CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	Filer ID (Eth 00069606	nics Commission Filers)	2 Total pages filed 72				OFFICE U	SEONLY
	00000000		12				Date Received	
3	CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR The Honorable	FIRST Staci			MI	ELECTRONICAI 04/15/2025	LY FILED
	NAME		LAST			SUFFIX		
		NICKNAME	Williams			SUFFIX		
	ORIGINAL	1		г		:f-)	Date Hand-delivered or D	Date Postmarked
4	REPORT TYPE	January 15	Runoff	d reporting limi	Other (sp	Jechy)	Receipt #	Amount
		30th day before election	15th day after car	npaign treasure			·	
		8th day before election	appointment (offic				Date Processed	
5	ORIGINAL PERIOD	Month Day Yea	ar	Month	Day	Year	Date Imaged	
	COVERED	02/25/2024	THROUGH	06/3	30/2024			
6	EXPLANATION OF							
	cycle, during the fina	us expenditures that were no I days of the campaign, and were 40 transactions that w	I they were mistakenl					
7	AFFIDAVIT							
				wear, or affirn d correct.	n, under pe	nalty of perjury	, that this corrected	report is true
			Ch	eck the box r	next to any	and all applicat	ole statements:	
			X	was made	in good fa	ith and without	affirm that the origin an intent to mislead ned in the report.	
			X	report not that the re swear, or a	later than t port as orig	he 14th busine: jinally filed is in any error or or	that I am filing this c ss day after the date accurate or incomple nission in the report a	l learned ete. l
					The	Honorable St	aci Williams	
			_					
	AFFIX NOTARY S	TAMP / SEAL ABOVE			ວເງເາສເປເ	e of Canuluale	or Officeholder	
	Sworn to and subs	cribed before me, by the sai	d			thic th	1e	day
		, 20, to cer						
		,, 001	,,					
	Signature of offic	cer administering oath	Printed name of	officer admini	stering oat	h 1	Fitle of officer admini	stering oath
	<u> </u>	Remember To At		f The Cam	ipaign Fi	inance Rep		~

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to o	complete this form.	1 Filer ID (Ethics Comr 0006960	nission Filers) 6	2 Total pages fil	
3 CANDIDATE /	MS / MRS / MR	FIRST		MI		JSE ONLY
OFFICEHOLDER	The Honorable	Staci				JSE UNL I
NAME	The Honorable	Staci			Date Received	
					ELECTRONICA	ALLY FILED
					. 04/15/2025	
	NICKNAME	LAST		SUFFIX	04/13/2023	
		Williams				
4 CANDIDATE /	ADDRESS / PO BOX;		τγ·	ZIP CODE	Date Hand-delivered o	r Date Postmarked
OFFICEHOLDER			,	ZII OODE		
MAILING	P.O. Box 225321				Dessint #	Amount
ADDRESS					Receipt #	Amount
Change of Address	Dallas, TX 75260					
	Dallas, 17, 75200				Date Processed	
					Date Imaged	
					-	
	MS / MRS / MR	FIRST			<u>I</u> MI	
5 CAMPAIGN TREASURER					MI	
NAME	Mr.	Steven R.				
	NICKNAME	LAST			SUFFIX	
	NICKNAWE				SUFFIX	
		Shirley				
6 CAMPAIGN	STREET ADDRESS (NO) PO BOX PLEASE):	AF	PT / SUITE #; CITY;	STA	TE; ZIP CODE
TREASURER	2322 Miller Moore	, , , , , , , , , , , , , , , , , , , ,		,		,
ADDRESS						
(Residence or Business)						
	Dallas, TX 75216					
7 CAMPAIGN	AREA CODE F	HONE NUMBER	EXTENSION			
TREASURER			EXTENSION			
PHONE	(469) 540-9811					
8 REPORT						
TYPE	January 15	30th day befor	e election	Runoff	15th day after car	
					appointment (offic	ceholder only)
	X July 15	8th day before	election	Exceeded modified	Final Report (Atta	ach C/OH-FR)
				reporting limit	_	
9 PERIOD	Month Day Y	ear		Month Day	Year	
COVERED	-		HROUGH			
	02/25/2024	1	пкоодп	06/30/202	4	
10 ELECTION	ELECTION DAT	E		ELECTION TYPE		
	Month Day Y	ear 🛛 🗖 🛛	Primary	Runoff	Other	
	11/05/2024					
		X	General	Special		
					(if known)	
11 OFFICE	OFFICE HELD (if any)	101 Dalles		12 OFFICE SOUGHT		
	District Judge District	101 Dallas		Court of Appeals	,Chief Justice Pla	ace 1 District 5th
	1			1		
GO TO PAGE 2						
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JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 3 of 72

I

13 C / OH NAME	Williams, Staci (The	Honorable)	14 Filer ID 00069606	(Ethics Con	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expenditu These expenditures may have been made without d officeholders are required to report this information	the candidate's or offic	eholder's kn	owledge or
Additional Pages		COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER THAN ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$	0.00
			-	\$	120,158.00
EXPENDITURE	· · · · · · · · · · · · · · · · · · ·	PLEDGES, LOANS, OR GUARANTEES OF LOAN IZED POLITICAL EXPENDITURES	S)	\$	0.00
TOTALS				•	0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$	123,832.63
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE L RIOD	AST DAY OF THE	\$	49,262.49
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	PAL AMOUNT OF ALL OUTSTANDING LOANS AS	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.			
		The Hon	orable Staci William	IS	
		Signature of	Candidate or Officeho	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE			
	•	aid	, this the		day
of	, 20, to c	ertify which, witness my hand and seal of office.			
Signature of offi	cer administering oath	Printed name of officer administering oath	Title of office	er administer	ing oath
Forms provided by Te	exas Ethics Commissior	www.ethics.state.tx.us		Version V4	4.1.0.e02d6221

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

4 of 72

I

18 FILER NAI		19 Filer ID	(Ethic	s Commission Filers)		
	Staci (The Honorable)	00069606	1			
	20 SCHEDULE SUBTOTALS NAME OF SCHEDULE					
1. X	\$	110,882.00				
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	9,276.00		
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$			
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$			
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	6	\$	119,632.63		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$			
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$			
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	4,200.00		
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	\$	57.00		

The Instruc	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 1/25 Rpt: 5/72				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Williams, Sta	ci (The Honorable)		00069606			
	5 Full name of contributor out-of-state PAC (ID#:)		7 Amount of Contribution (\$)			
04/26/2024	Aldous, Charla		\$5,000.00			
	6 Contributor address; City; State; Zip Code					
	Dallas, TX 75219					
	Principal Occupation	9 Contributor's Job Title				
Attorney		Attorney				
10 Contributor's e		11 Law firm of contributor's s	pouse (if any)			
Aldous/Walke						
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 (\$)			
04/11/2024	Arnold, Kurt		\$5,000.00			
	Contributor address; City; State; Zip Code					
	Houston, TX 77007					
	Principal Occupation	Contributor's Job Title				
Attorney		Attorney				
	mployer/law firm	Law firm of contributor's s	pouse (if any)			
Arnold & Itki						
	a child, law firm of parent(s) (if any)					
Date	Full name of contributor Out-of-state PAC (ID)#·)	Amount of Contribution (\$)			
04/10/2024	BARRON, THOMAS (Mr.)	,	\$250.00			
	Contributor address; City; State; Zip Code					
	DALLAS, TX 75214					
Contributor's P	rincipal Occupation	Contributor's Job Title	•			
Attorney		Attorney				
	mployer/law firm	Law firm of contributor's s	pouse (if any)			
Self						
If contributor is	If contributor is a child, law firm of parent(s) (if any)					
<u> </u>	ny Texas Ethics Commission	nics state ty us	Version V4.1.0 e02d6221			

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 2/25 Rpt: 6/72			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
Williams, Sta	aci (The Honorable)	00069606			
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)		
04/11/2024	Baron and Blue		\$5,000.00		
	6 Contributor address; City; State; Zip Code				
	Dallas, TX 75225				
8 Contributor's F	Principal Occupation	9 Contributor's Job Title			
10 Contributor's e	omolover/law firm	11 Law firm of contributor's sp	nouse (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 (\$)		
03/12/2024	Baron, Caroline		\$5,000.00		
	Contributor address; City; State; Zip Code				
	Dallas, TX 75209				
Contributor's F	Principal Occupation	Contributor's Job Title			
student		student			
	employer/law firm	Law firm of contributor's sp	oouse (if any)		
n/a					
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 (\$)		
04/16/2024	Bennett, Charles		\$250.00		
	Contributor address; City; State; Zip Code				
	Dallas, TX 75251				
Contributor's F	Principal Occupation	Contributor's Job Title			
Attorney		Attorney			
Contributor's e	employer/law firm	Law firm of contributor's sp	pouse (if any)		
Self					
If contributor is	If contributor is a child, law firm of parent(s) (if any)				
Formo providad	hy Tayas Ethics Commission www.athi	cs state ty us	Version V/4 1 0 e02d6221		

The Instruc	tion Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 3/25 Rpt: 7/72				
2 FILER NAME Williams, Star	ci (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069606				
06/04/2024			7 Amount of Contribution (\$) \$100.00			
	Dallas, TX 75204					
8 Contributor's P	rincipal Occupation	9 Contributor's Job Title				
Attorney		Attorney				
10 Contributor's er		11 Law firm of contributor's sp	ouse (if any)			
Miller Weisbro						
12 If contributor is	a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)			
02/26/2024	Black, Albert		\$5,000.00			
ľ	Contributor address; City; State; Zip Code					
	Dallas, TX 75208					
	rincipal Occupation	Contributor's Job Title				
Director		Director				
	nployer/law firm	Law firm of contributor's sp	ouse (if any)			
On-Target						
If contributor is	a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of Contribution (\$)			
03/13/2024	Black, Gwyneith		\$5,000.00			
ľ	Contributor address; City; State; Zip Code					
	Dallas, TX 75208					
	rincipal Occupation	Contributor's Job Title				
Retired						
Contributor's employer/law firm Law firm of contributor's s		oouse (if any)				
Retired						
If contributor is	If contributor is a child, law firm of parent(s) (if any)					

The Instruc	ction Guide explains how to complete thi	1 Total pages Schedule A(J)1: Sch: 4/25 Rpt: 8/72				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Williams, Sta	ici (The Honorable)	00069606				
4 Date		D#:)	7 Amount of Contribution (\$)			
06/27/2024	Boll, George (Mr.)		\$50.00			
	6 Contributor address; City; State; Zip Code					
	o					
	Colleyville, TX 76034					
	Principal Occupation	9 Contributor's Job Title				
Attorney	real a conflore finan	Attorney				
10 Contributor's e Kaye Lynne		11 Law firm of contributor's sp	bouse (ii any)			
	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (II	D#·)	Amount of Contribution (\$)			
04/09/2024	Burke, Aaron	μπ)	\$2,500.00			
	Contributor address; City; State; Zip Code					
	Dallas, TX 75270					
Contributor's F	Principal Occupation	Contributor's Job Title				
Attorney		Attorney				
Contributor's e	mployer/law firm	Law firm of contributor's sp	oouse (if any)			
Burke Bogda	nowicz PLLC					
If contributor is	s a child, law firm of parent(s) (if any)					
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)			
04/17/2024	Chalaki, Sean		\$2,500.00			
	Contributor address; City; State; Zip Code					
	Carrollton, TX 75006					
	Principal Occupation	Contributor's Job Title				
Attorney Attorney						
Contributor's employer/law firm Law firm of contributor's employer/law firm			bouse (if any)			
Chalaki Law If contributor is a child, law firm of parent(s) (if any)						
	s a child, law lifth of parent(s) (if any)					
Forms provided	by Texas Ethics Commission www.et	hics.state.tx.us	Version V4.1.0.e02d6221			

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 5/25 Rpt: 9/72		
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Williams, Sta	aci (The Honorable)	00069606		
4 Date	5 Full name of contributor out-of-state PAC (ID#	:)	7 Amount of Contribution (\$)	
03/04/2024	Chalaki, Sean		\$1,500.00	
	6 Contributor address; City; State; Zip Code			
	Carrollton, TX 75006			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title		
Attorney		Attorney		
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)	
Chalaki Law				
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 (\$)	
04/18/2024	Chambers III, SJ (Mr.)		\$1,000.00	
	Contributor address; City; State; Zip Code			
	Arlington, TX 76014			
	Principal Occupation	Contributor's Job Title		
Retired		Retired		
	employer/law firm	Law firm of contributor's sp	bouse (if any)	
Retired				
	s a child, law firm of parent(s) (if any)			
Data				
Date 04/16/2024	Full name of contributor Out-of-state PAC (ID# Clark, Collen (Mr.)	:)	Amount of Contribution (\$) \$500.00	
04/10/2024	Contributor address; City; State; Zip Code			
	Dallas, TX 75219-6258			
Contributor's F	Principal Occupation	Contributor's Job Title		
Attorney		Attorney		
Contributor's e	employer/law firm	Law firm of contributor's sp	bouse (if any)	
Self				
If contributor is a child, law firm of parent(s) (if any)				
Forme provided	by Texas Ethics Commission www.ethi	rs state ty us	Version V4 1 0 e02d6221	

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 6/25 Rpt: 10/72				
2 FILER NAME Williams, Sta	ci (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069606				
04/17/2024			7 Amount of Contribution (\$) \$1,000.00			
	Dallas, TX 75201					
8 Contributor's P	Principal Occupation	9 Contributor's Job Title				
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)			
12 If contributor is	a child, law firm of parent(s) (if any)	1				
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)			
04/17/2024	Dahan, Adva		\$2,500.00			
	Contributor address; City; State; Zip Code Dallas, TX 75225					
	rincipal Occupation	Contributor's Job Title				
Businessmar		Businessman				
self	mployer/law firm	Law firm of contributor's sp	oouse (if any)			
If contributor is	a child, law firm of parent(s) (if any)					
Date 03/20/2024	Full name of contributor in out-of-state PAC (ID#: Dethrow, Anne Contributor address; City; State; Zip Code		Amount of Contribution (\$) \$250.00			
	Dallas, TX 75230					
Contributor's P retired	rincipal Occupation	Contributor's Job Title retired				
	mployer/law firm	Law firm of contributor's sp	oouse (if any)			
retired		Jackson Walker				
If contributor is	If contributor is a child, law firm of parent(s) (if any)					
Forme are ide to	ny Texas Ethics Commission www.ethic	s state ty us	Version V/4 1 0 e02d6221			

The Instru	ction Guide explains how to complete this	1 Total pages Schedule A(J)1: Sch: 7/25 Rpt: 11/72				
2 FILER NAME Williams, Sta	aci (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069606				
4 Date 04/17/2024	Dubose, Ben		7 Amount of Contribution (\$) \$1,000.00			
	6 Contributor address; City; State; Zip Code Dallas, TX 75214					
8 Contributor's F	Principal Occupation	9 Contributor's Job Title				
Attorney		Attorney				
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	pouse (if any)			
DuBose Law	Firm PLLC					
12 If contributor is	s a child, law firm of parent(s) (if any)					
Date		:)	Amount of Contribution (\$)			
05/18/2024	Eldredge, Jerry		\$1,000.00			
	Contributor address; City; State; Zip Code					
	Sadler, TX 76264					
Retired	Principal Occupation	Contributor's Job Title Retired				
Contributor's e Retired	employer/law firm	Law firm of contributor's sp	bouse (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 (\$)			
04/17/2024	Farmer, Anthony (Mr.)		\$5,000.00			
	Contributor address; City; State; Zip Code					
	Dallas, TX 75208					
Attorney	Principal Occupation	Contributor's Job Title				
-	malayor/lay firm	Attorney				
Contributor's employer/law firm Law firm of contributor The Farmer Law Group			bouse (ii any)			
	· · · · · · · · · · · · · · · · · · ·					
	If contributor is a child, law firm of parent(s) (if any)					
	by Texas Ethics Commission www.ethi	cs state tx us	Version V4 1 0 e02d6221			

The Instruc	ction Guide explains how to complete this f	1 Total pages Schedule A(J)1: Sch: 8/25 Rpt: 12/72	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Williams, Sta	ci (The Honorable)	00069606	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/15/2024	Fokas, Terry		\$250.00
	6 Contributor address; City; State; Zip Code		
0 Osatrikatarla D	Dallas, TX 75252	0 Ocarteila de la Title	
8 Contributor's P Manager	rincipal Occupation	9 Contributor's Job Title Manager	
10 Contributor's e	mplovor//ow firm	11 Law firm of contributor's sp	pource (if any)
Parallel Netw		II Law IIIII of contributors sp	
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
03/31/2024	Garcia, Domingo (Mr.)		\$1,000.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75247		
Contributor's P	rincipal Occupation	Contributor's Job Title	
Attorney		Attorney	
	mployer/law firm	Law firm of contributor's sp	oouse (if any)
Law Offices of	of Domingo Garcia		
If contributor is	a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/09/2024	Hart, David		\$1,500.00
	Contributor address; City; State; Zip Code		
	Colleyville, TX 76034		
Contributor's R	-	Contributor's Job Title	
		Attorney	
Contributor's employer/law firm Law firm of contributor's sp		pouse (if any)	
Hart Law Firm PLLC			
If contributor is	a child, law firm of parent(s) (if any)		
Forme provided	ov Texas Ethics Commission www.ethic	s.state.tx.us	Version V4.1.0.e02d6221

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 9/25 Rpt: 13/72	
2 FILER NAME Williams, Staci (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069606	
4 Date 06/10/2024	5 Full name of contributor out-of-state PAC (ID#: Hindieh, Raymond		7 Amount of Contribution (\$)\$250.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75208		
8 Contributor's F Attorney	Principal Occupation	9 Contributor's Job Title Attorney	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
Hindieh Law	, PLLC		
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 (\$)
04/17/2024	Hoedebeck, Charles		\$500.00
	Contributor address; City; State; Zip Code Irving , TX 75038		
Contributor's Principal Occupation Contributor's Job Title			
Attorney	Attorney Attorney		
Contributor's e Self	employer/law firm	Law firm of contributor's sp	bouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 05/29/2024	Full name of contributor out-of-state PAC (ID#: Holmes, James)	Amount of Contribution (\$) \$150.00
00/20/2021	Contributor address; City; State; Zip Code		
	Dallas, TX 75201		
	Principal Occupation	Contributor's Job Title	
Attorney Attorney			
Contributor's employer/law firm Law firm of contributor's sp Holmes PLLC		Jouse (II ally)	
	s a child, law firm of parent(s) (if any)		
	by Texas Ethics Commission www.ethic	s state tx us	Version V4 1 0 e02d6221

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 10/25 Rpt: 14/72	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Williams, Sta	ici (The Honorable)		00069606
4 Date	5 Full name of contributor out-of-state PAC (IE)#:)	7 Amount of Contribution (\$)
04/15/2024	Horany, John		\$500.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75219		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
Attorney		Attorney	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's s	pouse (if any)
John K. Hor	any PC		
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 02/27/2024	Full name of contributor Dut-of-state PAC (IE Hurst, Michael)#:)	Amount of Contribution (\$) \$250.00
02/21/2024	Contributor address; City; State; Zip Code		
	Contributor address, City, State, Zip Code		
	Dallas, TX 75201		
Contributor's F	Contributor's Principal Occupation Contributor's Job Title		I
Attorney		Attorney	
Contributor's e	Contributor's employer/law firm Law firm of contributor's sp		pouse (if any)
Lynn Pinker	Hurst		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (IE)#:)	Amount of Contribution (\$)
04/11/2024	Itkin, Jason		\$5,000.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77007		
Attorney	Principal Occupation	Contributor's Job Title	
			nouse (if any)
Contributor's employer/law firm Law firm of contributor's sp Arnold & Itkin LLO			
If contributor is a child, law firm of parent(s) (if any)			
	hy Texas Ethics Commission www.eth	nics state tx us	Version V4 1 0 e02d6221

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 11/25 Rpt: 15/72	
2 FILER NAME Williams, Staci (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069606	
4 Date 04/18/2024	5 Full name of contributor out-of-state PAC (ID#: Johnson, Anne		7 Amount of Contribution (\$) \$500.00
	 6 Contributor address; City; State; Zip Code Dallas, TX 75230 		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•
Attorney		Attorney	
10 Contributor's e		11 Law firm of contributor's sp	bouse (if any)
	nson & Patton		
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 (\$)
06/12/2024	Johnson, Price		\$1,000.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75231-4344		
Contributor's F		Contributor's Job Title	
Attorney			
	employer/law firm	Law firm of contributor's sp	pouse (if any)
The Johnsor			
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 (\$)
04/09/2024	Jones-Johnson, Margaret		\$250.00
	Contributor address; City; State; Zip Code		
	Cedar Hill, TX 75106		
	Principal Occupation	Contributor's Job Title	
_	Judge Judge		
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
Dallas Coun			
If contributor is	s a child, law firm of parent(s) (if any)		
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 12/25 Rpt: 16/72	
2 FILER NAME Williams, Staci (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069606	
4 Date 04/15/2024	 5 Full name of contributor out-of-state PAC (ID#: Joyce, Fredercik (Mr.) 6 Contributor address; City; State; Zip Code 		7 Amount of Contribution (\$) \$250.00
	Mount Vernon, VA 22121		
8 Contributor's F Retired	Principal Occupation	9 Contributor's Job Title Retired	
10 Contributor's e Retired	mployer/law firm	11 Law firm of contributor's sp	ouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)	L	
Date 04/17/2024	Full name of contributor out-of-state PAC (ID#:_ Judge Gena Slaughter Campaign Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$100.00
	Dallas, TX 75251		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	Contributor's employer/law firm Law firm of contributor's sp		ouse (if any)
If contributor is	s a child, law firm of parent(s) (if any)		
Date 04/17/2024	Full name of contributor out-of-state PAC (ID#:_ KASTL LAW, P.C. Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1,000.00
	Dallas, TX 75204		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	mployer/law firm	Law firm of contributor's sp	ouse (if any)
If contributor is a child, law firm of parent(s) (if any)			
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 13/25 Rpt: 17/72	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Williams, Sta	aci (The Honorable)		00069606
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/15/2024	Kishinevsky, Leo		\$250.00
	6 Contributor address; City; State; Zip Code		
	Houston, TX 77040		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
Kishinevsky			
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 (\$)
04/17/2024	Law Offices of John c. Sherwood		\$100.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75201		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
lf a sustaileuteu i			
	s a child, law firm of parent(s) (if any)		
Data			
Date 03/20/2024	Full name of contributor out-of-state PAC (ID#: Leer, Geraldine (Ms.))	Amount of Contribution (\$) \$50.00
03/20/2024	Contributor address; City; State; Zip Code		,
	Contributor address, City, State, Zip Code		
	Montclair, NJ 07043		
Contributor's F	I Principal Occupation	Contributor's Job Title	
Not Employe	Not Employed Not Employed		
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)	
n/a			
If contributor is a child, law firm of parent(s) (if any)			
Forme provided	hy Texas Ethics Commission www.ethic	es state ty us	Version VA 1.0 e02d6221

2 FILER NAME 3 Filer ID (Ethics Commission Filers) Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#:) 7 04/12/2024 5 Full name of contributor address; City; State; Zip Code 7 Amount of Contribution (\$) \$250.00 6 Contributor's Principal Occupation RN 9 Contributor's Job Title RN 7 Amount of Contributor's spouse (if any) 10 Contributor's employer/law firm Resource Center 11 Law firm of contributor's spouse (if any) 2 If contributor is a child, law firm of parent(\$) (if any) Out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of cont
4 Date 04/12/2024 5 Full name of contributor out-of-state PAC (ID#:) Lester, James (Mr.) 7 Amount of Contribution (\$) \$250.00 6 Contributor address; City: State; Zip Code 7 Amount of Contribution (\$) \$250.00 8 Contributors Principal Occupation RN 9 Contributor's Job Title RN 7 Amount of Contributor's spouse (if any) 10 Contributor's employer/law firm Resource Center 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor or out-of-state PAC (ID#:) Amount of Contribution (\$) \$1,500.00 04/16/2024 Full name of contributor or out-of-state PAC (ID#:) Amount of Contribution (\$) \$1,500.00 04/16/2024 Full name of contributor or out-of-state PAC (ID#:) Amount of Contribution (\$) \$1,500.00 04/16/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) \$1,500.00 Contributor's Principal Occupation Contributor's Job Title Image: Contributor's pouse (if any) \$1,500.00 Contributor's employer/law firm <
04/12/2024 Lester, James (Mr.) \$250.00 6 Contributor address; City; State; Zip Code \$250.00 B Contributor's Principal Occupation 9 Contributor's Job Title RN I1 Law firm of contributor's spouse (if any) 10 Contributor is employer/law firm 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Interbarger Goggan Blair & Sampson LLP Amount of Contribution (\$) 04/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor Contributor address; City; State; Zip Code Amount of Contributor \$\$ Contributor's Principal Occupation Contributor's Job Title Contributor's spouse (if any)
6 Contributor address; City; State; Zip Code Dallas, TX 75236 Dallas, TX 75236 8 Contributor's Principal Occupation RN 9 10 Contributor's employer/law firm Resource Center 11 10 Contributor is a child, law firm of parent(s) (if any) 11 12 If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) 04/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 0 Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any)
6 Contributor address; City; State; Zip Code Dallas, TX 75236 9 8 Contributor's Principal Occupation RN 9 10 Contributor's employer/law firm Resource Center 11 12 If contributor is a child, law firm of parent(s) (if any) 11 Date Full name of contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) 04/16/2024 Full name of contributor is; City; State; Zip Code Amount of Contribution (\$) 04/16/2024 Full name of contributor Out-of-state PAC (ID#:) Linebarger Goggan Blair & Sampson LLP Amount of Contribution (\$) Contributor's Principal Occupation Contributor's Job Title \$1,500.00 Contributor's Principal Occupation Contributor's Job Title Contributor's spouse (if any)
8 Contributor's Principal Occupation RN 9 Contributor's Job Title RN 10 Contributor's employer/law firm Resource Center 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) 11 Law firm of contributor's spouse (if any) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Linebarger Goggan Blair & Sampson LLP Amount of Contribution (\$) Contributor's Principal Occupation Contributor's Job Title \$1,500.00 Contributor's Principal Occupation Contributor's Job Title Contributor's spouse (if any)
8 Contributor's Principal Occupation RN 9 Contributor's Job Title RN 10 Contributor's employer/law firm Resource Center 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) 11 Law firm of contributor's spouse (if any) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Linebarger Goggan Blair & Sampson LLP Amount of Contribution (\$) Contributor's Principal Occupation Contributor's Job Title \$1,500.00 Contributor's Principal Occupation Contributor's Job Title Contributor's spouse (if any)
RN RN 10 Contributor's employer/law firm Resource Center 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) Amount of Contribution (\$) Date 04/16/2024 Full name of contributor out-of-state PAC (ID#:) Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code Amount of Contribution (\$) Outributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any)
10 Contributor's employer/law firm Resource Center 11 Law firm of contributor's spouse (if any) 12 If contributor is a child, law firm of parent(s) (if any) 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#:) Linebarger Goggan Blair & Sampson LLP Amount of Contribution (\$) S1,500.00 O4/16/2024 Full name of contributor address; City; State; Zip Code Amount of Contributor (\$) S1,500.00 AUSTIN , TX 78760 Contributor's Job Title Contributor's Principal Occupation Contributor's spouse (if any)
Resource Center 12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Contributor address; City; State; Zip Code \$1,500.00 Contributor address; City; State; Zip Code \$1,500.00 AUSTIN , TX 78760 Contributor's Job Title Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any) Date Full name of contributor out-of-state PAC (ID#:) 04/16/2024 Linebarger Goggan Blair & Sampson LLP Contributor address; City; State; Zip Code Amount of Contribution (\$) AUSTIN , TX 78760 AUSTIN , TX 78760 Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any)
Date Full name of contributor out-of-state PAC (ID#:) Amount of Contribution (\$) 04/16/2024 Linebarger Goggan Blair & Sampson LLP \$1,500.00 Contributor address; City; State; Zip Code \$1,500.00 AUSTIN , TX 78760 Contributor's Principal Occupation Contributor's employer/law firm Law firm of contributor's spouse (if any)
04/16/2024 Linebarger Goggan Blair & Sampson LLP \$1,500.00 Contributor address; City; State; Zip Code AUSTIN , TX 78760 \$1,500.00 Contributor's Principal Occupation Contributor's Job Title \$1,500.00 Contributor's employer/law firm Law firm of contributor's spouse (if any) \$1,500.00
Contributor address; City; State; Zip Code AUSTIN , TX 78760 Contributor's Principal Occupation Contributor's employer/law firm Law firm of contributor's spouse (if any)
AUSTIN , TX 78760 Contributor's Principal Occupation Contributor's Principal Occupation Contributor's employer/law firm Law firm of contributor's spouse (if any)
Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any)
Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any)
Contributor's Principal Occupation Contributor's Job Title Contributor's employer/law firm Law firm of contributor's spouse (if any)
Contributor's employer/law firm Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)
Date Full name of contributor Out-of-state PAC (ID#:) Amount of Contribution (\$)
04/09/2024 Lowe, Gwenda (Ms.) \$250.00
Contributor address; City; State; Zip Code
Duncanville, TX 75137-6306
Contributor's Principal Occupation Contributor's Job Title
Retired Retired
Contributor's employer/law firm Law firm of contributor's spouse (if any)
Retired
If contributor is a child, law firm of parent(s) (if any)

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2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Williams, Sta	aci (The Honorable)		00069606
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
03/28/2024	Lowe, Gwenda (Ms.)		\$250.00
	6 Contributor address; City; State; Zip Code		
	Duncanville, TX 75137-6306		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Retired		Retired	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)
Retired			
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 (\$)
04/17/2024	Luckhardt, Louis		\$25.00
	Contributor address; City; State; Zip Code		
	Ennis, TX 75119		
	Principal Occupation	Contributor's Job Title	
retired		retired	
retired	employer/law firm	Law firm of contributor's sp	Jouse (ii any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:		Amount of Contribution (\$)
04/15/2024	Lyons & Simmons LLP)	\$5,000.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75201		
Contributor's F	Principal Occupation	Contributor's Job Title	
Contributor's employer/law firm Law firm of contributor'		Law firm of contributor's sp	oouse (if any)
If contributor is a child, law firm of parent(s) (if any)			
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A(J)1: Sch: 16/25 Rpt: 20/72	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Williams, Sta	ci (The Honorable)			00069606
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)
04/15/2024	Lyons, Michael (Mr.)			\$5,000.00
	6 Contributor address; City; Si			1
	Dallas, TX 75201			
8 Contributor's F	rincipal Occupation		9 Contributor's Job Title	
Attorney			Attorney	
10 Contributor's e	mployer/law firm		11 Law firm of contributor's sp	oouse (if any)
Lyons & Sim	mons LLP			
12 If contributor is	a child, law firm of parent(s) (if a	iny)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/10/2024	MAS Firm			\$5,000.00
	Contributor address; City; Si	ate; Zip Code		1
	Richardson, TX 75081			
Contributor's Principal Occupation Contributor's Job Title		•		
Contributor's employer/law firm Law firm of contributor's sp		bouse (if any)		
If contributor is	a child, law firm of parent(s) (if a	iny)		
Date	Full name of contributor	out-of-state PAC (ID#:)	Amount of Contribution (\$)
04/09/2024	Madden, Patrick (Mr.)			\$500.00
	Contributor address; City; Si	ate; Zip Code		
	Dallas, TX 75251			
	rincipal Occupation		Contributor's Job Title	
Attorney Attorney				
Contributor's employer/law firm		bouse (if any)		
	Devin Madde Keneflick Harris			
If contributor is	a child, law firm of parent(s) (if a	iny)		
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2 FILER NAME		3 Filer ID (Ethics Commission Filers)		
Williams, St	aci (The Honorable)		00069606	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
05/22/2024	McNeal, Anthony (Mr.)		\$250.00	
	6 Contributor address; City; State; Zip Code			
	Fort Worth, TX 76244			
	Principal Occupation	9 Contributor's Job Title		
Manager		Manager		
	employer/law firm	11 Law firm of contributor's sp	ouse (if any)	
U.S. Goverr				
	is a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/17/2024	Payma, Kuhnel & Smith PC		\$1,000.00	
	Contributor address; City; State; Zip Code			
	Dallas, TX 75203			
Contributor's Principal Occupation Contributor's Job Title				
		ourse (if any)		
Contributor's employer/law firm Law firm of contributor's sp				
If contributor	is a child, law firm of parent(s) (if any)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/17/2024	Payseur, Joan		\$100.00	
	Contributor address; City; State; Zip Code			
	Dallas, TX 75254			
	Principal Occupation	Contributor's Job Title		
		ouse (if any)		
IT CONTRIBUTOR	is a child, law firm of parent(s) (if any)			
Retired Contributor's n/a	I Principal Occupation	Contributor's Job Title Retired Law firm of contributor's sp	ouse (if any)	

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 18/25 Rpt: 22/72	
 FILER NAME Williams, Sta 	2 FILER NAME Williams, Staci (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069606
4 Date 05/02/2024			7 Amount of Contribution (\$) \$1,500.00
	Dallas, TX 75202		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e		11 Law firm of contributor's sp	oouse (if any)
The Pittman			
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 (\$)
06/28/2024	Rasansky, Jeff (Mr.)		\$500.00
	Contributor address; City; State; Zip Code Dallas, TX 75201-1595		
Contributor's F	Contributor's Principal Occupation Contributor's Job Title		•
Attorney		Attorney	
	employer/law firm	Law firm of contributor's sp	oouse (if any)
Rasansky La	aw Firm		
If contributor is	s a child, law firm of parent(s) (if any)		
Date 04/04/2024			Amount of Contribution (\$) \$100.00
	Desoto, TX 75115		
Contributor's F	Principal Occupation	Contributor's Job Title	1
Retired		Retired	
Contributor's e	Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)
Retired			
If contributor is	s a child, law firm of parent(s) (if any)	l	
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 19/25 Rpt: 23/72	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Williams, Sta	Williams, Staci (The Honorable)		00069606
4 Date	5 Full name of contributor 🔲 out-of-state PAC (IE)#:)	7 Amount of Contribution (\$)
04/17/2024	Rosales, Paula		\$50.00
	6 Contributor address; City; State; Zip Code		
0 Osatrila taria 1	Dallas, TX 75251	• Operative tends to be Title	
	Principal Occupation	9 Contributor's Job Title	
Attorney 10 Contributor's e	amployor/low firm	Attorney	
	f Domingo Garcia	11 Law firm of contributor's sp	bouse (ii any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (IE)#:)	Amount of Contribution (\$)
03/04/2024	Rosenberg, Betsy)#)	\$100.00
00/0 1/2021	Contributor address; City; State; Zip Code		
	Dallas, TX 75209		
Contributor's F	I Principal Occupation	Contributor's Job Title	
Umpire		Umpire	
Contributor's e	employer/law firm	Law firm of contributor's sp	oouse (if any)
Self			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor 🔲 out-of-state PAC (IE)#:)	Amount of Contribution (\$)
04/10/2024	Safdarian, Nastaran		\$5,000.00
	Contributor address; City; State; Zip Code		
	Plano, TX 75093		
	Principal Occupation	Contributor's Job Title	
MD		MD	
Contributor's employer/law firm Law firm of contributor's sp Self MAS		bouse (if any)	
	a child low firm of parant(a) (if any)	IVIAS	
II CONTRIBUTOR IS	s a child, law firm of parent(s) (if any)		
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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A(J)1: Sch: 20/25 Rpt: 24/72		
2 FILER NAME Williams, Staci (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069606		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/06/2024	Satterthwaite, Gwendolyn (Ms.)		\$200.00	
	6 Contributor address; City; State; Zip Code			
	Dallas, TX 75287			
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	•	
retired		retired		
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	oouse (if any)	
retired				
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 (\$)	
04/15/2024	Simmons, Chris		\$5,000.00	
	Contributor address; City; State; Zip Code			
	Dallas, TX 75201			
Contributor's Principal Occupation Contributor's Job Title				
Attorney		Attorney		
	employer/law firm	Law firm of contributor's sp	bouse (if any)	
Lyons & Sim				
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 (\$)	
04/09/2024	Smith, Jason (Mr.)		\$500.00	
	Contributor address; City; State; Zip Code			
	Fort Worth, TX 76110			
	Principal Occupation	Contributor's Job Title		
Attorney Attorney				
Contributor's employer/law firm Law firm of contributor's sp		oouse (if any)		
Law Offices of Jason Smith				
If contributor is a child, law firm of parent(s) (if any)				
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2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Williams, Sta	aci (The Honorable)	00069606	
4 Date	5 Full name of contributor out-of-state PAC (IE	D#:)	7 Amount of Contribution (\$)
04/01/2024	Syed, Hisham		\$50.00
	6 Contributor address; City; State; Zip Code		
	Richardson , TX 75081		
	Principal Occupation	9 Contributor's Job Title	
consultant		Consultant	
10 Contributor's e	employer/law firm	11 Law firm of contributor's sp	pouse (if any)
Self			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor 🔲 out-of-state PAC (IE	D#:)	Amount of Contribution (\$)
03/28/2024	Taylor, Ben (Mr.)		\$250.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75214		
	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	Law firm of contributor's s	pouse (if any)
-	s and Associates		
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (IE	λ	Amount of Contribution (\$)
04/12/2024	Full name of contributor out-of-state PAC (IE Tillotson, Jeffrey)#)	\$5,000.00
0 11 12 / 202 1	Contributor address; City; State; Zip Code		
	Dallas, TX 75201		
Contributor's F	I Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
Tillotson Joh	nson Patton		
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission www.eth	nics state tx us	Version V4 1 0 e02d6221

			1 Total pages Schedule A(J)1:
The Instru	ction Guide explains how to complete thi	Sch: 22/25 Rpt: 26/72	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Williams, Sta	aci (The Honorable)	00069606	
4 Date	5 Full name of contributor out-of-state PAC (II	D#:)	7 Amount of Contribution (\$)
03/04/2024	Ulrich, Jeffrey		\$100.00
	6 Contributor address; City; State; Zip Code		
	Dallas, TX 75243		
8 Contributor's I	Principal Occupation	9 Contributor's Job Title	
Self		Self	
10 Contributor's e	employer/law firm	11 Law firm of contributor's s	pouse (if any)
n/a			
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor Out-of-state PAC (II	D#:)	Amount of Contribution (\$)
03/12/2024	Vera, Ale	/	\$1.00
	Contributor address; City; State; Zip Code		
	Houston, TX 77092		
Contributor's	Principal Occupation	Contributor's Job Title	
Retired		Retired	
	employer/law firm	Law firm of contributor's s	nouse (if any)
Retired		Law IIIII of Contributor 5 5	bouse (ii aliy)
	s a child, law firm of parent(s) (if any)		
	s a child, law littl of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (II	D#:)	Amount of Contribution (\$)
05/01/2024	Vera, Gabi		\$1.00
	Contributor address; City; State; Zip Code		
	New York, NY 10017		
	Principal Occupation	Contributor's Job Title	
Retired		Retired	
Contributor's e	employer/law firm	Law firm of contributor's s	pouse (if any)
Retired			
If contributor is	s a child, law firm of parent(s) (if any)		
Forme provided	hy Texas Ethics Commission www.et	hics state ty us	Version V4 1 0 e02d6221

The Instruction Guide explains how to complete th	1 Total pages Schedule A(J)1: Sch: 23/25 Rpt: 27/72	
2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
Williams, Staci (The Honorable)	00069606	
4 Date 5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of Contribution (\$)
05/01/2024 Vera, Gabi		\$1.00
6 Contributor address; City; State; Zip Code		
New York, NY 10017		
8 Contributor's Principal Occupation	9 Contributor's Job Title	
Retired	Retired	
10 Contributor's employer/law firm Retired	11 Law firm of contributor's sp	bouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC	(ID#:)	Amount of Contribution (\$)
05/01/2024 Vera, Gabi		\$1.00
Contributor address; City; State; Zip Code		
New York, NY 10017		
Contributor's Principal Occupation	Contributor's Job Title	
Retired	Retired	
Contributor's employer/law firm	Law firm of contributor's sp	bouse (if any)
n/a If contributor is a child, law firm of parent(s) (if any)		
Date Full name of contributor out-of-state PAC	(ID#·	Amount of Contribution (\$)
05/01/2024 Vera, Gabi (BOT)	(ID#)	\$1.00
Contributor address; City; State; Zip Code		
· · · · · · · · · · · · · · · · · · ·		
New York, NY 10017		
Contributor's Principal Occupation	Contributor's Job Title	
вот	BOT	
Contributor's employer/law firm	Law firm of contributor's sp	bouse (if any)
n/a		
If contributor is a child, law firm of parent(s) (if any)		
Forms provided by Tayas Ethics Commission	athics state ty us	Version V/4 1 0 e02d6221

The Instrue	ction Guide explains how to com	1 Total pages Schedule A(J)1: Sch: 24/25 Rpt: 28/72	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
Williams, Sta	ici (The Honorable)	00069606	
4 Date		state PAC (ID#:) 7 Amount of Contribution (\$)
05/01/2024	Vera, Gabi (BOT)		\$1.00
	6 Contributor address; City; State; Zip Co	ode	
	New York, NY 10017		
8 Contributor's F	Principal Occupation	9 Contributor's Job Ti	le
вот		ВОТ	
10 Contributor's e	mployer/law firm	11 Law firm of contribu	tor's spouse (if any)
n/a			
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 (\$)
05/01/2024	Vera, Gabi (BOT)		\$1.00
	Contributor address; City; State; Zip Co	ode	
	New York, NY 10017		
	Principal Occupation	Contributor's Job Ti	le
BOT		BOT	
	employer/law firm	Law firm of contribu	tor's spouse (if any)
n/a			
If contributor is	s a child, law firm of parent(s) (if any)		
Date		state PAC (ID#:	Amount of Contribution (\$)
04/16/2024			\$1,000.00
	Contributor address; City; State; Zip Co	ode	
	Longview, TX 75605		
Contributor's E	Principal Occupation	Contributor's Job Ti	
Attorney		Attorney	10
	mployer/law firm	tor's spouse (if any)	
Roberts & Ro			
If contributor is	s a child, law firm of parent(s) (if any)		
Forms provided	by Texas Ethics Commission	www.ethics.state.tx.us	Version V4.1.0.e02d6221

The Instru	ction Guide explains how to	1 Total pages Schedule A(J)1: Sch: 25/25 Rpt: 29/72			
2 FILER NAME		3 Filer ID (Ethics Commission	on Filers)		
Williams, Sta	aci (The Honorable)	00069606			
4 Date	5 Full name of contributor	out-of-state PAC (ID#:)	7 Amount of Contribution (\$)	
04/17/2024	Wingo, Paul				\$5,000.00
	6 Contributor address; City; State;				
	Dallas, TX 75201				
	Principal Occupation		9 Contributor's Job Title		
Attorney			Attorney		
10 Contributor's e			11 Law firm of contributor's sp	oouse (if any)	
Hamilton Wi	-				
12 If contributor is	s a child, law firm of parent(s) (if any)				
Date		out-of-state PAC (ID#:)	Amount of Contribution (\$)	
04/11/2024					\$5,000.00
	Contributor address; City; State;	Zip Code			
	Dallas, TX 75231				
	Principal Occupation		Contributor's Job Title		
Attorney			Attorney		
	employer/law firm		Law firm of contributor's sp	oouse (if any)	
Witherite Lav	•				
If contributor is	s a child, law firm of parent(s) (if any)				
				1	
Date		out-of-state PAC (ID#:)	Amount of Contribution (\$)	#100.00
03/04/2024	Wong Krause, Michele				\$100.00
	Contributor address; City; State;	Zip Code			
	Dallag TV 75201				
O sustaila standa I	Dallas, TX 75201		Osatella de Jale Title		
Attorney	Principal Occupation		Contributor's Job Title Attorney		
	employer/law firm		Law firm of contributor's sp	vouce (if any)	
Self	inployen/law intri		Williams F. Krause III	iouse (ii aliy)	
	s a child, law firm of parent(s) (if any)		Williams F. Riadoe III		
<u> </u>	hy Tayaa Ethiaa Cammiasian		atata ty up	Varaian V/4.1	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

The Instru	iction Guide explains how to complete this f	1 Total pages Schedule A2: Sch: 1/1 Rpt: 30/72				
2 FILER NAME Williams, St	aci (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069606				
⁴ TOTAL OF	UNITEMIZED IN-KIND POLITICAL CONTRIB	UTIONS	\$			
5 Date 04/15/2024	7 Contributor address; City; State; Zip Code	8 Amount of 9 In-kind contribution contribution (\$) description \$4,638.00 Fundraising event				
10 Principal occi	Richardson, TX 75081 upation / Job title (FOR NON-JUDICIAL) (See instructions)	11 Employer (FOR NON	Check if travel outside of Texas. Complete Schedule T. JUDICIAL) (See instructions)			
Attorney	principal occupation (FOR JUDICIAL)	13 Contributor's job title Attorney				
MAS	employer/law firm (FOR JUDICIAL) is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	15 Law firm of contribute	or's spouse (if any) (FOR JUDICIAL)			
Date 04/15/2024	Full name of contributor out-of-state PAC (ID#: Said, Mohammed Contributor address; City; State; Zip Code)	Amount of In-kind contribution contribution (\$) description \$4,638.00 I Fundraising Event			
Dringing ogg	Richardson, TX 75081		Check if travel outside of Texas. Complete Schedule T.			
Рппсіраї оссі	upation / Job title (FOR NON-JUDICIAL) (See instructions)	Employer (FOR NON	I-JUDICIAL) (See instructions)			
Contributor's Attorney	principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See instructions) Attorney				
MAS	employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)				
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense T Food/Beverage Expense Polling Expense T Gift/Awards/Memorials Expense Printing Expense T			Travel in District Travel Out of Dist	uipment & Related Expense		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)
-	Sch: 1/39 Rpt: 31/72	-	Williams, Staci (The Honorable)					00069606	()
4	Date 06/18/2024	5	Payee name Opal's Walk for Freedom						
6	Amount (\$) \$95.58	7	Payee address; City; State P.O.Box 11793 Ft Worth, TX 76155	e; Zip Co	de				
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Image: Check if Check if Check if Check if Check if Check if Austin, TX, officeholder living expense Registration to participate in Juneteenth Water					expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office hel	d
	Date		Payee name						
	04/01/2024		ABM Parking						
	Amount (\$) \$20.00		Payee address; City; State 11651 Plano Road Suite 200 Dallas, TX 75243	e; Zip Co	ode				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Office Overhead/Rental Expense	hedule)			TX,	de of Texas. Comp officeholder living d dinator	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought Office held				d			
	Date		Payee name						
	02/28/2024		ADOBE, Inc.						
	Amount (\$) \$21.64		Payee address; City; State 151 South Almaden Blvd	e; Zip Co	ode				
			San Jose, CA 95110						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Office Overhead/Rental Expense	hedule)				de of Texas. Comp officeholder living (
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght			Office hel	d

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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 The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)				
	Sch: 2/39 Rpt: 32/72	Williams, Staci (The Honorable)	00069606				
4	Date 04/01/2024	ADOBE, Inc.					
6	Amount (\$) \$21.64	Payee address; City; State; Zip Code 151 South Almaden Blvd San Jose, CA 95110					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Image: Check if travel outside of Texas. Complete Schedule T. Image: Check if Austin, TX, officeholder living expense Image: License Image: Check if Austin, TX, officeholder living expense							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/25/2024	African American Museum					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$2,500.00	3536 Grand Ave Dallas, TX 75201					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense for Rodeo				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/05/2024	African American Museum					
	Amount (\$) \$100.00	Payee address;City;State; Zip Code3536 Grand Ave					
		Dallas, TX 75201					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense nt in Souvenir journal				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide		Office Over Polling Exp Printing Exp Salaries/Wa	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 3/39 Rpt: 33/72		Williams, Staci (The Honorable	e)				00069606
4	Date	5	Payee name					
	02/29/2024		Ameircan Pulse LLC					
6	Amount (\$)	7	Payee address; City;	State;	Zip Coo	le		
	\$8,905.00		3213 Duke Street					
			#194					
			Alexandria, VA 22314					
8	PURPOSE	(a)	Category (See Categories listed at the to			(b) Description		
-	OF	.,	Advertising Expense	p of this sche	edule)		outs	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austir	n, TX	, officeholder living expense
						Advertising		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office soug	ht		Office held
	Date		Payee name					
	05/09/2024		American Airlines					
	Amount (\$)		Payee address; City;	State;	Zip Coo	le		
	\$878.42		1 Skyview Drive					
			-					
			Fort Worth , TX 76155					
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sche	edule)	(b) Description		
	OF EXPENDITURE		Travel Out of District					ide of Texas. Complete Schedule T.
								a, officeholder living expense
						lickets to 'Ei	Ра	aso for State Democratic Convention
	Complete ONLY if direct		andidate/Officeholder name	C	Office soug	ht		Office held
	expenditure to benefit C/OF							
-	Date		Payee name					
	03/04/2024		American Pulse LLC					
	Amount (\$)		Payee address; City;	State:	Zip Coo	0		
	\$2,664.32		3213 Duke Street	State,				
	φ2,004.32		SZIS DUKE SILCEL					
			Alexandrai, VA 22314					
	PURPOSE	(a)	Category (See Categories listed at the to	p of this sch	edule)	(b) Description		
	OF EXPENDITURE		Advertising Expense					side of Texas. Complete Schedule T.
						Advertising	1, I X	a, officeholder living expense
						Auvenusing		
_	Complete ONL V if direct	Ļ	Candidate/Officeholder name	~		bt		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH			C	Office soug	li it		Once neid

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Fees Office Overhead/Rental Expense Transportation Equipment & Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel Out of District					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 4/39 Rpt: 34/72		Williams, Staci (The Honorable)					00069606
4	Date	5	Payee name					
	03/05/2024		Anedot					
6	Amount (\$)	7	Payee address; City;	State; Zip	Cod	e		
	\$1.00		1340 Poydras Street					
			Suite 1770					
			New Orleans, LA 70112					
8	PURPOSE	(a)	Category (See Categories listed at the top o	f this schedule)	(b) Description		
	OF EXPENDITURE		Fees	,			outsi	ide of Texas. Complete Schedule T.
	EXPENDITORE							, officeholder living expense
						online servic	e te	e
_			and interference of the second second	0.45				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	soug	nt		Office held
	Date		Payee name					
	06/30/2024		Anedot					
	Amount (\$)		Payee address; City;	State; Zip	Cod	e		
	\$2,859.92		1340 Poydras Street					
			Suite 1770					
			New Orleans, LA 70112					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top o Solicitation/Fundraising Expense		(ide of Texas. Complete Schedule T. , officeholder living expense
						Fees from 2/	25/2	24 through 6/30/2024
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	soug	ht		Office held
	Date		Payee name					
	03/04/2024		Apple Inc.					
	Amount (\$)		Payee address; City;	State; Zip	Cod	e		
	\$3.24		1 Infinite Loop					
			Cupertino, CA 95014					
	PURPOSE OF	(a)	Category (See Categories listed at the top o		(b) Description		
	EXPENDITURE		Office Overhead/Rental Expense	3				ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office	soug	ht		Office held
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Fees Office Overhead/Rental Expense Transp Food/Beverage Expense Polling Expense Travel - Gift/Awards/Memorials Expense Printing Expense Travel				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
-	Sch: 5/39 Rpt: 35/72		Williams, Staci (The Honorab	le)				00069606
4	Date	5	Payee name					
	03/06/2024		Apple Inc.					
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	le		
	\$67.41		1 Infinite Loop					
			Cuportino CA 0E014					
		<u> </u>	Cupertino, CA 95014					
8	PURPOSE OF		Category (See Categories listed at the		edule)	(b) Description		
	EXPENDITURE		Office Overhead/Rental Expe	ense				ide of Texas. Complete Schedule T. , officeholder living expense
						Charger	, 17,	, oncertoider inving expense
						Charger		
_	Carealata ONII V if direct		endidate (Office helder name					Office held
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	Int		Onice neid
	Date		Payee name					
	04/03/2024		Apple Inc.					
	Amount (\$)		Payee address; City;	Stato	; Zip Co	10		
		1		Slale,	, Zip Coi			
	\$8.64		1 Infinite Loop					
			Cupertino, CA 95014					
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	(aluba	(b) Description		
	OF		Office Overhead/Rental Expe		ieuuie)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	, TX,	, officeholder living expense
						Monthly apps	5	
	Complete ONLY if direct	<u> </u>	andidate/Officeholder name	(Office sou	Jht		Office held
	expenditure to benefit C/OI	Н						
-	Date		Payee name					
	04/03/2024		Apple Inc.					
	Amount (\$)			Stata	; Zip Co	10		
				State,	, ZIP CO	le		
	\$9.99		1 Infinite Loop					
			Cupertino, CA 95014					
	PURPOSE	(a)	Category (See Categories listed at the	top of this sch	iedule)	(b) Description		
			Office Overhead/Rental Expe			Check if travel	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE						, TX,	, officeholder living expense
						App fee		
L								
	Complete ONLY if direct		andidate/Officeholder name	(Office sou	Iht		Office held
	expenditure to benefit C/OI	Н						

EXPENDITURE CATEGORIES FOR BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
-	Sch: 6/39 Rpt: 36/72	Williams, Staci (The Honorable)	00069606
4	Date 05/06/2024	Payee name BIG-Dallas Chapter	
6	Amount (\$) \$100.00	 Payee address; City; State; Zip Code 926 Sage Bush Trail Duncanville , TX 75137 	
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense er for debate winner
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/26/2024	BNF Johnston Campaign	
	Amount (\$) Payee address; City; State; Zip Code		
	\$26,610.00	1140 FM2094 Austin, TX 77565	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Condidate/Officeholder name Office sought Office held		Office held
	Date Payee name		
	02/28/2024	Bankem Printing	
	Amount (\$) Payee address; City; State; Zip Code \$811.88 2357 S Collins St		
		Arlington, TX 76014	
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense cards
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expens nmittee Legal Services The Instruction Guide ex		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Travel in District Travel Out of District	uipment & Related Expense
1	Total pages Schedule F1:	2					2	Filer ID	(Ethics Commission Filers)
T	Sch: 7/39 Rpt: 37/72	2	Williams, Staci (The Honorable)				3	00069606	
4	Date	5	Payee name						
	06/06/2024		Bivins, Ron						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	de			
	\$700.00		965 Mockingbird						
			DeSoto, TX 75115						
8	PURPOSE	(₂)				(b) Description			
ð	OF	(a)	Category (See Categories listed at the top o	of this sch	nedule)	(b) Description	outsi	ide of Texas. Comp	lete Schedule T
	EXPENDITURE		Advertising Expense					, officeholder living	
						T-shirts		-	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	ght		Office hel	d
	Date		Payee name						
	06/06/2024		Bivins, Ron						
		┝		Ctoto		do			
	Amount (\$)		Payee address; City;	State;	; Zip Co	ue			
	\$1,000.00		965 Mockingbird						
			DeSoto, TX 75115						
	PURPOSE	(a)	Category (See Categories listed at the top o	of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Consulting Expense					ide of Texas. Comp	
							, TX,	, officeholder living e	expense
						consulting			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	ght		Office hel	d
	Date		Payee name						
	02/27/2024		Bivins, Ron						
	Amount (\$)		Payee address; City;	State	; Zip Co	de			
	\$11,500.00		901 Mockingbird Ln.						
			-						
			DeSoto, TX 75115						
	PURPOSE	(a)	Category (See Categories listed at the top o	of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Advertising Expense					ide of Texas. Comp	
								, officeholder living e	expense
						Voter Outrea	ch		
	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ght		Office hel	d
	expenditure to benefit C/OI								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Offic Food/Beverage Expense Polli Gift/Awards/Memorials Expense Print	ice Overh ling Expe nting Expe aries/Wag	ense ges/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
_		-	· · · · ·	to com	piete this form.	-		
1	Total pages Schedule F1: Sch: 8/39 Rpt: 38/72	2	FILER NAME Williams, Staci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606	
4	Date	5	Payee name					
	04/23/2024		Brentwood					
6	Amount (\$) \$68.00	7	Payee address; City; State; Zip 5138 Beltline Addison, TX 75254	p Code	9			
8	PURPOSE	(2)		0				
o	OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense) (1		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense DORTER	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sough	nt		Office held	
	Date		Payee name					
	05/14/2024		Caesar's Place					
	Amount (\$)		Payee address; City; State; Zip	p Code	9			
	\$255.11		3570 Las Vegas Blvd. Sout Las Vegas, NV 89109					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Event Expense) (t	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ion Deposit for NBA Convention	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sough	nt		Office held	
	Date		Payee name					
	04/23/2024		Cindi's New York Deli					
	Amount (\$) \$10.45		Payee address; City; State; Zip 306 S. Houston Street	p Code	2			
			Dallas, TX 75202					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Food/Beverage Expense) (t		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense UPPOrter	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office	e sough	nt		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	rhead pense (pens /ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME		3 Filer ID (Ethics Commission				
	Sch: 9/39 Rpt: 39/72		Williams, Staci (The Honorable)					00069606	
4	Date	5	Payee name						
	04/30/2024		Cindi's New York Deli						
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de				
	\$65.82		306 S. Houston Street						
			Dallas, TX 75202						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b)	Description			
	OF		Food/Beverage Expense	icuaic)		-	outsi	de of Texas. Complete Schedule T.	
	EXPENDITURE							officeholder living expense	
						Lunch for stat	ff		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght			Office held	
	Date		Payee name						
	05/04/2024		Circle K						
	Amount (\$)		Payee address; City; State	; Zip Co	de				
	\$3.02		2390 W. Camp Wisdom Road						
			Grand Prairie, TX 75052						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Food/Beverage Expense					de of Texas. Complete Schedule T. , officeholder living expense	
								eer poll greeter	
							unit		
_	Complete ONLY if direct		Candidate/Officeholder name 0	Office sou	aht			Office held	
	expenditure to benefit C/Oł			51166 500	gin				
_	Date		Payee name						
	06/27/2024		Collin County Democratic Party						
	Amount (\$)		· · ·	; Zip Co	do				
	\$102.00		6829 K Ave	, zip co	ue				
	\$102.00								
			#111						
			Plano, TX 75074						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b)	Description			
	EXPENDITURE		Event Expense					de of Texas. Complete Schedule T. officeholder living expense	
								te Watch Party	
-	Complete ONLY if direct	L(Candidate/Officeholder name	Office sou	aht			Office held	
	expenditure to benefit C/Oł				J				

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp	ense	Loan Repa Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense gense ages/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense	
1	Total pages Schedule F1:	2	ILER NAME				3	Filer ID	(Ethics Commission Filers)	
	Sch: 10/39 Rpt: 40/72		Villiams, Staci (The Honorable	e)				00069606		
4	Date	5 I	Payee name							
	03/23/2024	(Constant Contact							
6	Amount (\$)	7	Payee address; City;	State;	; Zip Coo	le				
	\$263.31	:	L601 Trapelo Road							
		, ,	Valtham, MA 02451							
8	PURPOSE	(a) (Category (See Categories listed at the to	p of this sch	edule)	b) Description				
	OF EXPENDITURE	(Office Overhead/Rental Expen	se				de of Texas. Com		
						License fee	ι, TΧ,	officeholder living	expense	
						LICENSE IEE				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name	C	Dffice soug	ht		Office he	eld	
	Date	l I	Payee name							
	04/15/2024	(Constant Contact							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$526.62		L601 Trapelo Road							
		\ \	Waltham, MA 02451							
	PURPOSE OF		Category (See Categories listed at the to		edule)	b) Description				
	EXPENDITURE		Office Overhead/Rental Expen	se				de of Texas. Com officeholder living		
						monthly licen				
						,				
	Complete ONLY if direct	L C	andidate/Officeholder name	C	Dffice soug	ht		Office he	eld	
	expenditure to benefit C/OI	Н								
	Date		Payee name							
	06/13/2024		Constant Contact							
	Amount (\$)		Payee address; City;	State;	; Zip Coo	le				
	\$263.31		L601 Trapelo Road							
		\ \	Waltham, MA 02451							
	PURPOSE	(a) (Category (See Categories listed at the to	p of this sch	edule)	b Description				
	OF EXPENDITURE	(Office Overhead/Rental Expen	se				de of Texas. Com		
							I, IX,	officeholder living	expense	
						LICENSC				
-	Complete ONLY if direct		andidate/Officeholder name		Office soug	ht		Office he	ald	
	expenditure to benefit C/Oł									

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exp mmittee Legal Services The Instruction Guide		Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filer	s)
	Sch: 11/39 Rpt: 41/72		Williams, Staci (The Honorabl	e)				00069606	
4	Date	5	Payee name						
	06/25/2024		D/FW Airport Parking						
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	le			
	\$64.00		2400 Aviation Drive						
			DFWAirport, TX 75261						
8	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Travel Out of District		ŗ			side of Texas. Complete Schedule T.	
								K, officeholder living expense	
						FW Parking Convention	for	r trip to El Paso for State Democra	itic
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Dffice sou	Jht		Office held	
	Date		Payee name						
	05/20/2024		Dallas Black Chamber of Com	merce					
	Amount (\$)	-	Payee address; City;	State	; Zip Co	10			
	\$118.30		2922 MLK Blvd.	State,	, zip coi				
	Φ110.50								
			Bldg. A, Suite 104						
			Dallas, TX 75215						
	PURPOSE OF	(a)	Category (See Categories listed at the to	op of this sch	nedule)	(b) Description			
	EXPENDITURE		Advertising Expense					side of Texas. Complete Schedule T. <, officeholder living expense	
						Event ticket	I, IX	, oncentrate noning expense	
	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name	(Office sou	iht		Office held	
	expenditure to benefit C/OF								
	Date		Payee name						
	03/01/2024		Dallas Buttons						
	Amount (\$)		Payee address; City;	State	; Zip Co	le			
	\$318.96		14239 Inwood Road	Otato	, <u></u> p ee.				
	+01000								
			Farmers Branch, TX 75244						
	PURPOSE	(a)	Category (See Categories listed at the to	op of this sch	nedule)	(b) Description			
	OF EXPENDITURE		Advertising Expense		ŗ			side of Texas. Complete Schedule T.	
	EXPENDITORE							K, officeholder living expense	
						Delivery of s	igns	S	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	C	Office sou	Iht		Office held	
	openditore to benefit C/O	•							

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor as how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	LER NAME		3 Filer ID (Ethics Commission Filers)					
	Sch: 12/39 Rpt: 42/72	/illiams, Staci (The Honorable)		00069606					
4	Date 03/22/2024	ayee name allas County Democratic Party							
6	Amount (\$) \$250.00	ayee address; City; Sta 414 N. Washington allas, TX 75202	te; Zip Code						
8	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this s dvertising Expense	Check if trave	outside of Texas. Complete Schedule T. n, TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sought	Office held					
	Date	ayee name							
	04/19/2024	allas County Democratic Party							
	Amount (\$) \$130.00	414 N. Washington	te; Zip Code						
	PURPOSE OF EXPENDITURE	allas, TX 75202 ategory _{(See Categories listed at the top of this s} ffice Overhead/Rental Expense	Check if trave	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ; Democratic Forum					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	ndidate/Officeholder name	Office sought	Office held					
	Date	ayee name							
	02/26/2024	aniels, Marquel (Mr.)							
	Amount (\$) \$450.00	ayee address; City; Sta 360 Fox Glenn	te; Zip Code						
		edar Hill, TX 75242							
	PURPOSE OF EXPENDITURE	ategory (See Categories listed at the top of this a alaries/Wages/Contract Labor	Check if trave	outside of Texas. Complete Schedule T. n, TX, officeholder living expense g					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	ndidate/Officeholder name	Office sought	Office held					

			EXPENDITURE CAT	EGO	RIES FOR	BC	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Ex Salaries/W	rhead pense pens ages	e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2	FILER NAME					3	Filer ID (Ethics Commission Filers)						
	Sch: 13/39 Rpt: 43/72		Williams, Staci (The Honorable)						00069606						
4	Date 03/01/2024	5	Payee name Dawson, Jerry												
6	Amount (\$) \$127.29	7	Payee address; City; 12349 Inwood Road Farmers Branch, TX 75244	State	; Zip Coo	de									
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Advertising Expense	this sch	nedule)	(b)	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense for poles for signs						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght			Office held						
	Date		Payee name												
	05/24/2024		Etekochay, Terri												
	Amount (\$) \$250.00		Payee address; City; 600 Commerce Street	State	; Zip Coo	de									
			Dallas, TX 75202												
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Gift/Awards/Memorials Expense	this sch	nedule)	(b)		, TX,	ide of Texas. Complete Schedule T. , officeholder living expense r illness						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght			Office held						
	Date		Payee name												
	03/21/2024		FedEx												
	Amount (\$) \$47.55		Payee address; City; 902 Ross Ave.	State	; Zip Coo	de									
			Dallas, TX 75202												
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of Office Overhead/Rental Expense	this sch	nedule)	(b)		, тх,	ide of Texas. Complete Schedule T. , officeholder living expense C C						
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name	(Office sou	ght			Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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 The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:		Filer ID (Ethics Commission Filers)						
1	Sch: 14/39 Rpt: 44/72	Williams, Staci (The Honorable)	00069606						
4	Date 04/18/2024	Payee name Federal Express							
6	Amount (\$)	' Payee address; City; State; Zip Code							
	\$29.19	3965 Airways, Module G							
		Memphis, TN 38116							
8	PURPOSE OF	a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	06/04/2024	Fide's Moving							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$100.00	224v Edith							
		Mesquite, TX 75149							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. "X, officeholder living expense corage of campaign signs to new						
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/27/2024	Fiverr International Ltd.							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$179.84	8 Eliezer Kaplan Street							
		Tel Aviv L3 6473409 Israel							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. 'X, officeholder living expense SUPPORT						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	mmittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense	Office Ove Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	FILER NAM	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 15/39 Rpt: 45/72		taci (The Honorat	ole)				00069606	
4	Date 02/29/2024	Payee name Fuel City D							
6	Amount (\$) \$44.12	Payee addre 801 S. Rive Dallas, TX	erfrong Blvd	State;	Zip Co	le			
8	PURPOSE OF EXPENDITURE	Category (s Travel In D	See Categories listed at the	top of this sche	edule)		n, TX,	de of Texas. Com officeholder living district	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	C	Office sou	yht		Office he	əld
	Date	Payee name	•						
	06/24/2024	Grassroots	Analytics						
	Amount (\$) \$7,000.00	Payee addre 777 6th St. Washingto		State;	Zip Co	de			
	PURPOSE OF EXPENDITURE		Gee Categories listed at the	top of this sche	edule)		n, TX,	de of Texas. Com officeholder living ulting	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	ïceholder name	C	Office sou	Jht		Office he	eld
	Date	Payee name	• •						
	02/27/2024	Gray, Lisa							
	Amount (\$) \$2,500.00	Payee addre 4811 Dunc	-	State;	Zip Co	de			
		Dallas, TX							
	PURPOSE OF EXPENDITURE		iee Categories listed at the ages/Contract Lat		edule)			de of Texas. Com officeholder living	plete Schedule T. J expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Off	iceholder name	C	Dffice sou	Jht		Office he	eld

			EXPENDITURE CATEGORIES F	OR B	OX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Cor	Event Expense Loan F Fees Office Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printin	Repaym Overhe Expen g Exper s/Wage	ent/Reimbursement ad/Rental Expense se ise es/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 16/39 Rpt: 46/72		Williams, Staci (The Honorable)				00069606
4	Date 05/24/2024	5	Payee name Gray, Lisa				
6	Amount (\$) \$1,080.00	7	Payee address; City; State; Zip 4811 Duncanville Rd.	Code			
			Dallas, TX 75236				
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)		ΤX,	de of Texas. Complete Schedule T. officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office s	oughi	t		Office held
	Date		Payee name				
	05/29/2024		Gray, Lisa				
	Amount (\$)		Payee address; City; State; Zip	Code			
	\$320.00		4811 Duncanville Rd.				
			Dallas, TX 75236				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b)		ΤX,	de of Texas. Complete Schedule T. officeholder living expense egy Consult
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name Office s	ought	t		Office held
	Date		Payee name				
	06/17/2024		Gray, Lisa				
	Amount (\$) \$480.00		Payee address; City; State; Zip 4811 Duncanville Rd.	Code			
			Dallas, TX 75236	1			
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this schedule) Consulting Expense	(b)		тx,	de of Texas. Complete Schedule T. officeholder living expense egy Consult
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officeholder name Office s	ough	t		Office held

		EXPENDITURE CATEGORIES FOR BOX 8(a)	
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/39 Rpt: 47/72	Williams, Staci (The Honorable)	00069606
4	Date 03/01/2024	5 Payee name Gray, Lisa	
6	Amount (\$) \$4,312.00	 Payee address; City; State; Zip Code 4811 Duncanville Rd. Dallas, TX 75236 	
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	04/27/2024	Hilton Anatole	
	Amount (\$) \$16.00	Payee address; City; State; Zip Code 2201 N. Stemmons Freeway Dallas, TX 75207	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description	outside of Texas. Complete Schedule T. n, TX, officeholder living expense •vent
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	03/01/2024	Houston Chronicle	
	Amount (\$) \$23.96	Payee address;City;State;Zip Code4747 Southwest Fwy	
		Houston, TX 77027	
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense Subscription
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)						
1	Total pages Schedule F1:	2 FILER NAME	Filer ID (Ethics Commission Filers)						
	Sch: 18/39 Rpt: 48/72	Williams, Staci (The Honorable)	00069606						
4	Date 03/27/2024	5 Payee name Houston Chronicle							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
Ū	\$23.96	4747 Southwest Fwy Houston, TX 77027							
•	DUDDOSE								
8	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense DSCription						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	03/04/2024	Hunter, Ward							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$202.50	1354 Fox Glenn Cedar Hill, TX 75242							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X. officeholder living expense lay ONIy						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held						
	Date	Payee name							
	02/27/2024	I Messenger Media							
-	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,500.00	320 S. R L Thornton Fwy, Ste. 100							
		Dallas, TX 75203							
	PURPOSE OF EXPENDITURE		tside of Texas. Complete Schedule T. X, officeholder living expense						
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held						

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan R Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	ILER NAME		3 Filer ID (Ethics Commission Filers)				
	Sch: 19/39 Rpt: 49/72	Villiams, Staci (The Honorable)		00069606				
4	Date 02/28/2024	Payee name fte, Saif						
6	Amount (\$) \$900.00	Payee address; City; State; Zip 0 1942 Grapeseed Drive Frisco, TX 75033	code					
8	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense ategy Consult				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name Office so	ught	Office held				
	Date	Payee name						
	03/05/2024	let Couriers						
	Amount (\$) \$57.96	Payee address; City; State; Zip C 705 Wallace Drive	Code					
		Carrollton, TX 75006	1					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense te to pick up campaign items				
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office so	ught	Office held				
	Date	Payee name						
	05/29/2024	ohnson, Cheryl						
	Amount (\$) \$276.00	Payee address; City; State; Zip C .05 S. Bishop	code					
		Dallas, TX 75208	i					
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Galaries/Wages/Contract Labor		outside of Texas. Complete Schedule T. TX, officeholder living expense				
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder name Office so	ught	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Con	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)	
_		-	The Instruction Guide explains he	ow to cor	npiete this form.			
1	Total pages Schedule F1: Sch: 20/39 Rpt: 50/72		FILER NAME Williams, Staci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606	
1	Date		Payee name					
-	02/26/2024		Johnson, Cheryl					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	de			
	\$540.00		105 S. Bishop					
			Dallas, TX 75208					
8	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dulo)	(b) Description			
	OF		Salaries/Wages/Contract Labor	uuic)		vel outs	side of Texas. Complete Schedule T.	
	EXPENDITURE		C C				C, officeholder living expense	
					Block Wal	king		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Of	ffice sou	jht		Office held	
_	Data	<u> </u>						
	Date		Payee name					
	06/08/2024		LYFT, Inc.					
	Amount (\$)			Zip Co	de			
	\$10.00		548 Market Street					
			Suite 68514					
			San Francisco, CA 94104					
	PURPOSE	(a)	Category (See Categories listed at the top of this sched	dule)	(b) Description			
	OF EXPENDITURE		Travel Out of District				side of Texas. Complete Schedule T.	
					Cancellati		K, officeholder living expense	
					Cancenau			
_	Complete ONLY if direct		andidate/Officeholder name Of	ffice soud	nht		Office held	
	expenditure to benefit C/OI			100 000	jiit			
-	Date		Pavee name					
	06/08/2024		LYFT, Inc.					
-	Amount (\$)			Zip Co	1e			
	\$37.98		548 Market Street	210 000				
	401.00		Suite 68514					
			San Francisco, CA 94104					
	DUDDOOF			i	(h) = 1 -1			
	PURPOSE OF		Category (See Categories listed at the top of this sched	dule)	(b) Description	ivel outs	side of Texas. Complete Schedule T.	
	EXPENDITURE		Travel Out of District				(, officeholder living expense	
							in and around El Paso	
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		andidate/Officeholder name Of	ffice sou	jht		Office held	
⊢								

				EXPENDIT	JRE CATEGOR	RIES FOF	8 BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee	Event Expense Fees Food/Beverage Exp Gift/Awards/Memori Legal Services	als Expense	Office Ove Polling Ex Printing Ex Salaries/W	pense /ages/Contract Labor		Travel in District Travel Out of Dist	quipment & Related Expense
					Guide explains	how to co	nplete this form.			
1	Total pages Schedule F1:	2	FILER NAME	Ξ				3	Filer ID	(Ethics Commission Filers)
	Sch: 21/39 Rpt: 51/72		Williams, S	taci (The Hone	orable)				00069606	
4	Date	5	Payee name							
	05/24/2024		La Toska							
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	de			
	\$46.00		130 S Clark	Rd						
			Cedar Hill,	TX 75104						
_	DUDDOOT						4 X			
8	PURPOSE OF	(a)		ee Categories listed	at the top of this sch	nedule)	(b) Description	outei	ide of Texas. Comp	aloto Schodulo T
	EXPENDITURE		F000/Bever	age Expense					, officeholder living	
							Breakfast wit			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Off	ceholder name	C	Office sou	ght		Office he	ld
	Date		Payee name							
	06/24/2024		MJQ Promo	otions						
_	Amount (\$)		Payee addre	ss; City;	State:	; Zip Co	de			
	\$400.00		5420 Sonat		,	,				
	\$100.00		0120 00114							
			Dallas, TX	75241						
	PURPOSE OF EXPENDITURE	(a)	Category _{(S} Advertising	ee Categories listed Expense	at the top of this sch	nedule)			ide of Texas. Comp , officeholder living	
							5			
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Off	ceholder name	C	Office sou	ght		Office he	ld
	Date		Payee name							
	02/26/2024		Martin, Chr	S						
-	Amount (\$)		Payee addre	ss; City;	State:	; Zip Co	de			
	\$540.00		2902 A. Be		o tato,	,p 00				
	+0.000									
			Grand Prai	ie, TX 75052						
	PURPOSE OF	(a)		ee Categories listed		nedule)	(b) Description			
	EXPENDITURE		Salaries/Wa	ages/Contract	Labor			ı, TX,	ide of Texas. Comp , officeholder living	
-	Complete ONLY if direct	<u>ر</u>	Candidate/Off	ceholder name	(Office sou	aht		Office he	ld
	expenditure to benefit C/Oł			- s.i.e.aor name			.			
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
_	Sch: 22/39 Rpt: 52/72	Williams, Staci (The Honorable)	00069606					
4	Date 02/26/2024	5 Payee name Martin, Chris						
6	Amount (\$) \$270.00	7 Payee address; City; State; Zip Code 2902 S. Belt Line Rd Grand Prairie, TX 75052						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense nt					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/22/2024	McAttee, T						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,500.00	4360 Starr Fremont, CA 94359						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	02/26/2024	McAttee, Trey						
	Amount (\$) \$1,874.46	Payee address; City; State; Zip Code 4360 Starr						
		Freemont, CA 94359						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials	e Expense	Loan Repa Office Ove Polling Ex Printing Ex Salaries/W	ayment/Reimbursement rhead/Rental Expense pense pense lages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel in District Travel Out of District OTHER (enter a category not listed above)	se
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission F	ilers)
	Sch: 23/39 Rpt: 53/72		Williams, Staci (The Honora	ıble)				00069606	
4	Date 05/02/2024	5	Payee name McAttee, Trey						
6	Amount (\$) \$4,500.00	7	Payee address; City; 4360 Starr Freemont, CA 94359	State	; Zip Co	de			
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Consulting Expense	ie top of this sch	iedule)			side of Texas. Complete Schedule T. 4, officeholder living expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	C	Office sou	ght		Office held	
	Date		Payee name						
	05/02/2024		NAACP-Garland						
	Amount (\$) \$60.00		Payee address; City; P.O. Box 460944 Garland, TX 75064	State	; Zip Co	de			
	PURPOSE OF EXPENDITURE	<u> </u>	Category (See Categories listed at the Event Expense	ne top of this sch	iedule)	Check if Austi	n, TX	side of Texas. Complete Schedule T. K, officeholder living expense In Scholarship Ball	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght		Office held	
	Date		Payee name						
	06/13/2024		NAACP-Grand Prairie						
	Amount (\$) \$300.00		Payee address; City; P.O. Box 53064	State;	; Zip Co	de			
			Grand Prairie, TX 75052						
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the Event Expense	ne top of this sch	iedule)	Check if Austi	n, TX	side of Texas. Complete Schedule T. K, officeholder living expense Orship for scholarship golf tourn	ament
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(Office sou	ght		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense Legal Services 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)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
_	Sch: 24/39 Rpt: 54/72	Williams, Staci (The Honorable)	00069606					
4	Date 05/29/2024	Payee name National Bar Association						
6	Amount (\$) \$350.00	Payee address; City; State; Zip Code 1816 12th Street, NW Washington, DC 20009 Variable						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Annual Dues 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/03/2024	Office Depot						
	Amount (\$) \$86.12	Payee address; City; State; Zip Code 39759 LBJ						
		Dallas, TX 75237						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/02/2024	Omega Psi Phi Gala						
	Amount (\$) \$320.00	Payee address;City;State;Zip Code2413 MLK Blvd						
		Dallas, TX 75215						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense A					
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	ommittee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Guid	xpense	Office Over Polling Exp Printing Exp Salaries/Wa	ense ges/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER N	AME				3	Filer ID	(Ethics Commission Filers)
	Sch: 25/39 Rpt: 55/72		s, Staci (The Honorat	ole)				00069606	. , , , , , , , , , , , , , , , , , , ,
4	Date 06/24/2024	Payee n Outfron							
6	Amount (\$) \$3,645.00		ddress; City; J. Stemmons Frwy. TX 75229	State;	Zip Coc	e			
8	PURPOSE OF EXPENDITURE		/ (See Categories listed at the sing Expense	top of this sche	dule)			ide of Texas. Com , officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate	e/Officeholder name	O	ffice soug	ht		Office he	eld
	Date	Payee n	ame						
	02/26/2024	Plains (Capital Bank						
	Amount (\$) \$35.00	Payee a P.O. Bo		State;	Zip Coc	e			
	PURPOSE OF EXPENDITURE) Category Fees		top of this sche	dule)		I, TX	ide of Texas. Com , officeholder living Ə	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate	/Officeholder name	0	ffice soug	ht		Office he	eld
	Date	Payee n	ame						
	02/29/2024		Capital Bank						
	Amount (\$) \$4.00	Payee a P.O. Bo		State;	Zip Coc	e			
		Lubboc	k, TX 79408						
	PURPOSE OF EXPENDITURE		/ (See Categories listed at the ting/Banking	top of this sche	dule)			ide of Texas. Com , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candidate	/Officeholder name	0	ffice soug	ht		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	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 The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	3 Filer ID (Ethics Commission Filers)					
-	Sch: 26/39 Rpt: 56/72	Williams, Staci (The Honorable)	00069606					
4	Date 03/01/2024	Payee name Plains Capital Bank						
6	Amount (\$) \$5.00	Payee address; City; State; Zip Code P.O. Box 271 Lubbock, TX 79408						
8	PURPOSE OF EXPENDITURE	 (a) Category (See Categories listed at the top of this schedule) Accounting/Banking (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Bank fee 						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/07/2024	Plains Capital Bank						
	Amount (\$) \$40.00	Payee address; City; State; Zip Code P.O. Box 271 Lubbock, TX 79408						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/14/2024	Plains Capital Bank						
	Amount (\$) \$40.00	Payee address;City;State; Zip CodeP.O. Box 271						
		Lubbock, TX 79408						
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees Office Overhead/Rental Expense Transportation Equipment & Relate Food/Beverage Expense Polling Expense Travel in District Gift/Awards/Memorials Expense Printing Expense Travel of District					
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 27/39 Rpt: 57/72		Williams, Staci (The Honorable)					00069606
4	Date	5	Payee name					
	04/20/2024		Plains Capital Bank					
6	Amount (\$)	7	Payee address; City; State	e; Zip Co	ode			
	\$25.00		P.O. Box 271					
			Lubbock, TX 79408					
8	PURPOSE				(h)	Description		
Ŭ	OF	(4)	Category (See Categories listed at the top of this sc Accounting/Banking	hedule)	(5)	·	outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Accounting/Banking					, officeholder living expense
						Fee		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	06/21/2024		Plains Capital Bank					
	Amount (\$)		Payee address; City; State	; Zip Co	ode			
	\$5.00		P.O. Box 271	, 1				
			Lubbock, TX 79408					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sc Accounting/Banking	hedule)	(b)			ide of Texas. Complete Schedule T. , officeholder living expense
						Monthly servi		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held
	Date		Payee name					
	05/21/2024		Plains Capital Bank					
	Amount (\$)		Payee address; City; State	; Zip Co	ode			
	\$5.00		P.O. Box 271					
			Lubbock, TX 79408		1			
	PURPOSE OF		Category (See Categories listed at the top of this sc	hedule)	(b)	Description		ide of Toylog, Complete Onte dute T
	EXPENDITURE		Accounting/Banking					ide of Texas. Complete Schedule T. , officeholder living expense
						monthly bank		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	lght			Office held
	experiatione to benefit C/Of							
		_		_	_		_	

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense ommittee Legal Services 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)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 28/39 Rpt: 58/72	Williams, Staci (The Honorable)	00069606					
4	Date 03/21/2024	Payee name PrintNoise						
6	Amount (\$) \$284.16	Payee address; City; State; Zip Code 6105 S. Sherman St #100 Richardson, TX 75081 Field Content of Conten						
8	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/29/2024	PrintNoise						
	Amount (\$) \$188.53	Payee address;City;State; Zip Code6105 S. Sherman St#100Richardson, TX 75081						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	04/30/2024	PrintNoise						
	Amount (\$) \$27.06	Payee address; City; State; Zip Code 6105 S. Sherman St #100 Richardson, TX 75081						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-		Office Ove Polling Ex Printing Ex Salaries/W	erhead/f pense xpense Vages/C	Reimbursement Rental Expense Contract Labor e this form.		Transportation E Travel in District Travel Out of Dis	
1	Total pages Schedule F1:	2	FII FR NAME			-		3	Filer ID	(Ethics Commission Filers)
	Sch: 29/39 Rpt: 59/72		Williams, Staci (The Hon	orable)					00069606	(
4	Date 05/16/2024		Payee name PrintNoise							
6	Amount (\$) \$774.57		Payee address; City; 903 Bowser Richardson, TX 75081	State;	; Zip Co	ode				
8	PURPOSE OF EXPENDITURE		Category (See Categories listed Advertising Expense	at the top of this sch	edule)				de of Texas. Com officeholder living	plete Schedule T. 9 expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	· C	Office sou	ght			Office he	əld
	Date		Payee name							
	06/24/2024		PrintNoise							
	Amount (\$) \$242.50		Payee address; City; 903 Bowser Richardson, TX 75081	State;	; Zip Co	ode				
	PURPOSE OF EXPENDITURE		Category (See Categories listed Advertising Expense	at the top of this sch	edule)				de of Texas. Com officeholder living	plete Schedule T. g expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	e C	Office sou	ght			Office he	eld
	Date		Payee name							
	03/02/2024		QT #975							
	Amount (\$) \$40.00		Payee address; City; 511 S. Zang	State;	; Zip Co	de				
			Dallas, TX 75208							
	PURPOSE OF EXPENDITURE		Category (See Categories listed Travel In District	at the top of this sch	edule)			TX,	de of Texas. Com officeholder living	plete Schedule T. J expense
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name	: C	Office sou	ght			Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbur Fees Office Overhead/Rental Ex Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense	pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 30/39 Rpt: 60/72	Williams, Staci (The Honorable)	00069606					
4	Date 06/14/2024	Payee name QT 1912						
6		Payee address; City; State; Zip Code						
0	\$49.50	3645 Forest Ln Dallas, TX 75234						
8	PURPOSE	Category (or otherwise listed at the transfit is a table) (b) Description	tion					
Ū	OF	OF Travel In District						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	03/23/2024	QT 1916						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$51.00	2840 W. White Anna, TX 75409						
	PURPOSE OF EXPENDITURE		tion < if travel outside of Texas. Complete Schedule T. < if Austin, TX, officeholder living expense r travel district					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/18/2024	QT 922						
	Amount (\$) \$46.79	Payee address; City; State; Zip Code 3900 N Houston School Road						
		Lancaster, TX 75134						
	PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense to Grayson County					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

		EXPEND	ITURE CATEGORIES FO	R BOX 8(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
1	Total pages Schedule F1:		• • • • • • • •	• • • • • • •	3 Filer ID (Ethics Commission Filers)			
-	Sch: 31/39 Rpt: 61/72	Villiams, Staci (The Ho	onorable)		00069606			
4	Date 02/26/2024	Payee name RaceTrac # 516						
6	Amount (\$) \$44.57	Payee address; City; State; Zip Code 702 N. Belt-Line Grand Prairie, TX 75050						
8	PURPOSE OF EXPENDITURE	OF Travel In District						
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder nar	ne Office so	ught	Office held			
	Date	Payee name						
	06/04/2024	Sam's Club 6376						
	Amount (\$) \$158.41	Payee address; City; 1062 LBJ Fwy.	State; Zip C	ode				
	PURPOSE OF EXPENDITURE	Dallas, TX 75244 Category (See Categories list Office Overhead/Renta		Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense nacks for jurors			
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder nar	ne Office so	ught	Office held			
	Date	Payee name						
	04/27/2024	Shane Hefner Enterpris	ses					
	Amount (\$) \$800.00	Payee address; City; DNLINE	State; Zip C	code				
		Richardson, TX 75081		1				
	PURPOSE OF EXPENDITURE	Category (See Categories list Advertising Expense	ed at the top of this schedule)		outside of Texas. Complete Schedule T. n, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Officeholder nar	ne Office so	ught	Office held			

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Overhead/Rental Expense Tra Food/Beverage Expense Polling Expense Tra Gift/Awards/Memorials Expense Printing Expense Tra				Travel in District Travel Out of Dist	uipment & Related Expense		
1	Total pages Schedule F1:	2 FILER	NAME				3	Filer ID	(Ethics Commission Filers)
	Sch: 32/39 Rpt: 62/72	Willia	ns, Staci (The Honorat	ole)				00069606	
4	Date 05/31/2024	5 Payee Shiple	name ey Donuts						
6	Amount (\$) \$12.99	502 N	address; City; I-35E Dak, TX 75154	State;	; Zip Coo	le			
8	PURPOSE OF EXPENDITURE		ory (See Categories listed at the Overhead/Rental Expe		edule)		ı, TX	ide of Texas. Comp , officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office sou	ht		Office he	ld
	Date	Payee	name						
	02/26/2024	Shirle	y, Stephanie						
	Amount (\$) \$860.00	11711	address; City; . Lippitt Ave s, TX 75218	State;	; Zip Coo	le			
	PURPOSE OF EXPENDITURE	a) Catego	Dry (See Categories listed at the es/Wages/Contract Lat		edule)		ι, TX	ide of Texas. Comp , officeholder living	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candida	te/Officeholder name	C	Office sou	ht		Office he	ld
	Date	Payee	name						
	03/04/2024	Shirle	y, Stephanie						
	Amount (\$) \$660.00		address; City; . Lippitt Ave	State;	; Zip Coo	le			
		Dallas	s, TX 75218						
	PURPOSE OF EXPENDITURE		Dry (See Categories listed at the es/Wages/Contract Lat		edule)		ı, TX	ide of Texas. Comp , officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	Candida	te/Officeholder name	С	Dffice sou	ht		Office he	ld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Sabadula E1	· · · · · · · · · · · · · · · · · · ·	C Ethics Commission Eilers)					
1	Total pages Schedule F1: Sch: 33/39 Rpt: 63/72	Williams, Staci (The Honorable)	3 Filer ID (Ethics Commission Filers) 00069606 00069606					
4	Date	Payee name						
	06/17/2024	Smith, Lisa						
6	Amount (\$) \$480.00	7 Payee address; City; State; Zip Code 14951 Dallas Pkwy Addison, TX 75254						
8	PURPOSE	a) Category (See Categories listed at the top of this schedule) (b) Description						
-	 8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Distribution of push cards at events 							
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/29/2024	Smith, Lisa						
-	Amount (\$)	Payee address; City; State; Zip Code						
	\$320.00	14951 Dallas Pkwy						
		Addison, TX 75254						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					
	Date	Payee name						
	05/02/2024	South Dallas & Professional Women's Club						
	Amount (\$) \$210.00	Payee address;City;State; Zip CodeP.O. Box 764587						
		Dallas, TX 75376						
	PURPOSE OF EXPENDITURE		utside of Texas. Complete Schedule T. TX, officeholder living expense I cheon					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held					

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		-	Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 34/39 Rpt: 64/72		Williams, Staci (The Honorable)				00069606		
4	Date	5	Payee name						
	03/20/2024		Southwest Media Marketing						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	le				
	\$7,000.00		204 E. Pleasant Run						
			Lancaster, TX 75146						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF EXPENDITURE		Advertising Expense	iouulo)		outs	ide of Texas. Complete Schedule T.		
	EXPENDITORE						, officeholder living expense		
					Advertising r	nob	bile billboard		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held		
	Date		Payee name						
	05/07/2024		Southwest Media Marketing						
	Amount (\$)		Payee address; City; State;	; Zip Co	le				
	\$279.97		204 E. Pleasant Run	,					
	\$210101								
			Lancaster, TX 75146						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense		
					Advertising	, 17			
					, avertioning				
	Complete ONLY if direct		Candidate/Officeholder name C	Dffice sou	iht		Office held		
	expenditure to benefit C/OI	Н							
	Date		Payee name						
	06/24/2024		Southwest Media Marketing						
	Amount (\$)		Payee address; City; State;	; Zip Co	le				
	\$810.00		204 E. Pleasant Run						
			Lancaster, TX 75146						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T.		
					Mobile Billbo		, officeholder living expense		
						au	•		
-	Complete ONLY if direct	Ļ	Candidate/Officeholder name	Office sou	uht		Office held		
	expenditure to benefit C/OF			500 SOU	jiit		Onice neid		

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 35/39 Rpt: 65/72		Williams, Staci (The Honorable)				00069606		
4	Date	5	Payee name						
	06/27/2024		Stanford Campaigns						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de				
	\$3,500.00		3400 Oak Grove						
			Dallas, TX 75204						
8	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	EXPENDITURE		Consulting Expense				side of Texas. Complete Schedule T.		
							K, officeholder living expense		
					Conounting				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Dffice sou	ght		Office held		
	Date		Payee name						
	06/09/2024		Stericycle						
	Amount (\$)		Payee address; City; State;	; Zip Co	de				
	\$737.60		2355 Waukegan Road						
			U U						
			Bannockburn, IL 60015						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	EXPENDITURE		Office Overhead/Rental Expense				side of Texas. Complete Schedule T. K, officeholder living expense		
							private practice files		
					Dooladio	1010			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Office sou	ght		Office held		
_	Dete		D						
	Date 04/29/2024		Payee name TCTLA						
				7:0 00	el e.				
	Amount (\$)		Payee address; City; State; 3102 Oaklawn	; Zip Co	ue				
	\$150.00								
			Suite 1100						
			Dallas, TX 75219						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description	volant	aida of Toyaa, Complete Schedule T		
	EXPENDITURE		Food/Beverage Expense				side of Texas. Complete Schedule T. K, officeholder living expense		
					Dinner cos				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeholder name C	Dffice sou	ght		Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimburser Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gitt/Awards/Memorials Expense Printing Expense			ayment/Reimbursement prhead/Rental Expense pense xpense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NA	ME			3 Filer ID (Ethics Commission Filers)				
	Sch: 36/39 Rpt: 66/72	Williams	, Staci (The Honorable)			00069606				
4	Date	Payee na	me			I				
	03/28/2024		The Links, Inc. (Dallas Chapter)							
6	Amount (\$)	Payee ad	dress; City;	State; Zip Co	de					
	\$537.22	P.O. Box	(191003							
		Dallas, 1	X 75219-1003							
8	PURPOSE		(See Categories listed at the top of	this schodule)	(b) Description					
-	OF		ng Expense	this schedule)		outside of Texas. Complete Schedule T.				
	EXPENDITURE		5 1		Check if Austir	n, TX, officeholder living expense				
					Women Who	STEM				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	Office sou	ght	Office held				
	Date	Payee na	me							
	06/08/2024	The Plaz	a Hotel							
	Amount (\$)	Payee ad	dress; City;	State; Zip Co	de					
	\$654.16	106 W. I	/lills Ave							
		El Paso,	TX 79901							
	PURPOSE	Category	(See Categories listed at the top of	this schedule)	(b) Description					
	OF EXPENDITURE		ut of District	,	Check if travel	outside of Texas. Complete Schedule T.				
	EXPENDITORE					n, TX, officeholder living expense				
					Hotel for Sta	te Democratic Convention				
		O a va di al a ta d		0.0						
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/	Officeholder name	Office sou	gnt	Office held				
_	Data	Daviasia								
	Date 05/18/2024	Payee na The Rigi								
		-	-	Otata, 7% 0a	-1-					
	Amount (\$)	Payee ad	-	State; Zip Co	de					
	\$61.03	413 N. A	rmstrong							
		Denison	, TX 75020							
	PURPOSE OF		(See Categories listed at the top of	this schedule)	(b) Description					
	EXPENDITURE	Food/Be	verage Expense			outside of Texas. Complete Schedule T. n, TX, officeholder living expense				
					Lunch with s					
-	Complete ONLY if direct	Candidate	Officeholder name	Office sou	aht	Office held				
	expenditure to benefit C/OI	Junuale/			9					
-										

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political (Credit Card Payment		Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense - Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FII		•		•	3	Filer ID (Ethics Commission Filers)	
-	Sch: 37/39 Rpt: 67/72		lliams, Staci (The Honorabl	e)				00069606	
4	Date	5 Pa	yee name						
	02/28/2024	То	rrence, Yolanda						
6	Amount (\$)	7 Pa	yee address; City;	State	; Zip Co	le			
	\$1,327.50	26	2671 Ashwood Ct.						
		Gr	and Prairie, TX 75052						
8	PURPOSE					(b) Description			
ľ	OF		tegory (See Categories listed at the to laries/Wages/Contract Labo		nedule)		outsi	ide of Texas. Complete Schedule T.	
	EXPENDITURE	00	ianoo, Wagoo, Contract Lab	51		Check if Austin	, TX	a, officeholder living expense	
						Poll watcher			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	(Office sou	Jht		Office held	
	Date	Pa	yee name						
	04/29/2024		SPS						
	Amount (\$)	Pa	yee address; City;	State	; Zip Co	le			
	\$30.45		1 Tom Landry HWY		,				
		Da	Ilas, TX 75260						
	PURPOSE OF EXPENDITURE		tegory (See Categories listed at the tr vertising Expense	op of this sch	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C) Office sou	Jht		Office held	
_	Date	Do	yee name						
	02/27/2024		PMaven						
				Stata	; Zip Co	10			
	Amount (\$) \$300.00		yee address; City; 00 Breville	State,	, ZIP CO	le			
	\$300.00	30							
		М	onroe, LA 71203						
	PURPOSE OF	(a) Ca	tegory (See Categories listed at the te	op of this sch	nedule)	(b) Description			
	EXPENDITURE	Ac	vertising Expense				, TX,	ide of Texas. Complete Schedule T. K, officeholder living expense NANCE	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		didate/Officeholder name	C	ן Office souנָ	Jht		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Loan R Fees Office C Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing tittee Legal Services Salaries The Instruction Guide explains how to	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)					
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 38/39 Rpt: 68/72		Williams, Staci (The Honorable)				00069606		
4	Date 06/23/2024		Payee name Wal-Mart #3432						
6	Amount (\$) \$21.61		Payee address; City; State; Zip (951 W. Beltline DeSoto, TX 75115	Code					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage tubs for push card distribution						officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office so	bught			Office held		
	Date		Payee name						
	03/02/2024		Wal-Mart Super 251						
	Amount (\$) \$29.75		Payee address; City; State; Zip (621 Uptown Blvd	Code					
			Cedar Hill, TX 75104						
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name Office se	bught			Office held		
	Date		Payee name						
	03/21/2024		ZOOM.US						
	Amount (\$) \$34.10		Payee address; City; State; Zip (55 Almaden Boulevard 6th Floor San Jose, CA 95113	Code					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(b)		, TX,	de of Texas. Complete Schedule T. officeholder living expense		
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeholder name Office so	bught			Office held		

			EXPENDITURE CATEGO	RIES FOF	BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment							Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)		
	Sch: 39/39 Rpt: 69/72		Williams, Staci (The Honorable)				00069606		
4	Date	5	Payee name						
	05/08/2024		ZOOM.US						
6	Amount (\$)	7	Payee address; City; State;	; Zip Co	de				
	\$26.15		55 Almaden Boulevard						
			6th Floor						
			San Jose, CA 95113						
8	PURPOSE	(a)	Category (See Categories listed at the top of this sch	odulo)	(b) Description				
	OF	Ľ	Office Overhead/Rental Expense	euule)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE				<u> </u>	, тх	officeholder living expense		
					License				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	ght		Office held		
	Date		Payee name						
	05/08/2024		ZOOM.US						
	Amount (\$)		Payee address; City; State;	; Zip Co	de				
	\$170.50		55 Almaden Boulevard						
			6th Floor						
			San Jose, CA 95113						
	PURPOSE	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	OF		Office Overhead/Rental Expense	cuuic)		outsi	de of Texas. Complete Schedule T.		
	EXPENDITURE				<u> </u>	, TX	officeholder living expense		
					License				
					1.				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	gnt		Office held		
		1							
	Date		Payee name						
	05/20/2024		Zaman, Nadeem						
	Amount (\$)			; Zip Co	de				
	\$1,836.00		11203 Plainview Drive						
			Frisco, TX 75035						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	edule)	(b) Description				
	EXPENDITURE		Salaries/Wages/Contract Labor				de of Texas. Complete Schedule T. , officeholder living expense		
					Poll workers	, 17,			
-	Complete ONLY if direct	L	Candidate/Officeholder name C	Office sou	ght		Office held		
	expenditure to benefit C/OF				-				

	POLITICAL EX	PENDITURES FROM PERSON	IAL FUNDS	S SCHEDULE G
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office Ov Food/Beverage Expense Polling Expense y - Gift/Awards/Memorials Expense Printing Expense al Committee Legal Services Salaries/	payment/Reinbursement verhead/Rental Expense Expense Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1		The Instruction Guide explains how to co FILER NAME Williams, Staci (The Honorable)	omplete this form.	3 Filer ID (Ethics Commission Filers) 00069606
4	Date 03/03/2024	5 Payee name American Pulse		J
	Amount (\$) \$4,200.00 Reimbursement from political contributions intended	7 Payee address; City; State; Zip Co 3213 Duke Street #194 Alexandria, VA 22314	ode	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description [Advertising	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Officeholder name	Office sought	Office held

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

SCHEDULE K

	The Instru	cti	on Guide explains how to complete this form.	1	1 Total pages Schedule K: Sch: 1/1 Rpt: 71/72			
2	FILER NAME			3	Filer ID (Ethics Commission Filers)			
			(The Honorable)		00069	-		
4	Date	5	Name of person from whom amount is received			8 Amount (\$)		
	06/04/2024	 	Cooks, Judge Kim			\$57.00		
		6	Address of person from whom amount is received; City; State; Zip Code					
			PRIVATE, TX 75104					
		7		Check if politi	cal contr	l		
		ľ	REIMBURSEMENT FOR SNACK BAG	спеск п рола				
⊢								

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Inst	ruction C	Guide explains how to complete thi	1 Total pages Schedule T: Sch: 1/1 Rpt: 72/72				
2 FILER NAME			3 Filer ID (Ethics Commission Filers)				
Williams, Staci (The Hono	rable)	00069606				
4 Name of Contribut	or / Corpor	ation or Labor Organization / Pledgor /Payee		•			
American Airline	S						
5 Contribution / Expe	enditure rep	ported on:					
Schedule A2		Schedule B Schedule B(J)	Schedule C2	Schedule D X Schedule F1			
Schedule F2		Schedule F4	Schedule H	Schedule COH-UC			
6 Dates of Travel		of person(s) traveling					
		ns, Staci					
		ure city or name of departure location					
05/09/2024	Dallas	Ft. Worth					
	9 Destina	ation city or name of destination location					
05/11/2024	El Pas	60					
10 Means of transpor	tation	11 Purpose of travel (including name of confe	erence, seminar, or	other event)			
Commercial Airp	lane	State Democratic Convention					