# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

### FORM JCOR-C/OH

	`	ics Commission Filers)	2 Total pages filed:			OFFICE	USE ONLY
	00069606		64			Date Received	
;	CANDIDATE /	MS / MRS / MR	FIRST		MI	ELECTRONI	CALLY FILED
	OFFICEHOLDER NAME	The Honorable	Staci			04/15/2025	
		NICKNAME	LAST		SUFFIX		
			Williams			Date Hand delivere	d or Date Postmarked
_	ORIGINAL	X January 15	Runoff	Other (s	specify)	Date Hand-delivere	d of Date Postillarked
	REPORT TYPE	July 15	Exceeded modified	d reporting limit		Receipt #	Amount
		30th day before election	15th day after cam			-	
		8th day before election	appointment (office	• • • • • • • • • • • • • • • • • • • •		Date Processed	-
	ODICINAL DEDICE		<u> </u>		Year	_	
	ORIGINAL PERIOD COVERED	Month Day Yea	THROUGH	Month Day 12/31/2023	real	Date Imaged	
_	EVDLANATION OF (			12/31/2023		<u> </u>	
	EXPLANATION OF C	CORRECTION Litime when I was moving re	asidances I did not be	in access to alcotronia	hank statemer	ate. The physical	statements for
	AFFIDAVIT		and	vear, or affirm, under p correct. eck the box next to any			eted report is true
•	AFFIDAVIT		and	cck the box next to any  Semiannual report was made in good for	and all applicase:  I swear, or aith and without	able statements: r affirm that the oi t an intent to misle	riginal report ead or to
	AFFIDAVIT		and Che	correct.  eck the box next to any  Semiannual report	and all applica s: I swear, or aith and without ormation contai	able statements: r affirm that the or t an intent to misle ined in the report. r, that I am filing th	riginal report ead or to his corrected
	AFFIDAVIT		and Che	Semiannual report was made in good fa misrepresent the infe	v and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or	able statements:  r affirm that the or t an intent to misloined in the report.  t, that I am filing thess day after the or	riginal report ead or to his corrected date I learned mplete. I
	AFFIDAVIT		and Che	Semiannual report was made in good fa misrepresent the info  Other reports: I s report not later than that the report as ori swear, or affirm, tha filed was made in go	y and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or ood faith.	able statements:  r affirm that the or t an intent to misle ined in the report.  t, that I am filing the ess day after the or naccurate or inco mission in the report.  taci Williams	riginal report ead or to his corrected date I learned mplete. I
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	AFFIX NOTARY ST		and Che	Semiannual report was made in good fa misrepresent the infi  Other reports: Is report not later than that the report as or swear, or affirm, tha filed was made in go  The	v and all applica s: I swear, or aith and without ormation contai swear, or affirm the 14th busine iginally filed is in t any error or or ood faith.  Honorable S ure of Candidate	able statements:  r affirm that the or t an intent to misle ined in the report.  t, that I am filing the ess day after the or naccurate or inco mission in the rep  taci Williams  e or Officeholder	riginal report ead or to his corrected date I learned mplete. I port as originally

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

#### FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00069606 64 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Staci NAME Date Received **ELECTRONICALLY FILED** 04/15/2025 NICKNAME LAST **SUFFIX** Williams CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** P.O. Box 225321 MAILING Receipt # Amount **ADDRESS** Change of Address Dallas, TX 75260 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Steven R. NAME NICKNAME LAST **SUFFIX** Shirley STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE; **TREASURER** 2322 Miller Moore **ADDRESS** (Residence or Business) Dallas, TX 75216 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (469) 540-9811 **PHONE** REPORT TYPE 30th day before election 15th day after campaign treasurer January 15 Runoff lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023 10 ELECTION **ELECTION DATE ELECTION TYPE** Day Month Year χ Primary Runoff Other 03/05/2024 General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE

**GO TO PAGE 2** 

District Judge District 101 Dallas

Court of Appeals, Chief Justice Place 1

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM JC/OH COVER SHEET PG 2

3 of 64

	Honorable)	<b>14</b> Filer ID (E 00069606	Ethics Commission Filers)		
FROM candidate / officeholder. These expenditures may have been made without the candidate's or office					
Additional Pages COMMITTEE TYPE COMMITTEE NAME					
GENERAL GENERAL					
COMMITTEE ADDRESS					
SPECIFIC					
	COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRES	SS			
1 TOTAL UNITEM	JZED DOLITICAL CONTRIBUTIONS/OTHER THAN	LDIEDCES LOANS			
OR GUARANTE			\$ 0.00		
		5)	<b>\$</b> 57,310.00		
,		5)	\$ 0.00		
4. TOTAL POLITICAL EXPENDITURES			\$ 51,886.08		
		AST DAY OF THE	\$ 219,171.73		
		OF THE LAST DAY	\$ 0.00		
	The Hon	orable Staci Williams			
	Signature of	Candidate or Officeholde	er		
ARY STAMP / SEAL AB	OVE				
ribed before me, by the s	aid	, this the	day		
, 20, to co	ertify which, witness my hand and seal of office.				
er administering oath	Printed name of officer administering oath	Title of officer a	administering oath		
	CARY STAMP / SEAL ABorribed before me, by the s	candidate / officeholder. These expenditures may have been made without it consent. Candidates and officeholders are required to report this information of consent. Candidates and officeholders are required to report this information.  COMMITTEE TYPE	This box is for notice of political contributions accepted or political expenditures made by political condidate / officeholder. These expenditures may have been made without the candidate's or officer consent. Candidates and officeholders are required to report this information only if they receive notice from the consent. Candidates and officeholders are required to report this information only if they receive notice from the consent. Candidate are required to report this information only if they receive notice from the consent of the con		

## **SUBTOTALS - JC/OH**

# FORM JC/OH COVER SHEET PG 3

			C	COVER SHEET PG 3 4 of 64
18 FILE		ME Staci (The Honorable)	<b>19</b> Filer ID 00069606	(Ethics Commission Filers)
20 SCH NAN	HEDULI ME OF	SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$ 57,310.0
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$
5.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$ 51,886.0
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$
12.	Х	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$ 2,388.3
				•

	MONETARY POLITICAL CONTRIBUTIONS			SCHEDULE A(J)1			
	The Instru	ction Guide explains how to	complete this fo	orm.	1	ges Schedule A(J)1 6 Rpt: 5/64	:
2	FILER NAME Williams, Sta	aci (The Honorable)			3 Filer ID 000696	(Ethics Commission 06	on Filers)
4	Date 12/15/2023	<ul><li>5 Full name of contributor Aldous, Charla</li><li>6 Contributor address; City; State</li><li>Dallas, TX 75219</li></ul>	out-of-state PAC (ID#:_ ; Zip Code		7 Amount	of Contribution (\$)	\$5,000.00
8	Contributor's F	rincipal Occupation		9 Contributor's Job Title	1		
	Attorney			Attorney			
10	Contributor's 6	employer/law firm		11 Law firm of contributor's sp	oouse (if any)		
12	If contributor is	s a child, law firm of parent(s) (if any)	)				
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount	of Contribution (\$)	
	12/18/2023 Almsari, Sam  Contributor address; City; State; Zip Code						\$5,000.00
	Contributor's F	Richardson, TX 75243 Principal Occupation		Contributor's Job Title	<u> </u>		
	Attorney	molpai eesapailen		Attorney			
		employer/law firm		Law firm of contributor's sp	ouse (if any)		
	AMS Law G	roup					
	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 (\$)	
	12/13/2023 Baron and Blue  Contributor address; City; State; Zip Code					\$5,000.00	
		Dallas, TX 75225					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Contributor's	employer/law firm		Law firm of contributor's sp	oouse (if any)		
	If contributor is	s a child, law firm of parent(s) (if any)					

	MONET	ARY POLITICAL CONTRIB	UTIONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to complete	this form.	1 Total pages Schedule A(J)1: Sch: 2/6 Rpt: 6/64
2	FILER NAME Williams, Sta	NAME ns, Staci (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069606
4	5 Full name of contributor out-of-state PAC (ID#:  Clouston, David & Stephanie  6 Contributor address; City; State; Zip Code		AC (ID#:)	7 Amount of Contribution (\$) \$5,000.00
		Dallas, TX 75230		
8	Contributor's	Principal Occupation	9 Contributor's Job Title	•
	Attorney		Attorney	
10		employer/law firm	11 Law firm of contributor's s	spouse (if any)
	Sessions La	W		
12	If contributor i	s a child, law firm of parent(s) (if any)		
F	Date	Full name of contributor out-of-state PA	AC (ID#:	Amount of Contribution (\$)
	12/20/2023	Fokas, Terry	\$500.00	
		Contributor address; City; State; Zip Code		··· <mark> </mark>
		Dallas, TX 75252		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Manager		Manager	
		employer/law firm	Law firm of contributor's s	spouse (if any)
	Parallel Net	works		
	If contributor i	s a child, law firm of parent(s) (if any)		
H	Date	Full name of contributor out-of-state PA	AC (ID#:)	Amount of Contribution (\$)
	12/21/2023	Friedman, Larry		\$5,000.00
		Contributor address; City; State; Zip Code		··· <mark> </mark>
		Dallas, TX 75248		
	Contributor's	Principal Occupation	Contributor's Job Title	
	Attorney		Attorney	
		employer/law firm	Law firm of contributor's s	spouse (if any)
	Friedman &			
	If contributor i	s a child, law firm of parent(s) (if any)		
$\vdash$				

	MONEI	ARY POLITICAL	CONTRIBUTIO	)NS	SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 3/6 Rpt: 7/64
2	FILER NAME Williams, Sta	IAME s, Staci (The Honorable)		3 Filer ID (Ethics Commission Filers) 00069606	
4	4 Date 11/12/2023 5 Full name of contributor out-of-state PAC (ID#:  Jones, Mack 6 Contributor address; City; State; Zip Code			7 Amount of Contribution (\$) \$60.00	
		Cedar Hill, TX 75104			
8	Contributor's I	Principal Occupation		9 Contributor's Job Title	
	Businessma	n		Manager	
10	Contributor's of Self	employer/law firm		11 Law firm of contributor's s	pouse (if any)
12		s a child, law firm of parent(s) (if	f any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	12/18/2023 Khirallah, Ray			\$5,000.00	
		Contributor address; City;	State; Zip Code		
		Dallas, TX 75206			
		Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's of Khirallah Bo	employer/law firm		Law firm of contributor's s	pouse (if any)
		s a child, law firm of parent(s) (if	f any)		
			•		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	11/21/2023	McGraw, Pamela			\$500.00
		Contributor address; City;	State; Zip Code		
		Denison, TX 75020			
	Contributor's I	Principal Occupation		Contributor's Job Title	
	Attorney			Attorney	
	Contributor's 6	employer/law firm		Law firm of contributor's s	pouse (if any)
		s a child, law firm of parent(s) (if	f any)		
L					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/6 Rpt: 8/64
2	FILER NAME Williams, Sta	aci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 12/16/2023			7	Amount of Contribution (\$) \$5,000.00	
		Dallas, TX 75225				
8		Principal Occupation		9 Contributor's Job Title		
	Attorney			Attorney		
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12	2 If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	12/18/2023 Payne, Andrew  Contributor address; City; State; Zip Code				-	\$2,500.00
	Contributor's I	Dallas, TX 75219 Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney	тпісіраї Оссираціон		Attorney		
-		employer/law firm		Law firm of contributor's sp	oous	se (if anv)
	Payne Mitch					,
	If contributor is	s a child, law firm of parent(s) (i	f any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:	)		Amount of Contribution (\$)
	12/18/2023 Ramsey, Todd  Contributor address; City; State; Zip Code  Dallas, TX 75219				\$2,500.00	
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Payne Mitch	ell Ramsey				
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 5/6 Rpt: 9/64
2	FILER NAME Williams, Sta	aci (The Honorable)			3	Filer ID (Ethics Commission Filers) 00069606
4	Date 12/30/2023			7	Amount of Contribution (\$) \$1,000.00	
		Dallas, TX 75223				
8		Principal Occupation		9 Contributor's Job Title		
_	Attorney			Attorney		
10	Contributor's 6 Sanders Col	employer/law firm lins PLLC		11 Law firm of contributor's sp	oou	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Γ	Amount of Contribution (\$)
	12/18/2023 Shamoun, Gregory  Contributor address; City; State; Zip Code				\$5,000.00	
		Farmerts Branch, TX 75	234 			
		Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		and the sum of
		employer/law firm Norman LLP		Law firm of contributor's sp	ou:	se (II any)
		s a child, law firm of parent(s) (if	anv)			
	ii contributor i	s a crima, law iiriri or parcria(s) (ii	uily)			
	Date	Full name of contributor	out-of-state PAC (ID#:	)	Τ	Amount of Contribution (\$)
	12/15/2023	Steckler, Bruce	_		l	\$5,000.00
	Contributor address; City; State; Zip Code  Dallas, TX 75230		•			
$\vdash$	Contributor's F	Principal Occupation		Contributor's Job Title		
	Attorney			Attorney		
	Contributor's	employer/law firm		Law firm of contributor's sp	oou	se (if any)
	Steckler Wa	ayne Love				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL CO	ONTRIBUTIC	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how t	o complete this fo	orm.	1 Total pages Schedule A(J)1: Sch: 6/6 Rpt: 10/64
	FILER NAME Williams, Sta	aci (The Honorable)			3 Filer ID (Ethics Commission Filers) 00069606
4	Date 12/21/2023	<ul> <li>5 Full name of contributor Taylor, Ben (Mr.)</li> <li>6 Contributor address; City; Stat</li> <li>Dallas, TX 75214</li> </ul>	out-of-state PAC (ID#:_ e; Zip Code		7 Amount of Contribution (\$) \$250.00
8	Contributor's F	rincipal Occupation		9 Contributor's Job Title	l .
	Attorney			Attorney	
10		employer/law firm & Assoc. P.C.		11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any	<i>(</i> )		
	Date	Full name of contributor	out-of-state PAC (ID#:_	)	Amount of Contribution (\$)
	12/19/2023	Wingo, Paul			\$5,000.00
		Contributor address; City; Stat  Dallas, TX 75201	e, zip Code		
	Contributor's F	Principal Occupation		Contributor's Job Title	•
	Attorney			Attorney	
	Contributor's e	employer/law firm ngo		Law firm of contributor's sp	pouse (if any)
	If contributor is	s a child, law firm of parent(s) (if any	<i>y</i> )		

### SCHEDULE F1

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

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

Fees
Food/Beverage Expense
Git/Awards/Memorials Expense

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 1/52 Rpt: 11/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	12/03/2023	Young Democrats
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$59.75	1414 N. Washington Ave
		Dallas, TX 75204
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Sponsorship
		Sportsorship
Ļ	Computate ONLY if diseast	Condidate/Office holds
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u>'</u>	
	Date	Payee name
	12/22/2023	23rd Senatorial Tejano Democratts
	Amount (\$)	Payee address; City; State; Zip Code
	\$300.00	1414 N. Washington
		Dallas, TX 75204
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Holiday Party sponsorship
		rioliday i arty sportsorship
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<b>v</b>
	Date	Payee name
	11/05/2023	7-Eleven 35531
	Amount (\$)	Payee address; City; State; Zip Code
	\$47.72	408 N. Hampton Road
		Dallas, TX 75208
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Gas for travel in District
	Operation Children	Overskildete (Office healther resource and office healther resource and of
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	- Farmano to Sononi Oron	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total nagga Cabadula 51:	
1	Total pages Schedule F1: Sch: 2/52 Rpt: 12/64	2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069606
4	Date	5 Payee name
	12/04/2023	ABM Parking George Allen
6	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code 601 Commerce St.  Dallas, TX 75202
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking for staff member
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2023	ABM Parking at GAB
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	600 Commerce Street
	BURDOOF	Dallas, TX 75201
	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
		Parking for staff
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/05/2023	ABM Parking for Staff
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	600 Commerce St.
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Parking for Court Staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
_	Sch: 3/52 Rpt: 13/64	Williams, Staci (The Honorable)	
4	Date	5 Payee name	
	09/05/2023	ABM Parking	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$40.00	11651 Plano Road	
		Suite 200	
		Dallas, TX 75243	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		parking for staff	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held	
	experientare to benefit of or	''	
	Date	Payee name	
	10/01/2023	ABM Parking	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.00	11651 Plano Road	
		Suite 200	
		Dallas, TX 75243	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
	_/	Check if Austin, TX, officeholder living expense	
		Parking for staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	
	Date	Payee name	
	11/01/2023	ABM Parking	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.00	11651 Plano Road	
		Suite 200	
		Dallas, TX 75243	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Parking for staff	
		Faiking for Staff	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

### SCHEDULE F1

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

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

Event Expense Loa Fees Offi Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prir Legal Services Sal

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/52 Rpt: 14/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	07/03/2023	African American Museum
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 3536 Grand Ave Dallas, TX 75201
Ļ		
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  Rodeo Advertising
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/15/2023	African American Museum
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	3536 Grand Ave
		Dallas, TX 75201
	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  Advertising
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/14/2023	Al Biernat's
	Amount (\$) \$104.00	Payee address; City; State; Zip Code 4217 Oak Lawn Ave
		Dallas, TX 75219
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Lunch with constituent
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		re)
<u> </u>	Tatalana Oliver		- File>
1	Total pages Schedule F1:		n Filers)
	Sch: 5/52 Rpt: 15/64	Williams, Staci (The Honorable) 00069606	
4	Date	5 Payee name	
	11/21/2023	Albertson's	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$38.39	427 E. Fm 1382	
		Cedar Hill, TX 75104	
Ļ			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Ingredients for lunch for 3T BOYS	
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office hold	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH	
	Date	Payee name	
	10/02/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$167.78	5 Boren Ave N.	
		Seattle, WA 98109	
_	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Bookshelf for office	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H	Date	Payros namo	
	07/10/2023	Payee name  American Airlines	
		American Airlines	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$524.81	1 Skyview Drive	
		Ft. Worth, TX 76155	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District   X Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITURE	Check if Austin, TX, officeholder living expense	
		Airline fare for travel to the National Bar Ass convention	ociation
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	JM	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 6/52 Rpt: 16/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	08/01/2023	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$30.00	1 Skyview Drive
		Fort Worth, TX 76055
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Baggage fee
		Bugguge 100
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
_	Date	Description
		Payee name American Airlines
	07/31/2023	1 11 11 11 11 11 11 11 11 11 11 11 11 1
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	1 Skyview Drive
		Fort Worth, TX 76155
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Baggage Fee
		Dayyaye Fee
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Davida marra
	Date 08/20/2023	Payee name American Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$60.00	1 Skyview Drive
		Fort Worth, TX 76155
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Fee for changing flight
		ree tot changing ingrit
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 7/52 Rpt: 17/64	Williams, Staci (The Honorable) 00069606	
4	Date	5 Payee name	
L	09/07/2023	American Bar Association	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$175.00	321 North Clark Street	
		01: 11.00054	
L		Chicago, IL 60654	_
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Membership fees	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
┡	· .		_
	Date 10/04/2023	Payee name Apple Inc.	
L	Amount (\$)	· · ·	
	\$6.23	Payee address; City; State; Zip Code 1 Infinite Loop	
	Ψ0.23	1 millite 200p	
		Cupertino, CA 95014	
┝	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
	LAFENDITORE	Check if Austin, TX, officeholder living expense	
		Apple storage for campaign photos	
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
F	Date	Payee name	_
	11/03/2023	Apple Inc.	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$6.23	1 Infinite Loop	
		Cupertino, CA 95014	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Storage of pictures	
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
L	experientale to beliefft C/OI	·	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/52 Rpt: 18/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	12/03/2023	Apple Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.24	1 Infinite Loop
		Cupertino, CA 95014
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  App. fee
		Αμμ. ισσ
_	Complete ONLY if direct	Condidate/Officeholder name Office cought
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	12/06/2023	Apple Inc.
	Amount (\$)	Payee address; City; State; Zip Code
	\$2.99	1 Infinite Loop
		Cupertino, CA 95014
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		App. fee
		у фр. 166
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	David and the second se
	Date 12/12/2023	Payee name Austin, Shomega
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.00	515 N. Cedar Ridge
		Suite 71
		Duncanville, TX 75116
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Notary Services for petitions
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense
bunting/Banking

Event Expense
bunting/Banking

Event Expense
bunting/Banking

Fees

Office Overhead/Rental E

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 9/52 Rpt: 19/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	11/08/2023	BAPS Shair Mandin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,031.03	4601 N. State Highway 116
		Irving, TX 75038
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Festival
		i Colivai
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	07/25/2023	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.68	4255 LBJ FWY
		Farmers Branch, TX 75244
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Pre-Paid Phone
		The Fada Friend
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
<b> </b>	Data	
	Date	Payee name
	08/25/2023	Best Buy
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.68	4255 LBJ FWY
		Farmers Branch, TX 75244
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		Prepaid Phone
_	Operation ONE VIII II	On didn't 10 ff a balden name
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	p = 1 2 25 3/01	

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/52 Rpt: 20/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
l	09/25/2023	Best Buy
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$64.68	4255 LBJ FWY
l		
l		Farmers Branch, TX 75244
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.
l		Check if Austin, TX, officeholder living expense  Prepaid phone
l		Frepaid priorie
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
⊨	Date	Payee name
l	12/05/2023	Bivins, Ron
┝	Amount (\$)	Payee address; City; State; Zip Code
l	\$500.00	901 Mockingbird Ln.
l	Ψ300.00	301 Mockingbird En.
l		DeSoto, TX 75115
┡	DUDDOCE	
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Voter Outreach
L		
l	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
L		
l	Date	Payee name
L	12/12/2023	Bivins, Ron
l	Amount (\$)	Payee address; City; State; Zip Code
l	\$800.00	901 Mockingbird Ln.
l		
L		DeSoto, TX 75115
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		GOTV Outreach
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/52 Rpt: 21/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	09/01/2023	Boxes to Go
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$103.60	777 S. Central Expwy.
		Suite 1E
		Richardson, TX 75080
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Boxes organize office
		Boxes diganize dinice
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/20/2023	Budget Rent a Car
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.93	7714 Airport Blvd.
		Houston, TX 77061
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas for car rental
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	11/16/2023	CMS Vending Machine at GAB
	Amount (\$)	Payee address; City; State; Zip Code
	\$3.20	2304 Century Center Blvd
		Irving, TX 75063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Purchase water from vending machines for staff.
		r dichase water from vending machines for stall.
-	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 12/52 Rpt: 22/64	Williams, Staci (The Honorable) 00069606	
4	Date	5 Payee name	
	11/16/2023	CMS Vending Machine at GAB	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1.60	2304 Century Center Blvd	
		Irving , TX 75063	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Bottle water	
		Dottie Water	
_	Complete ONU V if alice	Condidate/Officeholder name	
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	<u> </u>		
	Date	Payee name	
	07/11/2023	COSTCO Warehouse	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$223.36	8055 Churchill Way	
		Dallas, TX 75251	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Snacks and water for jury and staff	
		Shacks and water for jury and stain	
_	Compulate ONLY if direct	Candidate/Officeholder name Office sought Office held	
	Complete ONLY if direct expenditure to benefit C/O	<b>y</b>	
	Date	Payee name	
	07/20/2023	COSTCO Warehouse	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$47.55	8055 Churchill Way	
		Dallas, TX 75251	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	
		Check if Austin, TX, officeholder living expense	
		Snacks for venire panel	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Ma Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		<u>_</u>
1	Total pages Schedule F1: Sch: 13/52 Rpt: 23/64	2 FILER NAME Williams, Staci (The Honorable)  3 Filer ID (Ethics Commission Filers) 00069606
4	Date 08/21/2023	5 Payee name COSTCO Warehouse
6	Amount (\$) \$63.87	7 Payee address; City; State; Zip Code 8055 Churchill Way  Dallas, TX 75251
_	DUDDOCE	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Snacks and water for jurors and staff
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/18/2023	COSTCO Warehouse
	Amount (\$) \$242.14	Payee address; City; State; Zip Code 8055 Churchill Way
		Dallas, TX 75251
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Snacks for jurors and staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/27/2023	COSTCO Warehouse
	Amount (\$) \$236.66	Payee address; City; State; Zip Code 8055 Churchill Way
		Dallas, TX 75251
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Snacks for jurors and Staff
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this	form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
	Sch: 14/52 Rpt: 24/64	Williams, Staci (The Honorable)	00069606	
4	Date	5 Payee name	-	
	11/05/2023	COSTCO Warehouse		
6	Amount (\$)	7 Payee address; City; State; Zip Code		
	\$78.46	8055 Churchill Way		
		Dallas, TX 75251		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption	
	OF EXPENDITURE	Food/Beverage Expense	eck if travel outside of Texas. Complete Schedule T.	
		,	eck if Austin, TX, officeholder living expense ks for jurors and staff	
		Snac	ks for jurors and stan	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI		o moo nong	
H	Date	Payee name		
	12/18/2023	COSTCO Warehouse		
_	Amount (\$)	Payee address; City; State; Zip Code		
	\$355.74	8055 Churchill Way		
		,		
		Dallas, TX 75251		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption	
	OF EXPENDITURE	Office Overhead/Rental Expense	eck if travel outside of Texas. Complete Schedule T.	
	LAFLINDITORE	,	eck if Austin, TX, officeholder living expense	
		Snac	ks for jurors and staff;	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI	- · · · · · · · · · · · · · · · · · · ·		
-	Date	Payee name		
	08/02/2023	Caribou Coffee		
	Amount (\$)	Payee address; City; State; Zip Code		
	\$12.47	200 South 6th Street		
		Minneapolis, MN 55402		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Descr	iption	
	OF EXPENDITURE	Food/Beverage Expense	eck if travel outside of Texas. Complete Schedule T.	
	EX. ENDITORE	│	eck if Austin, TX, officeholder living expense	
		Dieda	NUSI	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held	
	expenditure to benefit C/OI		Since field	
-				

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/52 Rpt: 25/64	Williams, Staci (The Honorable)	00069606
4	Date	5 Payee name	
	07/28/2023	Chad the Stylist	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$412.76	150 /e. Hwy. 67	
L		Duncanville, TX 75137	
8	PURPOSE OF		Scription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	/ Advertising Expense	Check if dustin, TX, officeholder living expense
		ı — ı —	ımpaign Makeover
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experialture to beliefit C/Oi	1	
	Date	Payee name	
	12/16/2023	Chick-Fil-A #04957	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$39.15	2801 W. FM 120	
		D. 1 TV 75000	
L		Denison, TX 75020	
	PURPOSE OF		Scription Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 000/Develage Expense	Check if Austin, TX, officeholder living expense
		For	od before campaign event
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	Data		
	Date 11/21/2023	Payee name Chick-Fil-A	
L	Amount (\$)		
	\$21.71	Payee address; City; State; Zip Code 3130 Interstate HWY 30	
	Ψ=1.1.1	of the line is that it is	
		Greenville, TX 75402	
H	PURPOSE		scription
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
		Dir	iliei peiole caliuluale evelli
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
ı			

#### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/52 Rpt: 26/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	07/20/2023	Cindi's New York Deli
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$71.08	306 S. Houston Street
		Dallas, TX 75202
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Staff lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/22/2023	Cindi's New York Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$50.91	306 S. Houston Street
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Staff breakfast
		Stall breaklast
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/14/2023	Cindi's New York Deli
	Amount (\$)	Payee address; City; State; Zip Code
	\$36.43	306 S. Houston Street
		Dallas, TX 75202
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Lunch with interviewee
	Commission ONE VIII II	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

	Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filer)	lers)
	Sch: 17/52 Rpt: 27/64	Williams, Staci (The Honorable) 00069606	
4	Date	5 Payee name	
	07/07/2023	Community Missionary Baptist Church	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$750.00	115 W. Belt Line Road	
		DeSoto, TX 75115	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Advertisement	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experiditure to benefit C/Or	vn	
	Date	Payee name	
	08/25/2023	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$505.30	1601 Trapelo Road	
		Waltham, MA 02451	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Constant Contact subscription	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
	Date	Payee name	
	09/13/2023	Constant Contact	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$252.65	1601 Trapelo Road	
		Waltham, MA 02451	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense  Subscription	
		Subscription	
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_			

### SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/52 Rpt: 28/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	10/13/2023	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$252.65	1601 Trapelo Road
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
F	Date	Payee name
	11/13/2023	Constant Contact
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$252.65	1601 Trapelo Road
	4202.00	1001 Hapolo Roda
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription
		Gusson, public
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/13/2023	Constant Contact
H	Amount (\$)	Payee address; City; State; Zip Code
	\$252.65	1601 Tapelo Rd.
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Subscription
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
$\vdash$		
I		

### SCHEDULE F1

Vertising Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 19/52 Rpt: 29/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	11/20/2023	Costco #06
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$99.30	250 W Hwy 67
		Duncanville, TX 75015
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Ingredients for 3T Boys luncheon and breakfast for
		staff
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/17/2023	Costco #06
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.31	250 W Hwy 67
		Duncanville, TX 75015
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas for travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/18/2023	Costco #06
	Amount (\$)	Payee address; City; State; Zip Code
	\$64.73	250 W Hwy 67
		Duncanville, TX 75015
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gaa
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientare to benefit 6/01	·

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/52 Rpt: 30/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	12/04/2023	Costco #06
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$43.28	250 W Hwy 67
		Duncanville, TX 75015
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┕	<u> </u>	
	Date	Payee name
	12/09/2023	Costco #06
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.95	250 W Hwy 67
		Duncanville, TX 75015
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel In District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Gas
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· ·
⊨	Date	Daysa nama
	08/12/2023	Payee name  Cuff and Collar Cleaners
	Amount (\$)	Payee address; City; State; Zip Code
	\$55.47	13901 Midway Road
		Farmers Branc, TX 75244
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Cleaning of Judicial Robes
$\vdash$	Operation ON VIVI	Outside to 10 ff and a later and a second at the second at
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
ldash	,	

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/52 Rpt: 31/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	07/13/2023	Dallas Bar Association
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	2101 Ross Ave.
		Dallas, TX 75201
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Advertisement for 150th Anniversary
		/ dvertisement for 130th / thinversary
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
-	Date	Dougo nama
	08/13/2023	Payee name  Dallas Bar Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	2101 Ross Ave.
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	-	Check if Austin, TX, officeholder living expense  Tickets for DBA 150 Year Centennial
		Tickets for DBA 150 fear Centermial
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	
_	D :	
	Date	Payee name
	07/31/2023	Dallas Fair Park
	Amount (\$)	Payee address; City; State; Zip Code
	\$32.49	3809 Grand Ave
		Dallas, TX 75201
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		parking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_		
ı		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to com	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 22/52 Rpt: 32/64	Williams, Staci (The Honorable)		00069606
4	Date	5 Payee name		-
	09/15/2023	Dave the Printer		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	le	
	\$303.82	2338 Irving Blvd.		
		Dallas, TX 75201		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Printing Expense		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense Form for mediation
				rom for mediation
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ıht	Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	,	omos nota
_	Date	Payee name		
	08/10/2023	Domino's Pizza		
_	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$131.23	1133 N Zang Blvd.		
	Ψ101.20	1100 W Zarig Biva.		
		Dallas, TX 75202		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense	(D)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	1 dourbeverage Expense		Check if Austin, TX, officeholder living expense
				Food for jurors
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht	Office held
	experialitate to beliefit 6/61	'		
	Date	Payee name		
	10/20/2023	Domino's Pizza		
	Amount (\$)	Payee address; City; State; Zip Cod	le	
	\$158.60	1133 N Zang Blvd.		
		Dallas, TX 75202		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Pizza for jurors deliberating late
				ioi jaroro domorating late
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/O	9		22

### SCHEDULE F1

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

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

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

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

Candidate/Officenoider/Politic Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_		
Sch: 23/52 Rpt: 33/64				
4 Date	5 Payee name			
08/11/2023	Extra Space Storage			
6 Amount (\$)	7 Payee address; City; State; Zip Code	П		
\$488.80	13820 Montfort Road			
	Dallas, TX 75240			
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense  Storage campaign materials			
	Storage dampaign materials			
9 Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	4		
expenditure to benefit C/C				
	1	=		
Date	Payee name			
12/17/2023	Friendship West Church			
Amount (\$)	Payee address; City; State; Zip Code			
\$45.00	2020 W. Wheatland Road			
	Dallas, TX 75232			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.			
	Check if Austin, TX, officeholder living expense  Book purchase			
	Dook parenase			
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_		
Complete <u>ONLY</u> if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH				
	1	=		
Date	Payee name			
07/17/2023	Go Daddy			
Amount (\$)	Payee address; City; State; Zip Code			
\$15.98	14455 N.Hayden Road			
	Scottsdale, AZ 85260			
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_		
OF EXPENDITURE	Office Overhead/Rental Expense   Check if travel outside of Texas. Complete Schedule T.			
LAI LINDITORE	Check if Austin, TX, officeholder living expense			
	Website maintenance			
	<u></u>	_		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate/Officeholder name Office sought Office held			
experience to benefit eve				

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	ete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 24/52 Rpt: 34/64	Williams, Staci (The Honorable)	00069606
4		5 Payee name	
L	07/25/2023	Go Daddy	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$32.16	14455 N.Hayden Road	
		0 11 1 17 07000	
L		Scottsdale, AZ 85260	
8	PURPOSE OF	, , ,	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
			Domain maintenance
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
L	experientare to benefit Great	'	
	Date	Payee name	
L	07/26/2023	Go Daddy	
l	Amount (\$)	Payee address; City; State; Zip Code	
	\$191.76	14455 N.Hayden Road	
L		Scottsdale, AZ 85260	
	PURPOSE OF	. (************************************	Description  Check if travel outside of Taylor Complete Schodule T
l	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			Domain security measures
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experialture to beliefit C/Oi	1	
	Date	Payee name	
L	08/16/2023	Go Daddy	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$15.98	14455 N.Hayden Road	
l		0 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
L		Scottsdale, AZ 85260	
	PURPOSE OF	. (************************************	Description Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Office Overhead/Rental Expense	Check if Austin, TX, officeholder living expense
			Domain maintenance
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	experientare to benefit C/OI	'	

### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 25/52 Rpt: 35/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	09/16/2023	Go Daddy
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$15.98	14455 N.Hayden Road
		Scottsdale, AZ 85260
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Maintenance fee
		Widiliteriance ree
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
L	10/16/2023	Go Daddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.98	14455 N.Hayden Road
		Scottsdale, AZ 85260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Domain maintenance
		Domain maintenance
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
⊨	Data	
	Date	Payee name
	11/16/2023	Go Daddy
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.98	14455 N.Hayden Road
		Scottsdale, AZ 85260
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Domain maintenance
		Domain maintenance
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
$\vdash$		
l		

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 26/52 Rpt: 36/64	Williams, Staci (The Honorable)		00069606
4	Date	5 Payee name		·
	12/16/2023	Go Daddy		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$15.98	100 S. Mill		
		Tempe, AZ 85281		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
				Campaign email
				Campaign cmail
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI		,	Since held
	Date	Payee name		
	12/04/2023	Go Daddy		
	Amount (\$)	Payee address; City; State; Zip Coo	de.	
	\$303.37	100 S. Mill	10	
	φουσίο:	200 G. Willi		
		Tempe, AZ 85281		
	PURPOSE		(h)	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	(~)	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Cinos Gromodam tomas Expones		Check if Austin, TX, officeholder living expense
				Fees for domains /websites
	2 2			25
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	jht	Office held
	Date	Payee name		
	07/20/2023	Houston Chronicle		
	Amount (\$)	Payee address; City; State; Zip Coc	de	
	\$19.96	4747 Southwest Fwy		
		Houston, TX 77027		
	PURPOSE OF	, , ,	(b)	Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense
				Subscription
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/OI	1		
_				

#### SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
_		
1	Total pages Schedule F1: Sch: 27/52 Rpt: 37/64	2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069606
4	Date	5 Payee name
	08/17/2023	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.96	4747 Southwest Fwy
		Houston, TX 77027
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Newspaper subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	09/13/2023	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.96	4747 Southwest Fwy
		Houston, TX 77027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription
		Casconpact.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/11/2023	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.96	4747 Southwest Fwy
		Houston, TX 77027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription
		Casconpact.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 28/52 Rpt: 38/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	11/08/2023	Houston Chronicle
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.96	4747 Southwest Fwy
		Houston, TX 77027
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Subscription
		Subscription
_	Occupation ONLY if allowed	Our did to 10 ff as had done as many
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	·	
	Date	Payee name
	12/06/2023	Houston Chronicle
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.96	4747 Southwest Fwy
		Houston, TX 77027
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Subscription
		Casconpacti
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	10/06/2023	J.L. Turner Legal Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 130987
		Dallas, TX 75313
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
		Candidate/Officeholder/Political Committee
		Scholarship donation in honor of Phyllis Lister Brown
_	Complete ONLY if direct	Candidate/Officeholder name Office accept
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/52 Rpt: 39/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	11/02/2023	Jet Couriers
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$20.70	1705 Wallace Drive
		Carrollton, TX 75006
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense  Courier Service
		Courier Service
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
٦	expenditure to benefit C/Ol	
-	Data	Development
	Date 11/19/2023	Payee name Jimmy Johns 2669
	Amount (\$)	Payee address; City; State; Zip Code
	\$313.19	2416 Victory Park Lane
l		Suite C7
L		Dallas, TX 75219
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Chapter it travel queside of Taylor Complete Schedule T
l	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
l		Lunch for jurors to complete deliberations
l		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
l	expenditure to benefit C/O	1
	Date	Payee name
l	12/15/2023	LAZ Parking
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	1515 Elm Street
		Dallas, TX 75202
┢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Parking fee for event
L	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 30/52 Rpt: 40/64	2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069606
4	Date 07/18/2023	5 Payee name LYFT, Inc.
	Amount (\$) \$14.99	7 Payee address; City; State; Zip Code 548 Market Street Suite 68514 San Francisco, CA 94104
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Travel from CLE to home
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held H
	Date 07/30/2023	Payee name LYFT, Inc.
	Amount (\$) \$39.97	Payee address; City; State; Zip Code 548 Market Street Suite 68514 San Francisco, CA 94104
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Lyft expenses
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 08/02/2023	Payee name LYFT, Inc.
	Amount (\$) \$47.69	Payee address; City; State; Zip Code 548 Market Street Suite 68514 San Francisco, CA 94104
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation to airport
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
	Total pages Schedule F1: Sch: 31/52 Rpt: 41/64	2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069606
4	Date 09/07/2023	5 Payee name LYFT, Inc.
6	Amount (\$) \$21.99	7 Payee address; City; State; Zip Code 548 Market Street Suite 68514 San Francisco, CA 94104
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel In District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Transportation to event
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/08/2023	Payee name LYFT, Inc.
	Amount (\$) \$18.99	Payee address; City; State; Zip Code 548 Market Street Suite 68514 San Francisco, CA 94104
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  From hotel to airport
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/21/2023	Payee name LYFT, Inc.
	Amount (\$) \$21.99	Payee address; City; State; Zip Code 548 Market Street Suite 68514 San Francisco, CA 94104
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  From airport to hotel
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense

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

	Credit Card Payment	The Instruction Guide explains how to com	plet	e this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 32/52 Rpt: 42/64	Williams, Staci (The Honorable)		00069606
4	Date	5 Payee name		•
	11/27/2023	Las Palmas		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	е	
	\$51.00	2708 Routh Street		
		Dallas, TX 75201		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description
	OF EXPENDITURE	Food/Beverage Expense	[	Check if travel outside of Texas. Complete Schedule T.
			L	Check if Austin, TX, officeholder living expense Celebration lunch with former intern
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			
	Date	Payee name		
	11/24/2023	Lowe's #515		
_	Amount (\$)	Payee address; City; State; Zip Cod	<u>P</u>	
	\$63.72	11920 Inwood Road	•	
	¥00=			
		Dallas, TX 75244		
_	PURPOSE	т	h) ı	Description
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	י, י. ]	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	2 2poco	Ī	Check if Austin, TX, officeholder living expense
			ı	Holiday plants for office
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht	Office held
	-			
	Date	Payee name		
	12/08/2023	Luby's 0221		
	Amount (\$)	Payee address; City; State; Zip Cod	е	
	\$23.77	5600 South Hampton Road		
		Dallas, TX 75232		
	PURPOSE OF	2 (	b) [	Description
	EXPENDITURE	Food/Beverage Expense	ļ	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
			_ L	Dinner with supporter
				•
Н	Complete ONLY if direct	Candidate/Officeholder name Office soug	ht	Office held
	expenditure to benefit C/OI			

### SCHEDULE F1

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 33/52 Rpt: 43/64	2 FILER NAME Williams, Staci (The Honorable) 3 Filer ID (Ethics Commission Filers) 00069606
4	Date 07/19/2023	5 Payee name Marriott Courtyard
6	Amount (\$) \$502.02	7 Payee address; City; State; Zip Code 310 S. Houston  Dallas, TX 75202
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  Hotel for new Staff member to attend training
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 09/05/2023	Payee name Marriott Marquis
	Amount (\$) \$450.00	Payee address; City; State; Zip Code  1777 Walker //st,
	PURPOSE OF EXPENDITURE	Houston, TX 77010  (a) Category (See Categories listed at the top of this schedule) Travel Out of District  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Hotel for annual judges' meeting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 12/11/2023	Payee name McAttee, T
	Amount (\$) \$4,500.00	Payee address; City; State; Zip Code 4360 Starr
		Fremont, CA 94359
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign consulting
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 34/52 Rpt: 44/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	08/02/2023	Minneapolis Airport
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$7.97	43000 Glumack Drive
		St. Paul, MN 55111
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Snack
		Shack
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
$\vdash$	Date	Dougo nomo
	07/30/2023	Payee name Minneapolic Marriett
		Minneapolis Marriott
	Amount (\$)	Payee address; City; State; Zip Code
	\$885.10	30 South 7th Street
		Minneapolis, MN 55402
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Hotel for NBA Conference
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
_	_	
	Date	Payee name
	09/08/2023	Mystic Mandala
	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	2121 W. Spring Creek
		Plano, TX 75023
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Sponsorship for event
		Shousoisiih ioi eaeir
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 35/52 Rpt: 45/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	12/22/2023	Nicholas Quintinilla Toy Drive
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	1019 N. Justin
L		Dallas, TX 75211
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Christmas Toy Drive
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
F	Date	Payee name
	08/12/2023	Office Depot #2220
⊢	Amount (\$)	Payee address; City; State; Zip Code
	\$109.33	8317 Westchester Drive
	Ψ100.00	OUT Westerlester Brive
		Dallas, TX 75225
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Office supplies
		Cinic Supplies
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	11/22/2023	Office Depot
H	Amount (\$)	Payee address; City; State; Zip Code
	\$68.80	8317 Westchester Drive
		Dallas, TX 75205
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Office supplies
		Office Supplies
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/52 Rpt: 46/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	08/20/2023	Office Max/Depot 6605
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$3.94	10091 Brook Road
		Glenn Allen, VA 23059
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Notepad purchase
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/11/2023	Outfront Media
	Amount (\$)	Payee address; City; State; Zip Code
	\$10,837.50	11233 N. Stemmons Frwy.
		Dallas, TX 75229
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertising
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialture to benefit C/Oi	
	Date	Payee name
	12/13/2023	PrintNoise
	Amount (\$)	Payee address; City; State; Zip Code
	\$476.30	903
		Bowser
		Richardson, TX 75251
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Printing Expanse  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Printing Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		PushCards
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	S.ponatare to benefit 0/01	•

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	olete th	nis form.		
1	Total pages Schedule F1: Sch: 37/52 Rpt: 47/64	FILER NAME     Williams, Staci (The Honorable)			Filer ID 00069606	(Ethics Commission Filers)
4	Date 12/01/2023	5 Payee name PrintNoise		<b>,</b>		
8	Amount (\$) \$194.85	7 Payee address; City; State; Zip Code 903  Bowser  Richardson, TX 75251				
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		scription Check if travel outside Check if Austin, TX, o mpaign Materi	officeholder living	expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	it		Office he	eld
	Date 12/07/2023	Payee name PrintNoise				
	Amount (\$) \$487.12	Payee address; City; State; Zip Code 903 Bowser Richardson, TX 75251	ġ.			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense		scription Check if travel outside Check if Austin, TX, o mpaign materi	officeholder living	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	it		Office he	eld
	Date 08/21/2023	Payee name Publix Super Market				
	Amount (\$) \$41.35	Payee address; City; State; Zip Code 10150 Brook Road	)			
		Glen Allen, VA 23059				
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense		scription Check if travel outside Check if Austin, TX, o acks for strate	officeholder living	expense
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	it		Office he	eld

#### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/52 Rpt: 48/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	12/16/2023	QT #1919
6	Amount (\$) \$18.85	7 Payee address; City; State; Zip Code 3075 W FM 120  Denison, TX 75020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel In District  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Gas
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/31/2023	Renaissance Hotels
	Amount (\$) \$17.32	Payee address; City; State; Zip Code 2222 N. Stemmons Fwy
		Dallas, TX 75207
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking fee.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/13/2023	Renaissance Hotels
	Amount (\$) \$11.91	Payee address; City; State; Zip Code 2222 N. Stemmons Fwy
		Dallas, TX 75207
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Parking for event
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Expense Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 39/52 Rpt: 49/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
L	08/07/2023	Sam's Club 6376
6	Amount (\$) \$228.00	7 Payee address; City; State; Zip Code 4062 LBJ Fwy.
		Dallas, TX 75244
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Snacks for Jurors/Venire Panel
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
L	11/23/2023	Sam's Club 6376
	Amount (\$) \$50.00	Payee address; City; State; Zip Code 4062 LBJ Fwy.
		Dallas, TX 75244
	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 membership
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/11/2023	Payee name SherylSmith "Don't Belive the Hype"Hype"
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 320 South RL Thorton Freeway Suite 150 Dallas, TX 75203
	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  Advertising
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

Advertising Expense Accounting/Banking Event Expense Fees

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	ense P S		oense ages/Co	ontract Labor this form.		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)
1	Total pages Schedule F1:	2 FILER NAM	IE					3	Filer ID	(Ethics Commission Filers)
	Sch: 40/52 Rpt: 50/64	Williams, S	Staci (The Honorable	e)				(	00069606	
4	Date	5 Payee nam	e							
	08/12/2023	Southwest								
6	Amount (\$)	<b>7</b> Payee addr	ess; City;	State: 2	Zip Cod	le				
	\$261.96	P.O. Box 3		,	550	-				
	<b>4202.00</b>		<del></del>							
		Dallas, TX	75235							
Ļ	DUDDOOS				1.	(1-)				
8	PURPOSE OF		See Categories listed at the to	p of this schedu	ule)	( <b>b)</b> D	escription	utaid	a of Toyon Com	alata Cahadula T
	EXPENDITURE	Travel Out	OT DISTRICT			F	<b>d</b>		e or Texas. Comp officeholder living	olete Schedule T. expense
						F	_			for the Judiciary Annua
							leeting			•
9	Complete ONLY if direct	Candidate/Of	fficeholder name	Offi	ice soug	ht			Office he	eld
	expenditure to benefit C/O				9					
H	Date	Payee nam	<u> </u>							
	12/19/2023	1	: Media Marketing							
_	Amount (\$)	Payee addr		State; 2	Zin Cod	le				
	\$2,778.20		asant Run	Jiaie, Z	_ip C00					
	φ2,110.20	204 E. PIE	asan run							
			TV 754.40							
		Lancaster,	TX 75146							
	PURPOSE OF		See Categories listed at the to	p of this schedu	ule) (	( <b>b)</b> D	escription			
	EXPENDITURE	Advertising	g Expense			F	╛		e of Texas. Comp officeholder living	olete Schedule T.
						L	dvertising	۱۸, ۱	omeenoluer livilig	олренос
						, ,				
$\vdash$	Complete ONLY if direct	L Candidate/Ωt	fficeholder name	Offi	ice soug	ht			Office he	eld
	expenditure to benefit C/OI			2	9					
H	Date	Dayloc nom	<u> </u>							
	12/16/2023	Payee name Staples #1								
		·		04 : -	7:- 0	1-				
	Amount (\$)	Payee addr	-	State; 2	∠ıp Cod	ie				
	\$24.89	4400 Beltli	ne Road							
L		Addison, T	X 75001							
	PURPOSE	(a) Category (	See Categories listed at the to	pp of this schedu	ule) (	( <b>b)</b> D	escription			
	OF EXPENDITURE	Office Ove	rhead/Rental Expen	ise		Ę				olete Schedule T.
						L	」 <sup>Check</sup> if Austin, Campaign org		officeholder living	
						C	ampaign olg	jaiil	zing supplit	
	Complete ONLY if direct	Candidata/O	fficeholder name	O#:	ice soug	ht			Office he	uld.
	expenditure to benefit C/O		meenduel Haille	OIII	ice soug	ııt			Onice ne	au

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 41/52 Rpt: 51/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	12/13/2023	Staples #1842
6	Amount (\$) \$24.89	7 Payee address; City; State; Zip Code 4400 Beltline Road  Addison, TX 75001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign supplies
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/19/2023	Starbucks #53267
	Amount (\$) \$4.73	Payee address; City; State; Zip Code 3620 W. Camp Wisdom Road
		Dallas, TX 75237
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Coffee for meeting
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/31/2023	State Bar of Texas
	Amount (\$) \$325.00	Payee address; City; State; Zip Code P.O. Box 12487
		Austin, TX 78711-2487
	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  Dues
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services	Salaries/\	Wages	s/Contract Labor		OTHER (enter a	category not listed above)
				ide explains how to co	omple	ete this form.			
1	Total pages Schedule F1:	2 FILER NA	ME				3	Filer ID	(Ethics Commission Filers)
	Sch: 42/52 Rpt: 52/64	Williams,	Staci (The Honora	ble)				00069606	
4	Date	<b>5</b> Payee nar	ne						
	08/25/2023	Tallie, Sh	elandria						
6	Amount (\$)	7 Payee add	lress; City;	State; Zip Co	ode				
	\$660.00	600 Com	merce Street						
		Suite 685							
		Dallas, T	X 75202						
8	PURPOSE		(See Categories listed at th	a tan of this cale dula)	(b)	Description			
	OF		erhead/Rental Exp		"		outsi	de of Texas. Com	plete Schedule T.
	EXPENDITURE	011100 01	omoda/Noma: Exp	01100		Check if Austin	, TX,	officeholder living	j expense
						Office Assista	ant		
9	Complete ONLY if direct		Officeholder name	Office sou	ight			Office he	eld
	expenditure to benefit C/OI	1							
	Date	Payee nar	ne						
	09/07/2023	Tallie, Sh	elandria						
	Amount (\$)	Payee add	lress; City;	State; Zip Co	ode				
	\$500.00	600 Com	merce Street						
		Suite 685							
		Dallas, T	X 75202						
	PURPOSE	(a) Category	(See Categories listed at th	e top of this schedule)	(b)	Description			
	OF EXPENDITURE		erhead/Rental Exp			Check if travel	outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE					_		officeholder living	j expense
						Office Asissta	anc	е	
					<u> </u>				
	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Office sou	ught			Office he	eld
	Date	Payee nar	ne						
	11/04/2023	Target							
	Amount (\$)	Payee add	-	State; Zip Co	ode				
	\$42.94	3730 Beli	Line Rd.						
		Addison,	TX 75001						
	PURPOSE		(See Categories listed at th		(b)	Description			
	OF EXPENDITURE	Office Ov	erhead/Rental Exp	ense					plete Schedule T.
						Thanksgiving		officeholder living	g expense
						mainsgiving	, של	20014110113	
_	Complete ONLY if direct	Candidate/	Officeholder name	Office sou	lapt			Office he	ald
	expenditure to benefit C/O		Amoendiuel Haille	Office SOC	agrit			Office He	Jiu
_									

#### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 43/52 Rpt: 53/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	11/04/2023	Target
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$129.89	3730 Belt Line Rd.
		Addison, TX 75001
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Campaign office supplies
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	<del>1</del>
	Date	Payee name
	08/17/2023	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$375.00	1210 San Antonio Street
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Cost to attend annual judicial conference
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	09/06/2023	Texas Center for the Judiciary
	Amount (\$)	Payee address; City; State; Zip Code
	\$75.00	1210 San Antonio Street
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Tuition due for past seminar
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

#### SCHEDULE F1

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

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/52 Rpt: 54/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	12/11/2023	Texas Democratic Party
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code P.O. Box 15707
		Austin, TX 78761
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Filling Fee
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/05/2023	Texas Democratic Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,650.00	P.O. Box 15707
	, ,	
		Austin, TX 78761
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Advertisement
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/01/2023	Texas District Judges Association
	Amount (\$)	Payee address; City; State; Zip Code
	\$26.06	201 Caroline
	,	10th Floor
		Houston, TX 77002
	DUDDOCE	
	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  Membership
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 45/52 Rpt: 55/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	10/01/2023	Texas District Judges Association
6	Amount (\$) \$26.06	7 Payee address; City; State; Zip Code P.O. Box 1748  Austin, TX 78767
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Membership
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/13/2023	Texas Ethics Commission
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 201 East 14th Street, 10th Floor
		Austin , TX 78701
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Fine for late filing
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 07/07/2023	Payee name The Award Group
	Amount (\$) \$197.65	Payee address; City; State; Zip Code  178 Sun Valley Raod  Suite A  New Milford, CT 06726
	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  Framing of Supreme Court Admission Certificate
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 46/52 Rpt: 56/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	11/11/2023	The Beeman Hotel
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.83	6070 N Central Expy
		Dallas, TX 75206
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  parking at MABA Dinner
		parking at winds ( Diffici
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
<b>L</b>	Data	
	Date	Payee name
	11/22/2023	The People's Servant
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	901 Mockingbird Lane
		Desoto, TX 75115
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
		Check if Austin, TX, officeholder living expense
		Advertisement
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	
	Date	Payee name
	11/20/2023	Tom Thumb
	Amount (\$)	Payee address; City; State; Zip Code
	\$31.73	522 Preston Royal Center
		Dallas, TX 75230
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	ZA ZHOHORZ	Check if Austin, TX, officeholder living expense
		INGREDIENTS FOR 3T Boys luncheon
_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
_		

#### SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 47/52 Rpt: 57/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	12/02/2023	Towne Park Ltd.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$33.56	12720 Merit Dr.
		Dallas, TX 75251
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Parking for event
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	12/11/2023	UPS Store #76
H	Amount (\$)	Payee address; City; State; Zip Code
	\$10.00	8120 Research Blvd.
		Suite 105
		Austin, TX 78758
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Notary for application
L	Operation ONLY if dispose	Open Fight to 10 ff on health and a second to the second t
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
⊨		
	Date	Payee name
	12/11/2023	UPS Store #4031
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.00	445 E FM
		Suite 3
		Cedar Hill, TX 75104
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Notary for candidate filings
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·
H		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	•	Salaries/	Wages	s/Contract Labor		Travel Out of Dis OTHER (enter a	trict category not listed above)	
ᆫ			le explains how to co	ompie	ete this form.				
1	Total pages Schedule F1: Sch: 48/52 Rpt: 58/64	PILER NAME Williams, Staci (The Honorab	ıle)			3	Filer ID 00069606	(Ethics Commission F	ilers)
ㄴ	·								
4	Date	Payee name							
l	10/01/2023	USPS							
6	Amount (\$)	' Payee address; City;	State; Zip Co	ode					
ľ	\$194.00	401 Tom Landry HWY							
	Φ194.00	401 Tolli Lalidiy HWT							
l									
		Dallas, TX 75260							
8	PURPOSE	a) Category (See Categories listed at the	4	(b)	Description				
ľ	OF	a) Category (See Categories listed at the Fees	top of this schedule)	(~)		outsi	de of Texas. Com	olete Schedule T.	
l	EXPENDITURE	rees			=		officeholder living		
l					Annual fee		· ·	•	
l									
				<u> </u>					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sou	ught			Office he	eld	
	experialture to beliefit C/Oi								
F	Date	Payee name							
	11/21/2023	UTD Callier							
	Amount (\$)	Payee address; City;	State; Zip Co	ode					
	\$209.99	2895 Facilities Way							
		Richardson , TX 75080							
┝	BUBBOCE			(1-)					
	PURPOSE OF	a) Category (See Categories listed at the		(a)	Description		df.T O	olote Colorado la T	
	EXPENDITURE	Office Overhead/Rental Expe	ense				de of Texas. Com officeholder living		
					Assistive Dev				
					Assistive Dev	ice	ioi courtioc	ill use	
L									
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ught			Office he	eld	
	expenditure to benefit C/OI								
F	Date	Payee name							
	09/14/2023	United Negro College Fund V	Valk-a-Thon						
L									
	Amount (\$)	Payee address; City;	State; Zip Co	ode					
	\$250.00	1805 7th Street, NW							
l									
		Washington, DC 20001							
$\vdash$	PURPOSE			/L\	Danaminati				
	OF	a) Category (See Categories listed at the	top of this schedule)	(a)	Description		do of Toyon Com	alata Cabadula T	
l	EXPENDITURE	Advertising Expense			_		de of Texas. Com officeholder living		
l					_			expense	
ĺ					Sponsor of w	vair	x-α-ιι IUI I		
L									
l	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ught			Office he	eld	
1	expenditure to benefit C/OI								
Г									
l									

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 49/52 Rpt: 59/64	Williams, Staci (The Honorable) 00069606
4	Date	5 Payee name
	07/25/2023	Vistaprint
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$426.18	275 Wyman /street
		Walthan, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Banners for events
		Burners for events
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	12/11/2023	Wholefoods
	Amount (\$)	Payee address; City; State; Zip Code
	\$46.25	525 N. Lamar
		Austin, TX 78703
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Dinner with staff
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	12/16/2023	World Market #184
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.22	3888 Oaklawn
	,	
		Dallaa, TX 75219
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Christmas Decorations
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
_		

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 50/52 Rpt: 60/64	Williams, Staci (The Honorable)	00069606
4	Date	5 Payee name	•
	08/24/2023	Yardbird Table	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$220.45	2121 N. Pearl	
		Suite 170	
		Dallas, TX 75201	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense	el outside of Texas. Complete Schedule T.
			tin, TX, officeholder living expense eon for departing temporary employee
		Starrians.	on tor departing temperary employee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	PH .	
Г	Date	Payee name	
	07/14/2023	ZOOM.US	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$34.10	55 Almaden Boulevard	
		6th Floor	
		San Jose, CA 95113	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	el outside of Texas. Complete Schedule T.
	LXI LINDITORL	,	tin, TX, officeholder living expense
		Zoon iicen	se for campaign purposes
H	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
Г	Date	Payee name	
	08/13/2023	ZOOM.US	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$34.10	55 Almaden Boulevard	
		6th Floor	
		San Jose, CA 95113	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	el outside of Texas. Complete Schedule T.
		Check if Aus	tin, TX, officeholder living expense
		Zoom ilcens	3C
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
ı			

#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 51/52 Rpt: 61/64	Williams, Staci (The Honorable) 00069606						
4	Date	5 Payee name						
	09/13/2023	ZOOM.US						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$34.10	55 Almaden Boulevard						
		6th Floor						
		San Jose, CA 95113						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Subscription						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held						
	experience to serious or or	•						
	Date	Payee name						
	10/13/2023	ZOOM.US						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$34.10	55 Almaden Boulevard						
		6th Floor						
		San Jose, CA 95113						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
OF EXPENDITURE		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense Subscription						
		Cabsonpach						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
expenditure to benefit C/OH								
	Date	Payee name						
11/13/2023		ZOOM.US						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$34.10	55 Almaden Boulevard						
		6th Floor						
		San Jose, CA 95113						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Subscription						
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/O							

#### SCHEDULE F1

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

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Co	mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	nse	Polling Expen Printing Expe	ead/Rental Expense use nse es/Contract Labor		Travel in District Travel Out of Di	
	Credit Card Payment			The Instruction Guide	explains h	now to comp	lete this form.			
1	Total pages Schedule F1:	2	FILER NAMI	E				3	Filer ID	(Ethics Commission Filers)
	Sch: 52/52 Rpt: 62/64		Williams, S	taci (The Honorable	)				00069606	
4	Date	5	Payee name	<u> </u>						
	12/13/2023		ZOOM.US							
- 	Amount (\$)	7	Payee addre	ess; City;	State:	Zip Code				
ľ	\$34.10	ľ	-	n Boulevard	Otato,	Zip Oodo				
l	Ψ04.10		6th Floor	ii boalevara						
				CA 05112						
L		L	San Jose, (							
8	PURPOSE OF	(a)		See Categories listed at the top		edule) (b	) Description			
	EXPENDITURE		Office Over	rhead/Rental Expen	se				ide of Texas. Con , officeholder livin	nplete Schedule T.
							License	,	, 00001001	g expense
9	Complete ONLY if direct	<u> </u>	Candidate/Off	ficeholder name	0	I Office sough	<u> </u>		Office h	eld
	expenditure to benefit C/OI				_		-			

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

### SCHEDULE K

╙						
	The Instru	ages Schedule K: /1 Rpt: 63/64				
2	FILER NAME		3	Filer ID	(Ethics Commission Filers)	)
l	Williams, Sta	aci (The Honorable)	00069	606		
4	Date	5 Name of person from whom amount is received		8 Amount (\$)		
l	07/14/2023	Dallas Bar Association			\$1,000.	.00
l		6 Address of person from whom amount is received; City; State; Zip Code			, ,,,,,	
l		Address of person from whom amount is received, Gity, State, 21p Code				
l						
		Dallas, TX 75201				
l		7 Purpose for which amount is received Check if p	olitic	al contr	ibution returned to filer	
l		refund of sponsorship				
⊨	Data				Λ (Φ)	
l	Date	Name of person from whom amount is received			Amount (\$)	
l	12/20/2023	First Administrative Judicial Region			\$1,192.	.00
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l		Making at TV 75704				
l		McKinney, TX 75701				
l			al contr	ibution returned to filer		
L		Reimbursement				
Г	Date	Name of person from whom amount is received		Amount (\$)		
l	11/30/2023	Go Daddy			\$153.	.38
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l						
l		Scottsdale, AZ 85260				
l		ibution returned to filer				
l						
F	Date		Amount (\$)			
l	11/08/2023	Target			\$42.	.94
l						
l		Address of person from whom amount is received; City; State; Zip Code				
l						
l						
l		Purpose for which amount is received Check if p	al contr	ibution returned to filer		
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H						
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## IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. Sch: 1/1 Rpt: 64/64 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Williams, Staci (The Honorable) 00069606 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee American Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule D Schedule B(J) Schedule C2 Schedule COH-UC Schedule F2 Schedule F4 Schedule G Schedule H 6 Dates of Travel 7 Name of person(s) traveling Williams, Staci 8 Departure city or name of departure location 08/13/2023 9 Destination city or name of destination location 08/16/2023 Minneapolis 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Commercial Airplane Attend NBA Judicial Section Seminars