

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)
12345678

2 Total pages filed:

CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST W.	MI Jeff
	NICKNAME	LAST Williams	SUFFIX

OFFICE USE ONLY	
Date Received 19 APR 25 PM 4:23 RECEIVED - CS	
Date Hand-delivered or Date Postmarked	
Receipt #	Amount \$
Date Processed	
Date Imaged	

CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;	CITY;	STATE;	ZIP CODE
	P.O. Box 201888 Arlington, TX 76006			

5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	640 - 8535	

6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Dan	MI
	NICKNAME	LAST Dipert	SUFFIX

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY;	STATE;	ZIP CODE
	1512 Killian Arlington, TX 76013			

8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(817)	557 - 0988	

9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)

10 PERIOD COVERED	Month	Day	Year	THROUGH	Month	Day	Year
	3	25	2019		4	24	19

11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	5	4	19	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	

12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)
	Mayor	Mayor

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mr. W. Jeff Williams 15 Filer ID (Ethics Commission Filers) 12345678

16 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	COMMITTEE ADDRESS
	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 35,257.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ -
	4. TOTAL POLITICAL EXPENDITURES	\$ 79,951.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 76,598.66
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 75,000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Jeff Williams
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jeff Williams, this the 26th day of April, 2019, to certify which, witness my hand and seal of office.

Martha Garcia
Signature of officer administering oath

MARTHA GARCIA
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Mr. W. Jeff Williams</i>		20 Filer ID (Ethics Commission Filers) <i>12345678</i>
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>35,257</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>9,850</i>
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>76,598.66</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

4-1-19

5 Full name of contributor

John Rumley Jr.

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$2,000

6 Contributor address;

P.O. Box 14449

City;

Arl., TX

State;

Zip Code

76094

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-1-19

Full name of contributor

Bryan Roberts

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000

Contributor address;

1200 E. Copeland Rd. Ste. 300

City;

State;

Zip Code

Arl., TX
76011

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-1-19

Full name of contributor

John Proctor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000

Contributor address;

P.O. Box 765129

City;

Dallas, TX

State;

75216

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-1-19

Full name of contributor

John Landry

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000

Contributor address;

7008 crater lake dr.

City;

Arl., TX

State;

76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

4-1-19

5 Full name of contributor out-of-state PAC (ID#: _____)

George + Sandra Campbell

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

1305 Findlay Ct. ARL, TX 76012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-1-19

Full name of contributor out-of-state PAC (ID#: _____)

Kelly Mohorc

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

2102 Mark Twain Ct. ARL, TX 76006

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-1-19

Full name of contributor out-of-state PAC (ID#: _____)

Mamie Minshew

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

4109 Shady Valley Dr. ARL, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-1-19

Full name of contributor out-of-state PAC (ID#: _____)

Robert Mahoney

Amount of contribution (\$)

\$300.00

Contributor address; City; State; Zip Code

4113 Shady Valley Dr. ARL, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mr. W. Jeff Williams		3 Filer ID (Ethics Commission Filers) 12345678
4 Date 4-1-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick + Janice Tyler	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 3705 Pimlico Dr. ARL, TX 76017		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-1-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jimmy and Sue Phillips	Amount of contribution (\$) \$75.00
Contributor address; City; State; Zip Code 415 Joyce St. ARL, TX 76010		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-15-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricardo ^{Salazar} + Marina Martinez	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 2912 S. Collins St. ARL, TX 76014		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-15-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Bethune	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 2009 Mediterranean Ave. ARL, TX 76011		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:

2 FILER NAME **Mr. W. Jeff Williams** 3 Filer ID (Ethics Commission Filers)
12345678

4 Date 4-15-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kent + D'Ann Besley	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 2800 California Ln. ARL, TX 76015		

8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)

Date 4-15-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andy Nguyen	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code P.O. Box 151272 ARL, TX 76015		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4-15-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Salter - Black Pine Enterprises, LLC	Amount of contribution (\$) \$125.00
Contributor address; City; State; Zip Code 514 Gunnison Dr. ARL, TX 76006		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date 4-15-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) W.T. Skip Leake	Amount of contribution (\$) \$150.00
Contributor address; City; State; Zip Code 3019 Pitkin ARL, TX 76006		

Principal occupation / Job title (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mr. W. Jeff Williams		3 Filer ID (Ethics Commission Filers) 12345678
4 Date 4-15-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becky B. Nussbaum 6 Contributor address; City; State; Zip Code 2301 N. Fielder Rd. Ari., TX 76012	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-15-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carl + Kristy Greer Contributor address; City; State; Zip Code 2110 Bay Club Dr. Ari., TX 76013	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-15-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper Hospitality, LLC Contributor address; City; State; Zip Code 1901 Pleasant Ridge Rd. Ari., TX 76015	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-15-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baymont Inn + Suites, LLC Contributor address; City; State; Zip Code 2401 Diplomacy Dr. Ari., TX 76011	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

4-15-19

5 Full name of contributor

Ryan Dodson - Dodson Capital, LLC

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address;

P.O. Box 1324

City; State; Zip Code

Arl., TX 76004

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-15-19

Full name of contributor

Jagdip Patel

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2,501.00

Contributor address;

2625 Johnson Rd. Southlake, TX 76092

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-19

Full name of contributor

Stephen Jones

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$5,000.00

Contributor address;

3820 Gillon Ave. Dallas, TX 75205

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-16-19

Full name of contributor

Rhonda Aghamalian

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

2004 Channing Park Dr. Arl., TX 76013

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mr. W. Jeff Williams		3 Filer ID (Ethics Commission Filers) 12345678
4 Date 4-17-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Brooks	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1 Country Club Ct. Pantego, TX 76013		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-12-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beverly Browning	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 701 Drummond Arl., TX 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-18-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Casselberry	Amount of contribution (\$) \$30.00
Contributor address; City; State; Zip Code 702 Findlay Dr. Arl., TX 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-18-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carolyn Casselberry	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 702 Findlay Dr. Arl., TX 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

4-8-19

5 Full name of contributor out-of-state PAC (ID#: _____)

Karina Cassell

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

422 E. Apt. 212 Ari., TX 76011

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-10-19

Full name of contributor out-of-state PAC (ID#: _____)

Steven Cavender

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

2106 Carmel Ct. Ari., TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-12-19

Full name of contributor out-of-state PAC (ID#: _____)

Malcolm Chakery

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

619 Creekwood Ln. Grand Prairie, TX 75052

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-2-19

Full name of contributor out-of-state PAC (ID#: _____)

Cristina Criado

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

4036 Mendenhall Dr. Dallas, TX 75244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mr. W. Jeff Williams		3 Filer ID (Ethics Commission Filers) 12345678
4 Date 4-18-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Cuda 6 Contributor address; City; State; Zip Code 2612 Shadow Ridge Dr. Arl., TX 76006	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-18-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sally Culver Contributor address; City; State; Zip Code 4211 Pearl Crescent Arl., TX 76005	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-8-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harry Dombroski Contributor address; City; State; Zip Code 1808 Broken Bend Dr. Westlake, TX 76262	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-19-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Dostkocil Contributor address; City; State; Zip Code 5306 Mansfield Rd. Arl., TX 76017	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mr. W. Jeff Williams		3 Filer ID (Ethics Commission Filers) 12345678
4 Date 4-20-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sue + Martin Durbec	7 Amount of contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code 1100 Lyra Ln. ARL, TX 76013		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-20-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Fowler	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 4900 Morris Heights ARL, TX 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-22-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coy Garrett	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 1600 Abrams ARL, TX 76013		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-18-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean Humphreys	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 6701 Canalview Dr. ARL, TX 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME **Mr. W. Jeff Williams**

3 Filer ID (Ethics Commission Filers)
12345678

4 Date **4-16-19**
5 Full name of contributor out-of-state PAC (ID#: _____)
Denise Hutcherson
6 Contributor address; City; State; Zip Code
216 Pennie Ct. ARL, TX 76013

7 Amount of contribution (\$)
\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **4-8-19**
Full name of contributor out-of-state PAC (ID#: _____)
Lisa Jamieson
Contributor address; City; State; Zip Code
6301 Millwood Ct. ARL, TX 76016

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **4-17-19**
Full name of contributor out-of-state PAC (ID#: _____)
Kristi Kennedy
Contributor address; City; State; Zip Code
P.O. Box 93712 Southlake, TX 76092

Amount of contribution (\$)
\$25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **4-10-19**
Full name of contributor out-of-state PAC (ID#: _____)
David Leyerle
Contributor address; City; State; Zip Code
504 Bermuda Ct. ARL, TX 76011

Amount of contribution (\$)
\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

4-10-19

Ketam Masters

\$500.00

6 Contributor address; City; State; Zip Code
2001 Oates Ln. ARL, TX 76006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4-19-19

Ken Mattner

\$500.00

Contributor address; City; State; Zip Code
6321 Cobblestone Ln. ARL, TX 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4-16-19

Greg McCarthy

\$250.00

Contributor address; City; State; Zip Code
2222 Paterson Pl. ARL, TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4-3-19

Matthew Milliom

\$25.00

Contributor address; City; State; Zip Code
4701 Spring creek Rd. ARL, TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

5 Full name of contributor out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

MPAC

\$250.00

6 Contributor address; City; State; Zip Code
P.O. Box 174474 Ari., TX 76003

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4-11-19

Mitesha Nata

\$100.00

Contributor address; City; State; Zip Code
2712 E. Abrams Ari., TX 76010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4-22-19

Barbara Oldums

\$25.00

Contributor address; City; State; Zip Code
2003 Alamo Dr. Ari., TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)

Amount of contribution (\$)

4-19-19

Sergio Orozco

\$25.00

Contributor address; City; State; Zip Code
2817 Hedgeway Dr. Ari., TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

4-10-19

5 Full name of contributor out-of-state PAC (ID#: _____)

Chetar Patel

7 Amount of contribution (\$)

\$200.00

6 Contributor address; City; State; Zip Code
1740 Oak Village Arl, TX 76017

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-9-19

Full name of contributor out-of-state PAC (ID#: _____)

Gerald Peterson

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

1609 Glasgow Arl, TX 76015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-20-19

Full name of contributor out-of-state PAC (ID#: _____)

Erin Pokrifcsak

Amount of contribution (\$)

\$200.00

Contributor address; City; State; Zip Code

1312 Canterbury Ct. Arl, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-22-19

Full name of contributor out-of-state PAC (ID#: _____)

Jeff Pokrifcsak

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

1312 Canterbury Ct. Arl, TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

4-5-19

5 Full name of contributor out-of-state PAC (ID#: _____)

Elizabeth Prim

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address; City; State; Zip Code

200 Crestwood Dr. Fort Worth, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-18-19

Full name of contributor out-of-state PAC (ID#: _____)

Linda + Adam Scott

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

3700 Crossbend Arl., TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-5-19

Full name of contributor out-of-state PAC (ID#: _____)

William Snider

Amount of contribution (\$)

\$500.00

Contributor address; City; State; Zip Code

2111 N. Collins Apt. 323 Arl., TX 76011

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-18-19

Full name of contributor out-of-state PAC (ID#: _____)

Bob Stoessel

Amount of contribution (\$)

\$250.00

Contributor address; City; State; Zip Code

3307 Woodford Dr. Arl., TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mr. W. Jeff Williams		3 Filer ID (Ethics Commission Filers) 12345678
4 Date 4-11-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linda Switzer	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1400 Millbrook Arl., TX 76010		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-19-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jim Turner	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 3802 Indian Springs Tr. Arl., TX 76016		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-17-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip Wambsganss	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1836 Gertie Barrett Rd. Mansfield, TX 76063		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-23-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Watkins	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 1519 Cherokee St. Arl., TX 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

4-15-19

5 Full name of contributor out-of-state PAC (ID#: _____)

Garry Graham

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

P.O. Box 171503 ARL, TX 76003

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4-15-19

Full name of contributor out-of-state PAC (ID#: _____)

Gerald Alley

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code

606 Loch Chalet Ct. ARL, TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4-15-19

Full name of contributor out-of-state PAC (ID#: _____)

Viran Nana

Amount of contribution (\$)

\$1,501.00

Contributor address; City; State; Zip Code

2924 Harlanwood Dr. Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/19

Full name of contributor out-of-state PAC (ID#: _____)

Martin Crane

Amount of contribution (\$)

\$75.00

Contributor address; City; State; Zip Code

6917 W. Poly Webb Rd. ARL, TX 76011

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mr. W. Jeff Williams		3 Filer ID (Ethics Commission Filers) 12345678
4 Date 4-1-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dwight + Vera McKissic	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 2409 N. Pleasant Cir. ARL, TX 76015		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-1-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bailey Ruff	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 4102 Shady Valley Dr. ARL, TX 76013		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-1-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Khanh Nguyen	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 3310 Jakes Dr. ARL, TX 76014		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chuck Parker - CASH	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mr. W. Jeff Williams		3 Filer ID (Ethics Commission Filers) 12345678
4 Date 4-15-19	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernardus Investments, LLC	7 Amount of contribution (\$) \$ 150.00
6 Contributor address; City; State; Zip Code 2111 N. Cooper St. Ari., TX 76011		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4-15-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip mark & Karen Brown	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 3107 Alps Ct. Ari., TX 76012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4-15-19	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Anderson	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code P.O. Box 151546 Ari., TX 76015		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Mr. W. Jeff Williams</i>		3 Filer ID (Ethics Commission Filers) <i>12345678</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4-18-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mark and Belinda Gist</i>	8 Amount of Contribution \$ <i>\$450.00</i>	9 In-kind contribution description <i>Advertising expense</i>
7 Contributor address; City; State; Zip Code <i>505 W. Abram St. ARL, TX 76010</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business owner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self-employed</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>4-3-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim Watny</i>	Amount of Contribution \$ <i>\$2,500.00</i>	In-kind contribution description <i>Food/Beverage Expense</i>
Contributor address; City; State; Zip Code <i>1650 E. Randol Mill Rd. ARL, TX 76011</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Manager</i>		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Mr. W. Jeff Williams</i>		3 Filer ID (Ethics Commission Filers) <i>12345678</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4-2-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Joy Wells</i>	8 Amount of Contribution \$ <i>\$300.00</i>	9 In-kind contribution description <i>Food/Beverage expense</i>
7 Contributor address; City; State; Zip Code <i>1506 Crowley Rd. Arl., TX</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date <i>4-8-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Awesome Catering</i>	Amount of Contribution \$ <i>\$1,500.00</i>	In-kind contribution description <i>Food/Beverage expense</i>
Contributor address; City; State; Zip Code <i>2205 W. Division St. Suite A5 Arl., TX 76012</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business owner</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>self-employed</i>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Mr. W. Jeff Williams</i>		3 Filer ID (Ethics Commission Filers) <i>12345678</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4-6-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Grace McDermott</i>	8 Amount of Contribution \$ <i>\$300.00</i>	9 In-kind contribution description <i>Food/Beverage expense</i>
7 Contributor address; City; State; Zip Code <i>2114 Franklin Dr. ARL, TX 76011</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Retired</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>4-8-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jenny Reine</i>	Amount of Contribution \$ <i>\$125.00</i>	In-kind contribution description <i>Event expense</i>
Contributor address; City; State; Zip Code <i>3321 Hollow Creek Rd. ARL, TX 76001</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Mr. W. Jeff Williams</i>		3 Filer ID (Ethics Commission Filers) <i>12345678</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4-8-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lesa Jones</i>	8 Amount of Contribution \$ <i>\$125.00</i>	9 In-kind contribution description <i>Event expense</i>
7 Contributor address; City; State; Zip Code <i>6940 W. Paly Webb Rd. Ari. TX 76016</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>4-10-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jags Patel</i>	Amount of Contribution \$ <i>\$600.00</i>	In-kind contribution description <i>Food/Beverage expense</i>
Contributor address; City; State; Zip Code <i>2675 Johnson Rd. Southlake, TX 76092</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business owner</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>self-employed</i>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Mr. W. Jeff Williams</i>		3 Filer ID (Ethics Commission Filers) <i>12345078</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4-24-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jim + Sue Spaniolo</i>	8 Amount of Contribution \$ <i>\$500.00</i>	9 In-kind contribution description <i>Event expense</i>
7 Contributor address; City; State; Zip Code <i>1028 Lone Irony Trl. ARL, TX 76005</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Retired</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>4-11-19</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill and Kandy King</i>	Amount of Contribution \$ <i>\$250.00</i>	In-kind contribution description <i>Food/Beverage expense</i>
Contributor address; City; State; Zip Code <i>5705 Louise Way, ARL, TX</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>Mr. W. Jeff Williams</i>		3 Filer ID (Ethics Commission Filers) <i>12345678</i>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>4-12-19</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>El Primo Restaurant</i>	8 Amount of Contribution \$ <i>\$1,200.00</i>	9 In-kind contribution description <i>Food/Beverage expense</i>
7 Contributor address; City; State; Zip Code <i>2300 Matlock Rd #21 Mansfield, TX 76063</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business owner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self-employed</i>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date <i>4/2019</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Chad & Joy Bates</i>	Amount of Contribution \$ <i>\$1,000</i>	In-kind contribution description <i>Office Space</i>
Contributor address; City; State; Zip Code <i>1205 W. Abram St., Arl., TX 76013</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business owners</i>		Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self-employed</i>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME <i>Mr. W. Jeff Williams</i>	3 Filer ID (Ethics Commission Filers) <i>12345678</i>
4 Date <i>4-1-19</i>	5 Payee name <i>Kyle Fields</i>	
6 Amount (\$) <i>\$3,555.00</i>	7 Payee address; City; State; Zip Code <i>5200 Rustle Leaf Dr., Arl., TX 76017</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Consulting expenses Advertising expenses</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Mr. W. Jeff Williams</i> Office sought: <i>Mayor</i> Office held: <i>Mayor</i>	
Date <i>4-1-19</i>	Payee name <i>Julie Nicholson</i>	
Amount (\$) <i>\$3,912.00</i>	Payee address; City; State; Zip Code <i>6405 Shorewood Dr., Arl., TX 76017</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting expenses Event expenses</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Mr. W. Jeff Williams</i> Office sought: <i>Mayor</i> Office held: <i>Mayor</i>	
Date <i>4-16-19</i>	Payee name <i>Kyle Fields</i>	
Amount (\$) <i>\$1,502.00</i>	Payee address; City; State; Zip Code <i>5200 Rustle Leaf Dr., Arl., TX 76017</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Salaries/Wages/contract labor</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: <i>Mr. W. Jeff Williams</i> Office sought: <i>Mayor</i> Office held: <i>Mayor</i>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Mr. W. Jeff Williams	3 Filer ID (Ethics Commission Filers) 12345678
4 Date 4-16-19	5 Payee name Kyle Fields	
6 Amount (\$) \$3,360.00	7 Payee address; City; State; Zip Code 5200 Rustle Leaf Pl., Ari., TX 76017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Mr. W. Jeff Williams Office sought: Mayor Office held: Mayor	
Date 4-22-19	Payee name El Gabacho Restaurant	
Amount (\$) \$1,082.58	Payee address; City; State; Zip Code 2408 W. Abram St., Ari., TX 76013	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Food expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Mr. W. Jeff Williams Office sought: Mayor Office held: Mayor	
Date 4/23/19	Payee name Mayes Media Group	
Amount (\$) \$160,539.92	Payee address; City; State; Zip Code 312 Creekwood Dr. Sunnyvale, TX 75182	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising expense consulting expense Printing expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Mr. W. Jeff Williams Office sought: Mayor Office held: Mayor	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED