

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 12345678	2 Total pages filed: 21	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: W. MI: Jeff NICKNAME: _____ LAST: Williams SUFFIX: _____	OFFICE USE ONLY		
	Date Received <div style="text-align: center; color: blue; font-weight: bold; font-size: 1.2em;"> 19 JUL 15 PM 4:25 RECEIVED - CSO </div>		Date Hand-delivered or Date Postmarked	
4 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		Receipt # Amount \$	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) 640-8535		Date Processed	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Dan MI: _____ NICKNAME: _____ LAST: Dipert SUFFIX: _____		Date Imaged	
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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input checked="" type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 25 / 19 THROUGH 6 / 30 / 2019			
11 ELECTION	ELECTION DATE Month Day Year 5 / 4 / 19		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Mayor		13 OFFICE SOUGHT (if known) 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)	\$ <u>43,775</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>22,557.52</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>97,816.14</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>75,000.00</u>

18 AFFIDAVIT

AFFIX NOTARY SEAL ABOVE

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.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said W. Jeff Williams this the 15th day of July, 2019, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Jillian Cloud 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 Mr. W. Jeff Williams		20 Filer ID (Ethics Commission Filers) 17345678
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 43,775.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,000.00
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	\$ 22,557.52
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: **11**

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

3 Filer ID (Ethics Commission Filers)
12345678

4 Date
5/2/19

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

7 Amount of contribution (\$)
\$50.00

6 Contributor address; City; State; Zip Code
2008 Rumson Pl. Ari., TX 76006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
5/2/19

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

Amount of contribution (\$)
\$50.00

Contributor address; City; State; Zip Code
4803 Villa Vera Dr. Ari., TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/2/19

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

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
4514 Colt. Dr. Ari., TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/2/19

Full name of contributor out-of-state PAC (ID#: _____)
Rev. J. Phillip Martin

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
2204 Castle Rock Rd. Ari., 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: **11**

2 FILER NAME
Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)
12345678

4 Date
5/2/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Rick + Stephanie McVay

6 Contributor address; City; State; Zip Code
5502 Hunterwood Arl., TX 76017

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
5/2/19

Full name of contributor out-of-state PAC (ID#: _____)
Robert + Judith Johnson

Contributor address; City; State; Zip Code
7202 Lake Mead Blvd. Arl., TX 76016

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/2/19

Full name of contributor out-of-state PAC (ID#: _____)
Jered + Jamie Morris

Contributor address; City; State; Zip Code
2310 Larchdale Dr. Lincoln, NE 68506

Amount of contribution (\$)
\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/2/19

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

Contributor address; City; State; Zip Code
2300 Castle Rock Rd. Arl., TX 76006

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: **11**

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

3 Filer ID (Ethics Commission Filers)
12345678

4 Date **5/2/19**

5 Full name of contributor out-of-state PAC (ID#: _____)
Mark + Belinda Gist

6 Contributor address; City; State; Zip Code
2100 Woodside Dr. ARL, TX 76013

7 Amount of contribution (\$)
\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **5/2/19**

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

Contributor address; City; State; Zip Code
2400 - A Roosevelt ARL, TX 76016

Amount of contribution (\$)
\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5/2/19**

Full name of contributor out-of-state PAC (ID#: _____)
Martin + Kimberly Lehman

Contributor address; City; State; Zip Code
2633 Elmbrook Dr. Carrollton, TX 75010

Amount of contribution (\$)
\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5/2/19**

Full name of contributor out-of-state PAC (ID#: _____)
Erich + Tracey Ramsey

Contributor address; City; State; Zip Code
P.O. Box 170536 ARL, TX 76003

Amount of contribution (\$)
\$1,000.00

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: 11

2 FILER NAME Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers) 12345678

4 Date 5/2/19 5 Full name of contributor James and Sue Spaniolo

7 Amount of contribution (\$) \$1,000.00

6 Contributor address; City; State; Zip Code 1028 Lone Ivory Trl. Ari., TX 76005

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date 5/2/19 Full name of contributor Clifford Mycoskie

Amount of contribution (\$) \$1,000.00

Contributor address; City; State; Zip Code 1409 Woodbine Ct. Ari., TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/2/19 Full name of contributor Mark Caffey

Amount of contribution (\$) \$1,000.00

Contributor address; City; State; Zip Code 7114 Waldon Ct Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date 5/2/19 Full name of contributor Kathryn Wilemon

Amount of contribution (\$) \$1,000.00

Contributor address; City; State; Zip Code 4100 Shady Valley Dr. Ari., 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: **11**

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

5/2/19

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

Adlai Pennington

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address; City; State; Zip Code

1375 Gilman Rd. Fort Worth, TX 76140

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/2/19

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

Stephen O'Brien

Amount of contribution (\$)

\$1,250.00

Contributor address; City; State; Zip Code

809 110th St. Ste. 151 Ari., TX 76011

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/19

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

John + Sandra Ehlert

Amount of contribution (\$)

\$1,250.00

Contributor address; City; State; Zip Code

1613 Crockett Cir Irving, TX 75038

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/19

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

John B. Foster

Amount of contribution (\$)

\$5,000.00

Contributor address; City; State; Zip Code

701 Highlander, Suite 530 Ari., TX 76015

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: **11**

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

5/2/19

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

Jim R. Ross

7 Amount of contribution (\$)

\$5,000.00

6 Contributor address; City; State; Zip Code

516 Country Wood Ct. Arl., TX 76011

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/2/19

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

Apt Association Tarrant County

Amount of contribution (\$)

\$3,500

Contributor address; City; State; Zip Code

6350 Baker Blvd. Richland Hills, TX 76118

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/19

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

Chris Garras

Amount of contribution (\$)

\$300.00

Contributor address; City; State; Zip Code

1301 Throckmorton St. Apt. 2105 Fort Worth, TX 76102

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/2/19

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

Zelma Hall

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

510 E. Beady Rd. 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: **11**

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

17345678

4 Date

5/2/19

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

Estes Insurance Group, LLC

6 Contributor address; City; State; Zip Code

5031 Hopper Rd. Burleson, TX 76028

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/3/19

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

Steve Martindale

Contributor address; City; State; Zip Code

2107 N. Collins St. ARL, TX 76011

Amount of contribution (\$)

\$2,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/19

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

Yong Cha Yates

Contributor address; City; State; Zip Code

2143 Vela Grand Prairie, TX 75054

Amount of contribution (\$)

\$1,000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/19

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

Kathryn Wilemon

Contributor address; City; State; Zip Code

4100 Shady Valley Dr., ARL, TX 76013

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: **11**

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

17345678

4 Date

5/3/19

5 Full name of contributor

Hammer + Nails Club

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

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

100 E. 15th St., Ste 600 Fort Worth, TX 76102

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/3/19

Full name of contributor

Don Allen

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

Amount of contribution (\$)

\$500.00

Contributor address;

3045 Lackland Rd. Fort Worth, TX 76116

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/19

Full name of contributor

Toby Goodman

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

Amount of contribution (\$)

\$500.00

Contributor address;

5001 S. Cooper, Ste 212 ARL, TX 76017

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/19

Full name of contributor

Sue + Jimmy Phillips

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

Amount of contribution (\$)

\$75.00

Contributor address;

415 Joyce St. ARL, TX 76010

City; State; Zip Code

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: **11**

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

3 Filer ID (Ethics Commission Filers)
12345678

4 Date
5/16/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Community Leaders of America - Tim Barnes
6 Contributor address; City; State; Zip Code
P.O. Box 40175 Washington, DC 20016

7 Amount of contribution (\$)
\$700.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/25/19

Full name of contributor out-of-state PAC (ID#: _____)
Silvia Hernandez
Contributor address; City; State; Zip Code
5615 S. Archbridge Ct. Ari., TX 76017

Amount of contribution (\$)
\$50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/16/19

Full name of contributor out-of-state PAC (ID#: _____)
Brian Green
Contributor address; City; State; Zip Code
2418 W. Division St. Ari., TX 76012

Amount of contribution (\$)
\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5/16/19

Full name of contributor out-of-state PAC (ID#: _____)
LAN - PAC
Contributor address; City; State; Zip Code
2925 Buarpark Dr. Houston, TX 77042

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: **11**

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#: _____)
Anonymous Cash
 6 Contributor address; City; State; Zip Code
Given by multiple people

7 Amount of contribution (\$)
\$1,700

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **5/3/19**
 Full name of contributor out-of-state PAC (ID#: _____)
Jim O'Brien
 Contributor address; City; State; Zip Code
127 Beaver Run Dr. Coppell, TX 75019

Amount of contribution (\$)
\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **4/26/19**
 Full name of contributor out-of-state PAC (ID#: _____)
Rosa Navéjar
 Contributor address; City; State; Zip Code
2701 Caeder Ct. Fort Worth, TX 76107

Amount of contribution (\$)
\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **4/29/19**
 Full name of contributor out-of-state PAC (ID#: _____)
Sam Mahroug
 Contributor address; City; State; Zip Code
110 N. Collins St. Arl., TX 76011

Amount of contribution (\$)
\$5,000.00

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: **11**

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

5/3/19

5 Full name of contributor

Alan Petsche

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

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address;

City; State; Zip Code

1501 Nolan Ryan Expwy Arl., TX 76011

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/3/19

Full name of contributor

SB Foods

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

Amount of contribution (\$)

\$2,000.00

Contributor address;

City; State; Zip Code

2125 E. Division St. Arl., TX 76011

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/3/19

Full name of contributor

Red Roof Inn

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

Amount of contribution (\$)

\$300.00

Contributor address;

City; State; Zip Code

820 N. Watson Rd. Arl., TX 76011

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 2

2 FILER NAME Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)
12345678

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 1,000

5 Date
4/26/19

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

Paula Pierson

7 Contributor address; City; State; Zip Code

2117 Shadow Ridge Dr. Arl., TX 76006

8 Amount of Contribution \$
\$250.00

9 In-kind contribution description
Food / Beverage Expense

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Retired

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
4/28/19

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

Jim Ross

Contributor address; City; State; Zip Code

2221 E. Lamar Blvd #910 Arl., TX 76006

Amount of Contribution \$
\$500.00

In-kind contribution description
Event Expense
Food / Beverage Expense

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Business owner

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: <u>2</u>	
2 FILER NAME <u>Mr. W. Jeff Williams</u>		3 Filer ID (Ethics Commission Filers) <u>12345678</u>	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>1,000</u>	
5 Date <u>5/2019</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Chad and Joy Bates</u>	8 Amount of Contribution \$ <u>\$250</u>	9 In-kind contribution description <u>Office space</u>
7 Contributor address; City; State; Zip Code <u>1205 W. Abram St., Arl., TX 76013</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Business owner</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>self-employed</u>	
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	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
			<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)			

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

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>4/25/19</i>		5 Payee name <i>Awesome Catering</i>			
6 Amount (\$) <i>\$1,500.00</i>		7 Payee address; City; State; Zip Code <i>2205 W. Division St., Ste AS ARL, TX 76012</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Event expense</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Mr. W. Jeff Williams</i>		Office sought <i>Mayor</i>	
Date <i>4/27/19</i>		Payee name <i>Kyle Fields</i>			
Amount (\$) <i>\$ 5,308.00</i>		Payee address; City; State; Zip Code <i>5200 Rustle Leaf Dr., Arlington, 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	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <i>Mr. W. Jeff Williams</i>		Office sought <i>Mayor</i>	
Date <i>5/3/19</i>		Payee name <i>Krystal James</i>			
Amount (\$) <i>\$1,500.00</i>		Payee address; City; State; Zip Code <i>800 W. Capps #3 Fort Worth, TX 76119</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Salaries/Wages/Contract labor Polling expense</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 MR. W. JEFF WILLIAMS	3 Filer ID (Ethics Commission Filers) 12345678
4 Date 5/3/19	5 Payee name JULIE NICHOLSON	
6 Amount (\$) \$ 4,094.00	7 Payee address; City; State; Zip Code 6405 Shorewood Dr., ARL., TX 76017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expense Event expenses	(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 5/3/19	Payee name Kyle Fields	
Amount (\$) \$5,852.00	Payee address; City; State; Zip Code 5200 Rustle Leaf Dr., ARL., TX 76017	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling expense Consulting 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 5/8/19	Payee name Richard Simpson Park, Lakehouse Venue	
Amount (\$) \$600.00	Payee address; City; State; Zip Code 6300 W. ARKANSAS LN., ARL., TX 76016	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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

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 5/16/19	5 Payee name Cindy Bradley	
6 Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 4908 Costa De Oro Ct. Ari., TX 76017	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event expenses	(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 Mr. W. Jeff Williams	Office sought Mayor
		Office held Mayor
Date 5/16/19	Payee name J. Gilligan's	
Amount (\$) \$618.30	Payee address; City; State; Zip Code 400 E. Abram St., Ari., TX 76010	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event expenses	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 Mr. W. Jeff Williams	Office sought Mayor
		Office held Mayor
Date 5/16/19	Payee name Advantage Balloons & Promotions	
Amount (\$) \$779.22	Payee address; City; State; Zip Code 2239 W. Division St., Ari., TX 76012	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event 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 <u>ONLY</u> if direct expenditure to benefit C/OH	
	Candidate / Officeholder name Mr. W. Jeff Williams	Office sought Mayor
		Office held Mayor

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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 **5/16/19** 5 Payee name **Dan Fernandez**

6 Amount (\$) **\$2,250** 7 Payee address; City; State; Zip Code **2873 Quail Ln. Arl., TX 76016**

8 PURPOSE OF EXPENDITURE **Contract labor**

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 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 **5/16/19** Payee name **Dewey Girl's Sweets**

Amount (\$) **\$75.00** Payee address; City; State; Zip Code **2115 Laron Creek Ln. Arl., TX 76006**

PURPOSE OF EXPENDITURE **Event expense**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name **Mr. W. Jeff Williams** Office sought **Mayor** Office held **Mayor**

Date **5/16/19** Payee name **Julie Nicholson**

Amount (\$) **\$321.00** Payee address; City; State; Zip Code **6405 Showwood Dr., Arl., TX 76017**

PURPOSE OF EXPENDITURE **Consulting expense
Polling expense
Event expense**

Category (See Categories listed at the top of this schedule)

Description
 Check if travel outside of Texas. Complete Schedule T.
 Check if Austin, TX, officeholder living expense

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

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

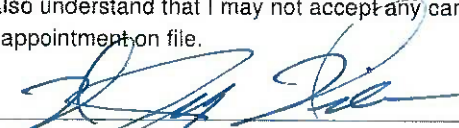
FORM C/OH - FR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Final Report" --

1 C/OH NAME <i>Mr. W. Jeff Williams</i>	2 Filer ID (Ethics Commission Filers) <i>12345678</i>
--	--

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER
-- Complete A & B below *only* if you are not an officeholder. --

A. CAMPAIGN FUNDS

Check only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.

B. ASSETS

Check only one:

I do not retain assets purchased with political contributions or interest or other income from political contributions.

I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.

Signature of Candidate

5 OFFICEHOLDER
-- Complete this section *only* if you are an officeholder --

I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.

Signature of Officeholder

CANDIDATE OFFICER/LEADER REPORT
DEPARTMENT OF FINANCIAL SERVICES

FD-204 (Rev. 11-15-83)

The information furnished hereon is true and correct to the best of your knowledge and belief.
If you are a candidate for office, you must file this report with the Department of Financial Services.

3. Name of Candidate

10042618

Mr. W. Lee Whitaker

4. Signature



FILED IN THE OFFICE OF THE SECRETARY OF FINANCIAL SERVICES