ORIGINAL	January 15	Runoff	Other (s	pecify)	Date Hand-delive	red or Date Postmarked
	REPORT TYPE	July 15	Exceeded modified	Ш `	. ,,	Receipt #	Amount
		X 30th day before election	15th day after cam			1.000.pt //	, and an
			appointment (office	holder only)		Date Processed	
		8th day before election	Final Report (Attac	h C/OH-FR)		1	
5	ORIGINAL PERIOD	Month Day Yea		Month Day	Year	Date Imaged	
	COVERED	01/01/2024	THROUGH	01/25/2024			
6	EXPLANATION OF C	CORRECTION					
	bad that I was on the activity created, some expenditures account	is reporting period, there w phone daily with Anedot (e legitimate contributions w t for 96% of the expenditure Il as the chaos from the BO	the online fundraising ere mistakenly neither discrepancy. I was do	entity) trying to get the noticed nor reported. Ding my own reporting	e BOT issue cle That has been c at the time and	ared up. With to corrected. Expe because so mu	the chaos the BOT enditures - two uch money was comi
7	AFFIDAVIT			ear, or affirm, under p correct.	enalty of perjury	r, that this corre	ected report is true
7	AFFIDAVIT		and		, , , ,		·
7	AFFIDAVIT		and	correct.	and all applical s: I swear, or aith and without	ble statements: affirm that the an intent to mis	original report slead or to
7	AFFIDAVIT		and	correct. ck the box next to any Semiannual report: was made in good fa	and all applical s: I swear, or aith and without ormation contair swear, or affirm, the 14th busine ginally filed is in t any error or on	affirm that the an intent to misned in the report that I am filing ss day after the accurate or inc	original report slead or to rt. this corrected e date I learned complete. I
7	AFFIDAVIT		and Che	Semiannual reports was made in good fa misrepresent the info Other reports: I se report not later than that the report as ori swear, or affirm, that filed was made in good. The	e and all applical s: I swear, or aith and without brmation contair swear, or affirm, the 14th busine ginally filed is in any error or on od faith. Honorable St	affirm that the an intent to misned in the report that I am filing ss day after the accurate or inchission in the reactive acci Williams	original report slead or to rt. this corrected e date I learned complete. I eport as originally
7		TAMP / SEAL ABOVE	and Che	Semiannual reports was made in good fa misrepresent the info Other reports: I se report not later than that the report as ori swear, or affirm, that filed was made in good. The	e and all applical s: I swear, or aith and without ormation contains swear, or affirm, the 14th busine ginally filed is in any error or on od faith.	affirm that the an intent to misned in the report that I am filing ss day after the accurate or inchission in the reactive acci Williams	original report slead or to rt. this corrected e date I learned complete. I eport as originally
7	AFFIX NOTARY ST	AMP / SEAL ABOVE	and Che	correct. ck the box next to any Semiannual reports was made in good fa misrepresent the info Other reports: I s report not later than that the report as ori swear, or affirm, that filed was made in go The Signatu	r and all applical s: I swear, or aith and without brmation contain swear, or affirm, the 14th busine ginally filed is in any error or on bod faith. Honorable St Ire of Candidate	affirm that the can intent to misned in the report that I am filing ss day after the accurate or inchission in the reactive accivate of the reactive accivate or officeholde	original report slead or to rt. this corrected e date I learned complete. I eport as originally
7	AFFIX NOTARY ST Sworn to and subsc		and Che	Semiannual reports was made in good famisrepresent the info Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good. The Signature	s: I swear, or aith and without brmation contain swear, or affirm, the 14th busine ginally filed is in any error or on bod faith. Honorable Starre of Candidate, this the start and the start are of Candidate, this the side of the same and the start are of Candidate, this the side of the same and the same are same and the same are same	affirm that the can intent to misned in the report that I am filing ss day after the accurate or inchission in the reactive accivate of the reactive accivate or officeholde	original report slead or to rt. this corrected e date I learned complete. I eport as originally
7	AFFIX NOTARY ST Sworn to and subsc	ribed before me, by the sai	and Che	Semiannual reports was made in good famisrepresent the info Other reports: I see report not later than that the report as or swear, or affirm, that filed was made in good. The Signature	s: I swear, or aith and without brmation contain swear, or affirm, the 14th busine ginally filed is in any error or on bod faith. Honorable Starre of Candidate, this the start and the start are of Candidate, this the side of the same and the start are of Candidate, this the side of the same and the same are same and the same are same	affirm that the can intent to misned in the report that I am filing ss day after the accurate or inchission in the reactive accivate of the reactive accivate or officeholde	original report slead or to rt. this corrected e date I learned complete. I eport 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 27 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 30th day before election 15th day after campaign treasurer January 15 Runoff X appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 01/01/2024 01/25/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other

11 OFFICE

03/05/2024

OFFICE HELD (if any)

District Judge District 101 Dallas

General

Special

12 OFFICE SOUGHT (if known)

Court of Appeals, Chief Justice District 5

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

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13 C / OH NAME	Williams, Staci (The I	Honorable)	14 Filer ID 00069606	(Ethics Comm	nission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without I officeholders are required to report this informatio	the candidate's or offic	eholder's knov	vledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
		ICAL CONTRIBUTIONS		\$	10,596.00
EXPENDITURE	·	PLEDGES, LOANS, OR GUARANTEES OF LOAN ZED POLITICAL EXPENDITURES	S)		0.00
TOTALS				\$	0.00
		ICAL EXPENDITURES		\$	85,361.81
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	150,153.09
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT					
		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.	y of perjury, that the ac Ill information required	companying r to be reported	eport is by me
		The Hor	norable Staci William	S	
		Signature of	f Candidate or Officeho	lder	
AFFIX NO	TARY STAMP / SEAL AB	DVE			
Sworn to and subso	cribed before me, by the s	aid	, this the		_ day
of	, 20, to co	ertify which, witness my hand and seal of office.			
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	er administerin	a oath
g 0 0. 0110		sale to the sale t			-

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

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			4 of 27
18 FILER NAME Williams, St	taci (The Honorable)	19 Filer ID 00069606	(Ethics Commission Filers)
20 SCHEDULE S			SUBTOTAL AMOUNT
1. X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 10,596.00
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0.00
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$ 0.00
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	6	\$ 85,361.81
6. X S	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. X S	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	DNS	\$ 0.00
8. X S	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9 \$	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 2.93
			•

	MONET	ARY POLITICAL (CONTRIBUTIO	DNS			SCHEDULE	A(J)1
	The Instru	ction Guide explains how	v to complete this f	orm.	1		es Schedule A(J)1 Rpt: 5/27	L:
2	FILER NAME Williams, Sta	aci (The Honorable)			3	Filer ID 0006960	(Ethics Commissi	on Filers)
4	Date 01/11/2024	Full name of contributor Ale Vera (BOT) Contributor address; City; Si	out-of-state PAC (ID#:_		7	Amount of	f Contribution (\$)	\$5.00
		Houston, TX 77092						
8	Contributor's F	Principal Occupation		9 Contributor's Job Title				
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	ous	se (if any)		
12	! If contributor is	is a child, law firm of parent(s) (if a	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	$\overline{\top}$	Amount of	f Contribution (\$)	
	01/07/2024	Ale Vera (BOT) Contributor address; City; S	tate; Zip Code					\$5.00
		Houston, TX 75092		T	\perp			
		Principal Occupation		Contributor's Job Title				
	Contributor's 6	employer/law firm		Law firm of contributor's sp	ous	se (if any)		
	If contributor is	s a child, law firm of parent(s) (if a	any)					
	Date	Full name of contributor	out-of-state PAC (ID#:_)	T	Amount of	f Contribution (\$)	
	01/12/2024	Ale Vera (BOT) Contributor address; City; S Houston, TX 77092	tate; Zip Code					\$5.00
	Contributor's F	Principal Occupation		Contributor's Job Title				
	Contributor's 6	employer/law firm		Law firm of contributor's sp)OUS	se (if any)		
	If contributor is	is a child, law firm of parent(s) (if a	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: Sch: 2/8 Rpt: 6/27
2	FILER NAME Williams, Sta	aci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 01/08/2024	5 Full name of contributor Brewer, William6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$5,000.00
		Dallas, TX 75201		T		
8		Principal Occupation		9 Contributor's Job Title		
40	Attorney			Attorney		or (if you)
10	Brewer Attor	employer/law firm		11 Law firm of contributor's sp	oous	se (If any)
12		s a child, law firm of parent(s) (if	· anv)			
12	. II COILLIBULOI I	s a criliu, iaw iiriri or pareriu(s) (ii	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	01/04/2024	Gourdarzi, Brent				\$5,000.00
		Contributor address; City; Longview, TX 75605	State; Zip Code			
	Contributor's F	I Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Goudarzi-Yo	oung				
	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	01/14/2024	Lester, James (Mr.)		·		\$500.00
		Contributor address; City; Dallas, TX 75236	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	retired	iniopai o coapation		retired		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	retired	•				` ',
	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	ow to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 3/8 Rpt: 7/27
2	FILER NAME Williams, Sta	aci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606
4	Date 01/05/2024	Full name of contributor Vera (BOT), Ale Contributor address; City;	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$5.00
		Houston, TX 77092			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	•
	BOT			BOT	
10	Contributor's n/a	employer/law firm		11 Law firm of contributor's s	spouse (if any)
12		s a child, law firm of parent(s) (if any)		
12	2 II COILLIBULOI I	s a criliu, law littii or parent(s) (n any)		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/05/2024	Vera (BOT), Ale		-	\$5.00
		Contributor address; City;	State: Zip Code		··· ·
		Houston, TX 77092			
	Contributor's	I Principal Occupation		Contributor's Job Title	_ I
	ВОТ			ВОТ	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	n/a	, ,			
	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 (\$)
	01/06/2024	Vera (BOT), Ale			\$5.00
		Contributor address; City;	State; Zip Code		····
		Houston, TX 77092			
	Contributor's	Principal Occupation		Contributor's Job Title	
	BOT			вот	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	n/a				
	If contributor i	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 f	form.	1 Total pages Schedule A(J)1: Sch: 4/8 Rpt: 8/27
2	FILER NAME Williams, Sta	aci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606
4	Date 01/06/2024	Full name of contributor Vera (BOT), Ale Contributor address; City;	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$5.00
		Houston, TX 77092			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	
	BOT			BOT	
10	Contributor's n/a	employer/law firm		11 Law firm of contributor's s	spouse (if any)
12		s a child, law firm of parent(s) (i	if any)		
12	i Contributor i	s a criliu, law litti or parent(s) (i	n any)		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/06/2024	Vera (BOT), Ale		-	\$5.00
		Contributor address; City;	State: Zip Code		··· <mark> </mark>
		,			
		Houston, TX 77092			
	Contributor's	I Principal Occupation		Contributor's Job Title	<u> </u>
	ВОТ			ВОТ	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	n/a				
	If contributor i	s a child, law firm of parent(s) (i	if any)		
	Date	Full name of contributor	out-of-state PAC (ID#:		Amount of Contribution (\$)
	01/06/2024	Vera (BOT), Ale			\$5.00
		Contributor address; City;	State; Zip Code		···[
		Houston, TX 77092			
	Contributor's	I Principal Occupation		Contributor's Job Title	
	ВОТ			ВОТ	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	n/a	, ,			
	If contributor i	s a child, law firm of parent(s) (i	if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 5/8 Rpt: 9/27
2	FILER NAME Williams, Sta	aci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606
4	Date 01/06/2024	5 Full name of contributorVera (BOT), Ale6 Contributor address; City;	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$5.00
		Houston, TX 77092			
8	Contributor's	Principal Occupation		9 Contributor's Job Title	•
	BOT			ВОТ	
10	Contributor's n/a	employer/law firm		11 Law firm of contributor's s	spouse (if any)
4			# \		
12	z it contributor i	s a child, law firm of parent(s) (i	ir any)		
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/11/2024	Vera (BOT), Ale	— (\$5.00
		Contributor address; City;	State: Zin Code		
		Contributor address, City,	State, Zip Code		
		11			
		Houston, TX 77092		•	
		Principal Occupation		Contributor's Job Title	
	ВОТ			ВОТ	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	n/a				
	If contributor i	s a child, law firm of parent(s) (i	if any)		
-	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
	01/11/2024	Vera (BOT), Ale	—		\$5.00
		Contributor address; City;	State; Zip Code		···
			. ,		
		Houston, TX 77092			
	Contributor's	Principal Occupation		Contributor's Job Title	•
	BOT			ВОТ	
	Contributor's	employer/law firm		Law firm of contributor's s	spouse (if any)
	n/a				
	If contributor i	s a child, law firm of parent(s) (i	if any)	•	

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS	SCHEDULE	≣ A(J)1
	The Instru	ction Guide explains ho	ow to complete this f	form.	1 Total pages Schedule A(Sch: 6/8 Rpt: 10/27	 J)1:
2	FILER NAME Williams, Sta	aci (The Honorable)			3 Filer ID (Ethics Commis 00069606	ssion Filers)
4	Date 01/11/2024	Full name of contributor Vera (BOT), Ale Contributor address; City;	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$5.00
		Houston, TX 77092				
8	Contributor's	Principal Occupation		9 Contributor's Job Title		
	BOT			ВОТ		
10	O Contributor's on/a	employer/law firm		11 Law firm of contributor's s	pouse (if any)	
10		a a shild law firms of narrows(a) (:			
12	z ii contributor i	s a child, law firm of parent(s) (i	n any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (
	01/11/2024	Vera (BOT), Ale	–		· ·	\$5.00
		Contributor address; City;	State: Zip Code			
		,				
		Houston, TX 77092				
	Contributor's	Principal Occupation		Contributor's Job Title		
	BOT			ВОТ		
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)	
	n/a					
	If contributor i	s a child, law firm of parent(s) (if any)	ı		
		T			T	
	Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (
	01/11/2024	Vera (BOT), Ale				\$5.00
		Contributor address; City;	State; Zip Code			
		Houston, TX 77092				
	Contributor's	Principal Occupation		Contributor's Job Title		
	BOT			ВОТ		
	Contributor's	employer/law firm		Law firm of contributor's s	pouse (if any)	
	n/a					
	If contributor i	s a child, law firm of parent(s) (i	if any)			
l						

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 7/8 Rpt: 11/27
2	FILER NAME Williams, Sta	aci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 01/14/2024	5 Full name of contributorVera (BOT), Ale6 Contributor address; City;	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$5.00
		Houston, TX 77092				
8		Principal Occupation		9 Contributor's Job Title		
10	BOT Contributor's 6	employer/law firm		BOT 11 Law firm of contributor's sp	2011	ca (if any)
10	n/a	ыпрюуетлам IIIII		Law initi of contributors sp	pous	se (ii aiiy)
12	If contributor is	s a child, law firm of parent(s) (i	f any)	<u>I</u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	01/16/2024	Vera (BOT), Ale Contributor address; City;	State; Zip Code			\$5.00
	O a stalle at a size I	Houston, TX 77092		Occasile tente Joh Title		
	BOT	Principal Occupation		Contributor's Job Title BOT		
	Contributor's	employer/law firm		Law firm of contributor's sp	pous	se (if any)
	n/a If contributor is	s a child, law firm of parent(s) (i	f any)	<u> </u>		
	Date	Full name of contributor	out-of-state PAC (ID#:)	T	Amount of Contribution (\$)
	01/22/2024	Vera (BOT), Ale Contributor address; City;				\$5.00
		Houston, TX 77092				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	ВОТ			ВОТ		
	Contributor's e	employer/law firm		Law firm of contributor's sp	pous	se (if any)
		s a child, law firm of parent(s) (i	f any)	<u> </u>		

MONET	ARY POLITICAL (CONTRIBUTIO	DNS	SCHEDULE A(J)1	
The Instru	ction Guide explains how	to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 8/8 Rpt: 12/27	_
2 FILER NAME Williams. Sta	aci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606	
4 Date 01/23/2024	5 Full name of contributor Vera (BOT), Ale	out-of-state PAC (ID#:_		7 Amount of Contribution (\$) \$5.00)
	Houston, TX 77092				
8 Contributor's BOT	Principal Occupation		9 Contributor's Job Title BOT		
n/a	employer/law firm s a child, law firm of parent(s) (if a	anv)	11 Law firm of contributor's s	spouse (if any)	
12 ii contributor i	s a clind, law littl of parefuls) (ii a	arry)			
Date 01/25/2024	Full name of contributor Vera (BOT), Ale Contributor address; City; S	out-of-state PAC (ID#:_		Amount of Contribution (\$))
	Houston, TX 77092				
Contributor's BOT	Principal Occupation		Contributor's Job Title BOT		
Contributor's on/a	employer/law firm		Law firm of contributor's s	spouse (if any)	_
If contributor i	s a child, law firm of parent(s) (if a	any)			

PLEDGED CON	NTRIBUTIONS (JUDIO	CIAL)		SCHEE	DULE B(J)
The Instruction	Guide explains how to comp	lete this form.	1 Total pages Sc Sch: 1/1 Rpt:		
2 FILER NAME Williams, Staci (The Hon	orable)		3 Filer ID (00069606	Ethics Commiss	ion Filers)
4 TOTAL OF UNITEMIZ	ZED PLEDGES			\$	0.00
	name of pledgor out-of-state PAC (ID) gor Address; City; State; Z		8 Amount of pledge (\$)	9 In-kind (If a	l description pplicable)
10 Pledgor's principal occupati	ion	11 Diodger's job title	Check if travel of	utside of Texas	. Complete Schedule T.
10 Pleagor's principal occupati	.011	11 Pledgor's job title			
12 Pledgor's employer/law firm	1	13 Law firm of pledgor	's spouse (if any)		
14 If pledgor is a child, law firm	n of parent(s) (if any)				

SCHEDULE F1

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1: Sch: 1/12 Rpt: 14/27	2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filer) 00069606	s)
_			
4	Date 01/03/2024	5 Payee name ABM Parking	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.00	11651 Plano Road	
		Suite 200	
		Dallas, TX 75243	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Parking for staffer	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	
	Date	Payee name	
	01/14/2024	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$430.90	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Solicitation/Fundraising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		On-line donation fees during reporting period for a donations except Ale Vera (Bot)	all
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	01/19/2024	Anedot	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$9.34	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		On-line fees for Ale Vera (BOT) donations not	
		refunded during this period	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_	T	
1	Total pages Schedule F1: Sch: 2/12 Rpt: 15/27	2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069606
4	Date	5 Payee name
	01/03/2024	Apple Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2.99	1 Infinite Loop
		Cupertino, CA 95014
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
	-	Check if Austin, TX, officeholder living expense
		App. fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	01/03/2024	Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.24	1 Infinite Loop
		Cupertino, CA 95014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		App. purchase
		, the best states
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	01/15/2024	Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.99	1 Infinite Loop
		Cupertino, CA 95014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		App. license
		, , , , , , , , , , , , , , , , , , ,
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this f	form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 3/12 Rpt: 16/27	Williams, Staci (The Honorable)	00069606
4	Date	5 Payee name	·
	01/23/2024	Coleman, Annniquinette	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$200.00	Mockingbird Lane	
		DeSoto , TX 75123	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	EXPENDITURE	Galaries/Wages/Contract Labor	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
			nistrative Assistant
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	01/16/2024	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$252.65	1601 Trapelo Road	
		Waltham, MA 02451	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	
	OF EXPENDITURE	Onice Overnead/Nertial Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
		I — I —	ription
			·
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	01/05/2024	Dallas County Democratic Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$125.00	1414 N. Washington	
		Dallas, TX 75202	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descri	ption
	OF EXPENDITURE	/ Advertising Expense	ck if travel outside of Texas. Complete Schedule T. ck if Austin, TX, officeholder living expense
			Sponsorship
			- Francisco
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
1			

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment			Legal Services	s Expense	Salaries/W		e /Contract Labor		OTHER (enter	a category not listed ab	ove)
				The Instruction C	Suide explains	how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissi	on Filers)
	Sch: 4/12 Rpt: 17/27		Williams, Sta	aci (The Hono	rable)					00069606		
4	Date	5	Payee name									
	01/16/2024			Party of Collin	County							
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de					
	\$6,195.20		6829 K Ave.	, #1111								
			Plano, TX 7	5074								
8	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Advertising I					=			nplete Schedule T.	
	LXI LINDITORL							ш		officeholder livin		
								Johnson- Ric	nar	as sponsor	snip	
_												
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Office	ceholder name	C	Office sou	ght			Office h	eld	
	'	_										
	Date		Payee name									
	01/13/2024		Federal Exp	ress								
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de					
	\$55.81		3965 Airway	s, Module G								
			Memphis, TI	N 38116								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	rpense			=			nplete Schedule T.	
								Shipping of ca		officeholder livin		
								Shipping of G	am	paign mate	iidis	
	Complete ONLY if direct	<u> </u>	Candidate/Offic	eholder name		Office sou	aht			Office h	eld	
	expenditure to benefit C/OI		Janaiaate/Onic	cholder hame		J.11100 300	giit			Office I	iciu	
_	Date	Г	Davisa nama									
	01/17/2024		Payee name Foston Inter	national								
					04-4-	7:- 0-	-1 -					
	Amount (\$)		Payee addres		State;	; Zip Co	ae					
	\$20,000.00		P.O. Box 14	555								
				, 77005								
			Houston, TX									
	PURPOSE OF	(a)		e Categories listed at	the top of this sch	edule)	(b)	Description	outoi.	do of Toyon Cor	anlata Cabadula T	
	EXPENDITURE		Advertising I	Expense						officeholder livin	nplete Schedule T. a expense	
								Advertisemen			9	
	Complete ONLY if direct		Candidate/Offic	ceholder name	(Office sou	ght			Office h	eld	
	expenditure to benefit C/OI											
l												

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 Printing Expense
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Folling Expense
Salaries/Wangs/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/12 Rpt: 18/27	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	01/09/2024	Go Daddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$236.09	100 S. Mill
		Tempe, AZ 85281
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Domaine Name renewal
		Domaine Name to towar
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
,	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	01/16/2024	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 EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense Email fee
		Emairiee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	Date	Payee name
	01/03/2024	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.96	4747 Southwest Fwy
		Houston, TX 77027
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Newspaper Subscription
	Operation ONLY if allowed	Out distance (Office health and out of the country
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 6/12 Rpt: 19/27	Williams, Staci (The Honorable)	00069606
4 Date	5 Payee name	<u> </u>
01/06/2024	InStyle T-shirts	
6 Amount (\$)	7 Payee address; City; State; Zip C	Code
\$300.00	1180 Harry Hines Blvd	
	#101	
	Dallas, TX 75229	
8 PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	, tavortioning Experies	Check if Austin, TX, officeholder living expense
		t-shirts
9 Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	H	
Date	Payee name	
01/22/2024	Interdemoninational Ministerial Alliance	
Amount (\$)	Payee address; City; State; Zip C	Code
\$600.00	3700 Simpson Stuart Road	
	·	
	Dallas, TX 75241	
PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Event Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Event Expense	Check if Austin, TX, officeholder living expense
		Table sponsor
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/OI	Н	
Date	Payee name	
01/18/2024	Jacobs, Eli	
Amount (\$)	Payee address; City; State; Zip C	Code
\$500.00	200 Carr Lane	
	Duncanville , TX 75123	
PURPOSE		(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Salaries/ Wages/Contract Labor	Check if Austin, TX, officeholder living expense
		Contract labor
Complete ONLY if direct	Candidate/Officeholder name Office so	ought Office held
expenditure to benefit C/O	H	

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

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

1 Total pages Schedule F1: Sch: 7/12 Rpt: 20/27 Williams, Staci (The Honorable) 3 Filer ID (Ethics Commit of the	sion Filers)
4 Date 5 Payee name 01/23/2024 Jacobs, Eli	,5,5,1,1,1,5,13)
01/23/2024 Jacobs, Eli	
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$299.00 200 Carr Lane	
Duncanville, TX 75123	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Contract Labor	
Contract Edisor	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
expenditure to benefit C/OH	
Date I a	
Date Payee name	
01/03/2024 Jet Couriers	
Amount (\$) Payee address; City; State; Zip Code	
\$27.94 1705 Wallace Drive	
Carrollton, TX 75006	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Delivery of campaign materials	
Delivery of campaign materials	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
Date Payee name	
01/22/2024 M & M Advertising	
Amount (\$) Payee address; City; State; Zip Code	
\$1,250.00 1105 S. Hampton Rad	
DeSoto, TX 75115	
DeSoto, TX 75115	
DeSoto, TX 75115 PURPOSE OF Advertising Expense DeSoto, TX 75115 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
DeSoto, TX 75115 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
DeSoto, TX 75115 PURPOSE OF Advertising Expense DeSoto, TX 75115 (a) Category (See Categories listed at the top of this schedule) Advertising Expense Check if travel outside of Texas. Complete Schedule T.	
DeSoto, TX 75115 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertisement Expense	
DeSoto, TX 75115 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertisement Expense Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
DeSoto, TX 75115 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertisement Expense	
DeSoto, TX 75115 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense Complete ONLY if direct Candidate/Officeholder name Candidate/Officeholder name Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertisement Expense	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/12 Rpt: 21/27	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	01/22/2024	MJQ Promotions
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$300.00	5420 Sonata Lane
		Dallas, TX 75241
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Advertising
		, ta.o.ta.ii.g
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Daves name
	01/17/2024	Payee name Plains Capital Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.00	P.O. Box 271
		Lubbock, TX 79408
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (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 sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
_	Date	Dove nome
	01/06/2024	Payee name Platinum Parking
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$13.18	650 Olive Street
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Parking for event
	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 Con

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/12 Rpt: 22/27	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	01/17/2024	PrintNoise
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$297.90	903
		Bowser
		Richardson, TX 75251
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense
		Check if Austin, TX, officeholder living expense PushCard printing
		rusileald pilitang
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	01/25/2024	RaceTrac 93
	Amount (\$)	Payee address; City; State; Zip Code
	\$48.00	379 Bethany Drive
		Allen , TX 75002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Gas for travel to counties in Fifth District Court of
		Appeals.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	01/12/2024	Southern Dallas Living Magazine
	Amount (\$)	Payee address; City; State; Zip Code
	\$675.00	1716 White Cap
		DeSoto, TX 75115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Advertisement
		, avoided ment
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete thi	is form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 10/12 Rpt: 23/27	Williams, Staci (The Honorable)	00069606
4	Date	5 Payee name	<u>'</u>
	01/05/2024	Texas Democratic Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,650.00	P.O. Box 15707	
		Austin, TX 78761	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	crintion
	OF	· · · · · · · · · · · · · · · · · · ·	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
		Filin	ngFee
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	experientare to benefit 6/6	<u> </u>	
	Date	Payee name	
	01/08/2024	The Daniels Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$50,000.00	1401 Cleburne St.	
		Houston, TX 77004	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Consulting Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE	·	Check if Austin, TX, officeholder living expense
		Can	npaign Consulting
	Complete ONLY if direct	Condidate/Officeholder nove	Office held
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	01/17/2024	The People's Servant	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	901 Mockingbird Lane	
		Desoto, TX 75115	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Desc	cription
	OF EXPENDITURE	Thavertising Expense	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense
			nsorship of scholarship fundraiser
	Complete ONLY if direct	Candidate/Officeholder name	Office hold
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political 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 Credit Card Payment	ll 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: 11/12 Rpt: 24/27	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	01/20/2024	Veracruz Cafe
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$51.92	1427 N HWY 67
		Cedar Hill, TX 75104
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Dinner with supporters
		Billion Wall Supported
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/05/2024	WPMaven
H	Amount (\$)	Payee address; City; State; Zip Code
	\$650.00	3600 Breville
		Monroe, LA 71203
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Website Modification
		Woodle Modification
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	01/19/2024	Wal-Mart #3204
H	Amount (\$)	Payee address; City; State; Zip Code
	\$28.62	820 E. Belt Line Road
		Cedar Hill, TX 75104
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		GAS to travel in 6 counties
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	
\vdash		
I		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - al Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	ense	Polling Expensions Printing Exper			Travel in District Travel Out of Dis	quipment & Related Expense trict category not listed above)
	Credit Card Payment			The Instruction Guide	explains h	ow to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAMI	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 12/12 Rpt: 25/27		Williams, S	taci (The Honorable	!)				00069606	
4	Date	5	Payee name	:				_		
	01/16/2024		ZOOM.US							
6	Amount (\$)	7	Payee addre	ess; City;	State:	Zip Code				
	\$34.10			n Boulevard	,					
			6th Floor							
			San Jose, (CΔ 05113						
Ļ	DUDDOOF	(-)				10.				
8	PURPOSE OF	(a)		See Categories listed at the to		dule) (b)	Description	oute	ide of Texas. Com	nlete Schedule T
	EXPENDITURE		Office Over	rhead/Rental Expen	se		—		, officeholder living	
							monthly subs			
9	Complete ONLY if direct		Candidate/Off	iceholder name	0	ffice sought			Office he	eld
	expenditure to benefit C/O	Н								

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: 1/1 Rpt: 26/27 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 01/25/2024 **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 Check if political contribution returned to filer Refund Reversed Ale Vera (BOT) Amount (\$) Name of person from whom amount is received Date 01/12/2024 Apple \$1.93 Address of person from whom amount is received; City; State; Zip Code Cupertino, CA 95104 Purpose for which amount is received Check if political contribution returned to filer refund

TEXT ANNOTATION	
	Sch: 1/1 Rpt: 27/27
FILER NAME	Filer ID (Ethics Commission Filers)
Williams, Staci (The Honorable)	00069606
Schedule	
A(J)1	
Information entered by filer as a memo:	
Through out this period a BOT attacked my campaign on-line donations. ALE VERA is not very serious which we campaign was refunded. The campaign worked diligently with the on-line provider to reso	ere charged back to the account. or the