

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: 44 | | | | | | | | | | | | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">MS / MRS / MR Mr.</td> <td style="width:33%; text-align: center;">FIRST W.</td> <td style="width:33%; text-align: center;">MI Jeff</td> </tr> <tr> <td style="text-align: center;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">SUFFIX</td> </tr> </table> <div style="text-align: center; font-size: 1.5em; font-family: cursive; margin-top: 10px;">Williams</div> | | | MS / MRS / MR Mr. | FIRST W. | MI Jeff | NICKNAME | LAST | SUFFIX | <div style="border: 1px solid black; padding: 5px; text-align: center;"> OFFICE USE ONLY </div> <div style="font-size: 0.8em; margin-top: 5px;"> Date Received RECEIVED - OSO 10 APR - 4 PM 4:22 </div> | | | | | | | | |
| | MS / MRS / MR Mr. | FIRST W. | MI Jeff | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | | | Date Hand-delivered or Date Postmarked | | | | | | | | | | | | | | | |
| 5 CANDIDATE/ OFFICEHOLDER PHONE | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">AREA CODE (817)</td> <td style="width:33%;">PHONE NUMBER 640-8535</td> <td style="width:33%;">EXTENSION</td> </tr> </table> | | | AREA CODE (817) | PHONE NUMBER 640-8535 | EXTENSION | | | | | | | | | | | |
| AREA CODE (817) | PHONE NUMBER 640-8535 | EXTENSION | | | | | | | | | | | | | | | | |
| 6 CAMPAIGN TREASURER NAME | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">MS / MRS / MR Mr.</td> <td style="width:33%; text-align: center;">FIRST Dan</td> <td style="width:33%; text-align: center;">MI</td> </tr> <tr> <td style="text-align: center;">NICKNAME</td> <td style="text-align: center;">LAST</td> <td style="text-align: center;">SUFFIX</td> </tr> </table> <div style="text-align: center; font-size: 1.5em; font-family: cursive; margin-top: 10px;">Dipert</div> | | | MS / MRS / MR Mr. | FIRST Dan | MI | NICKNAME | LAST | SUFFIX | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">Receipt #</td> <td style="width:50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table> | | Receipt # | Amount \$ | Date Processed | | Date Imaged | | |
| | MS / MRS / MR Mr. | FIRST Dan | MI | | | | | | | | | | | | | | | |
| NICKNAME | LAST | SUFFIX | | | | | | | | | | | | | | | | |
| Receipt # | Amount \$ | | | | | | | | | | | | | | | | | |
| Date Processed | | | | | | | | | | | | | | | | | | |
| Date Imaged | | | | | | | | | | | | | | | | | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:10%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:30%;">ZIP CODE</td> </tr> </table> <div style="font-size: 1.5em; font-family: cursive; margin-top: 10px;"> 1512 Killian Arlington, TX 76013 </div> | | | STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | |
| STREET ADDRESS (NO PO BOX PLEASE); | APT / SUITE #; | CITY; | STATE; | ZIP CODE | | | | | | | | | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">AREA CODE (817)</td> <td style="width:33%;">PHONE NUMBER 557-0988</td> <td style="width:33%;">EXTENSION</td> </tr> </table> | | | AREA CODE (817) | PHONE NUMBER 557-0988 | EXTENSION | | | | | | | | | | | |
| AREA CODE (817) | PHONE NUMBER 557-0988 | EXTENSION | | | | | | | | | | | | | | | | |
| 9 REPORT TYPE | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td colspan="2"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td colspan="2"><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table> | | | | | <input type="checkbox"/> January 15 | <input checked="" 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 type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | |
| <input type="checkbox"/> January 15 | <input checked="" 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 type="checkbox"/> Final Report (Attach C/OH - FR) | | | | | | | | | | | | | | | |
| 10 PERIOD COVERED | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Month</td> <td style="width:10%;">Day</td> <td style="width:20%;">Year</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:20%;">Month</td> <td style="width:10%;">Day</td> <td style="width:20%;">Year</td> </tr> <tr> <td style="font-size: 1.5em; font-family: cursive;">1</td> <td style="font-size: 1.5em; font-family: cursive;">1</td> <td style="font-size: 1.5em; font-family: cursive;">2019</td> <td></td> <td style="font-size: 1.5em; font-family: cursive;">3</td> <td style="font-size: 1.5em; font-family: cursive;">25</td> <td style="font-size: 1.5em; font-family: cursive;">2019</td> </tr> </table> | | | | | Month | Day | Year | THROUGH | Month | Day | Year | 1 | 1 | 2019 | | 3 | 25 | 2019 |
| Month | Day | Year | THROUGH | Month | Day | Year | | | | | | | | | | | | |
| 1 | 1 | 2019 | | 3 | 25 | 2019 | | | | | | | | | | | | |
| 11 ELECTION | | | | | | | | | | | | | | | | | | |
| <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:40%;"> ELECTION DATE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month 5</td> <td style="width:33%;">Day 4</td> <td style="width:33%;">Year 19</td> </tr> </table> </td> <td style="width:60%;"> ELECTION TYPE <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> </td> </tr> </table> | | | | | ELECTION DATE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month 5</td> <td style="width:33%;">Day 4</td> <td style="width:33%;">Year 19</td> </tr> </table> | Month 5 | Day 4 | Year 19 | ELECTION TYPE <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special | | | | |
| ELECTION DATE <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">Month 5</td> <td style="width:33%;">Day 4</td> <td style="width:33%;">Year 19</td> </tr> </table> | Month 5 | Day 4 | Year 19 | ELECTION TYPE <table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> Primary</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> Other Description</td> </tr> <tr> <td><input checked="" type="checkbox"/> General</td> <td><input type="checkbox"/> Special</td> <td></td> </tr> </table> | <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special | | | | | | | | | |
| Month 5 | Day 4 | Year 19 | | | | | | | | | | | | | | | | |
| <input type="checkbox"/> Primary | <input type="checkbox"/> Runoff | <input type="checkbox"/> Other Description | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> General | <input type="checkbox"/> Special | | | | | | | | | | | | | | | | | |
| 12 OFFICE | | 13 OFFICE SOUGHT (if known) | | | | | | | | | | | | | | | | |
| OFFICE HELD (if any) <div style="font-size: 1.5em; font-family: cursive; margin-top: 10px;">Mayor</div> | | OFFICE HELD (if any) <div style="font-size: 1.5em; font-family: cursive; margin-top: 10px;">Mayor</div> | | | | | | | | | | | | | | | | |

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)

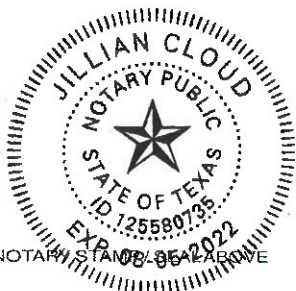
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO 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 | \$ <u>120.00</u> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <u>71,850.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ <u>200.00</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>64,447.14</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>121,172.16</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>75,000</u> |

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.

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said W. Jeff Williams, this the 4th day of April, 20 19, 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 <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>71,850.00</i> |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>10,565.65</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>64,447.14</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: 31 |
| 2 FILER NAME Mr. W. Jeff Williams | | 3 Filer ID (Ethics Commission Filers) 12345678 |
| 4 Date 1/29/19 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Craig Liddell 6 Contributor address; City; State; Zip Code 3706 Yachtclub Dr. ARL, TX 76016 | 7 Amount of contribution (\$) \$500.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 1/20/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) G. Jean Kevill Contributor address; City; State; Zip Code 2003 Windswept Ct. ARL, TX 76012 | Amount of contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1/16/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John + Irene Dancer Contributor address; City; State; Zip Code 2001 Dancer Dr. ARL, TX 76015 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1/15/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Dee Russell Contributor address; City; State; Zip Code 1106 San Juan Ct. ARL, TX 76012 | Amount of contribution (\$) \$100.00 |
| 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: 31 |
| 2 FILER NAME Mr. W. Jeff Williams | | 3 Filer ID (Ethics Commission Filers) 12345678 |
| 4 Date 1/9/19 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hughey M. Ledford | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code 1723 Briar Meadow Dr. ARL, TX 76014 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 1/23/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kyle E. + Susan J. Carrick | Amount of contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 3001 Cambridge Dr. ARL, TX 76013 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1/9/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lynn Jennings | Amount of contribution (\$) \$25.00 |
| Contributor address; City; State; Zip Code 2001 Leighton Dr. ARL, TX 76015 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1/25/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Trepac/Texas Association of Realtors Political Action Committee | Amount of contribution (\$) \$5,000.00 |
| Contributor address; City; State; Zip Code P.O. BOX 2246 Austin, TX 78768 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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: 31

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

2/1/19

5 Full name of contributor

Julie Nicholson

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$250.00

6 Contributor address;

Shorewood

City;

Arl., TX

State;

Zip Code

76016

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/18/19

Full name of contributor

Anna Gant

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25.00

Contributor address;

1927 Ridgebrook

City;

Arl., TX

State;

Zip Code

76015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/19

Full name of contributor

Bryan + Delynn Boes

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$50.00

Contributor address;

2402 Palo Alto Dr.

City;

Arl., TX

State;

Zip Code

76015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/19

Full name of contributor

Cindy Stark

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.00

Contributor address;

5609 Hunterwood Ln.

City;

Arl., TX

State;

Zip Code

76017

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: 31

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

2/18/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mike & Amy Wade

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City; State; Zip Code

12 Grant Place Pantego, TX 76013

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/18/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Cathy & Billy Allen

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

P.O. Box 14571 Arl., TX 76094

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Melanie Hoover

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

1931 Ridgebrook Dr. Arl., TX 76015

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/21/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charles Anderson

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

4100 Barnsley Ct. Arl., TX 76016

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

| | | |
|---|---|--|
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| 2 FILER NAME Mr. W. Jeff Williams | | 3 Filer ID (Ethics Commission Filers) 12345678 |
| 4 Date 2/7/19 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James A. Douglass 6 Contributor address; City; State; Zip Code P.O. Box 45001 Lubbock, TX 79409 | 7 Amount of contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 2/4/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve Martindale Contributor address; City; State; Zip Code 2102 N. Collins St. Arl., TX 76011 | Amount of contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1/28/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillip and Donna Reinsch Contributor address; City; State; Zip Code 603 Atlee Ct. Arl., TX 76006 | Amount of contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 1/29/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott and Linda Church Contributor address; City; State; Zip Code 3902 S. Shady Creek Dr. Arl., TX 76013 | Amount of contribution (\$) \$50.00 |
| 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: 31

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

1/28/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

G. Kenneth Watkins, CPA

6 Contributor address;

City; State; Zip Code

2200 S. Smith Barry Rd. #112 Pantego, TX 76013

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/28/19

Full name of contributor

☐ out-of-state PAC (ID#:

Tim Woodlee

Contributor address;

City; State; Zip Code

P.O. Box 172336 ARL, TX 76003

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/19

Full name of contributor

☐ out-of-state PAC (ID#:

David Walker

Contributor address;

City; State; Zip Code

5526 Hunterwood Ln. ARL, TX 76017

Amount of contribution (\$)

\$1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/19

Full name of contributor

☐ out-of-state PAC (ID#:

Sharen Wilson

Contributor address;

City; State; Zip Code

PO Box 282 Fort Worth, TX 76101

Amount of contribution (\$)

\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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| 2 FILER NAME Mr. W. Jeff Williams | | 3 Filer ID (Ethics Commission Filers) 12345678 |
| 4 Date 2/7/19 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Munford | 7 Amount of contribution (\$) \$ 250.00 |
| 6 Contributor address; City; State; Zip Code 5759 Blueridge Dr. Fort Worth, TX 76112 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 2/7/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Terry Bertrand | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code 2016 W. Bardin Rd. Arl., TX 76017 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2/7/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeffrey A. McCurdy | Amount of contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code 2910 Collard Rd. Arl., TX 76017 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2/7/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary Jean Hazlett | Amount of contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code 2703 Crystal Cir. 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: 31

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

2/7/19

5 Full name of contributor

Roy English

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City; State; Zip Code

514 Oak Forest Ct. Kennedale, TX 76048

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/7/19

Full name of contributor

Ryan Gruber

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

2806 Katherine Ct. Dalworthington Gardens, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/7/19

Full name of contributor

Bill Bowerman

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

PO Box 171199 Arl., TX 76003

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/13/19

Full name of contributor

Randal Rose

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

3416 Collard 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: 31 |
| 2 FILER NAME Mr. W. Jeff Williams | | 3 Filer ID (Ethics Commission Filers) 12345678 |
| 4 Date 8/16/19 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall Hendricks | 7 Amount of contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code 3110 Westador Dr. ARL, TX 76015 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 8/27/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fred & Linda Davis | Amount of contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code PO Box 13663 ARL, TX 76094 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 8/27/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pat Herzmall | Amount of contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code 5505 Hunterwood Ln. ARL, TX 76017 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 8/27/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kathleen Long | Amount of contribution (\$) \$2,000.00 |
| Contributor address; City; State; Zip Code 1903 Peyco Dr. N ARL, TX 76001 | | |
| 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: 31

2 FILER NAME Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)
12345678

4 Date
8/27/19

5 Full name of contributor ☐ out-of-state PAC (ID#:
Moji Haddad

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

6 Contributor address; City; State; Zip Code
2500 NE Green Oaks Blvd., #200 ARL, TX 76006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/8/19

Full name of contributor ☐ out-of-state PAC (ID#:
David Dang

Amount of contribution (\$)

\$2,000.00

Contributor address; City; State; Zip Code
1818 E. Pioneer Pkwy, #100 ARL, TX 76010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/8/19

Full name of contributor ☐ out-of-state PAC (ID#:
Kevin D. Le

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code
6925 Katherine Ct. Richland Hills, TX 76118

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/8/19

Full name of contributor ☐ out-of-state PAC (ID#:
Thanh D. Le

Amount of contribution (\$)

\$1,000.00

Contributor address; City; State; Zip Code
2831 Andrews Dr. Grand Prairie, TX 75052

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: **31**

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

3/8/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Inscencio V Delacruz

7 Amount of contribution (\$)

\$50.00

6 Contributor address;

City; State; Zip Code

7104 Eden Tap Rd. Apt. B Kennedale, TX 76060

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/19

Full name of contributor

☐ out-of-state PAC (ID#:

Myloan Thi Le DBA Wan's Hair Salon

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

2202 New York Ave. ARL, TX 76010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/19

Full name of contributor

☐ out-of-state PAC (ID#:

Emma L. Ramos

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

2613 Shadow Ridge Dr. Burleson, TX 76028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/19

Full name of contributor

☐ out-of-state PAC (ID#:

A.T. Manahan

Amount of contribution (\$)

\$50.00

Contributor address;

City; State; Zip Code

2005 Shadow Ridge Dr. 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: 31

2 FILER NAME
Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)
12345678

4 Date
3/9/18

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

Rattana Mas

7 Amount of contribution (\$)

\$50.00

6 Contributor address; City; State; Zip Code
6309 N. Ridge Rd. Fort Worth, TX 76135

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/8/19

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

Bieu Dinh

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code
556 Parkcrest Dr. Grand Prairie, TX 75052

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/8/19

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

Sunny Graham Realty Co.

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code
719 W. Abram St. Arl., TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/8/19

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

Nguyen Nguyen

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code
6522 Daisy Dr. 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: 31

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

3/6/19

5 Full name of contributor

Bo Cung

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

8033 Sunscape Ln. Fort Worth, TX 76123

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/19

Full name of contributor

The Republic of Vietnam Veterans Assoc., DFW

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

2244 Fox Ridge Trl. Frisco, TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/19

Full name of contributor

Dung Quang Le

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

5244 Kathryn Dr. Grand Prairie, TX 75052

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/19

Full name of contributor

Blesilda S. Macaraeg

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

P.O. Box 153031 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: 31 |
| 2 FILER NAME Mr. W. Jeff Williams | | 3 Filer ID (Ethics Commission Filers) 12345678 |
| 4 Date 3/8/19 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: An Minh Truong | 7 Amount of contribution (\$) \$200.00 |
| 6 Contributor address; City; State; Zip Code 2000 Layton Ave. Haltom City, TX 76117 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 3/8/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jessica My-Dung Nguyen, Sole Prop DBA Jessica Hair & Nails | Amount of contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code 839 NE Green Oaks Blvd. Apt. TX 76006 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/8/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Vu Hanh-Phuoc | Amount of contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code 6021 Forest Highlands Dr. Fort Worth, TX 76132 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 3/8/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Leyna Dang | Amount of contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code 3375 W. Walnut St., #100 Garland, TX 75042 | | |
| 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: 31 |
| 2 FILER NAME Mr. W. Jeff Williams | | 3 Filer ID (Ethics Commission Filers) 12345678 |
| 4 Date 3/8/19 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Myong H. Chong | 7 Amount of contribution (\$) \$300.00 |
| 6 Contributor address; City; State; Zip Code 6336 Waverly Way Fort Worth, TX 76116 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 3/1/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Amy Hang Le | Amount of contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 4012 Penny Royal Dr. Keller, TX 76244 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2/26/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Peggy L Merritt | Amount of contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code 3004 Iron Stone Ct. Ari., TX 76006 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 2/26/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William K. Rosenberry | Amount of contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code 3609 Lake Powell 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: 31

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

8/26/19

5 Full name of contributor

J. Hutcherson

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

PO Box 13100

City; State; Zip Code

Arl., TX 76094

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/27/19

Full name of contributor

Grace McDermott

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.00

Contributor address;

2114 Franklin Dr.

City; State; Zip Code

Arl., TX 76011

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/26/19

Full name of contributor

Christopher S. Carroll

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$6,000.00

Contributor address;

4518 Ridgecrest Dr.

City; State; Zip Code

Arl., TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/26/18

Full name of contributor

Michael P. O'Donnell

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.00

Contributor address;

4001 Fairway Ct

City; State; Zip Code

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: 31

2 FILER NAME
Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)
12345678

4 Date
8/26/19

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

6 Contributor address; City; State; Zip Code
711 Findlay Dr. ARL, TX 76012

7 Amount of contribution (\$)
\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
8/26/19

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

Contributor address; City; State; Zip Code
1201 Canterbury Ct. ARL, TX 76013

Amount of contribution (\$)
\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/26/19

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

Contributor address; City; State; Zip Code
1611 Bent Creek Dr. Cleburne, TX 76033

Amount of contribution (\$)
\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/25/19

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

Contributor address; City; State; Zip Code
6732 Clear Spring Dr. Fort Worth, TX 76132

Amount of contribution (\$)
\$350.00

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: 31

2 FILER NAME
Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)
12345678

4 Date
2/26/19

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

6 Contributor address; City; State; Zip Code
620 Scenic Dr. Irving, TX 75039

7 Amount of contribution (\$)
\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
2/26/19

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Harry M. Croxton

Contributor address; City; State; Zip Code
1309 Memory Ln., #5024 ARL, TX 76011

Amount of contribution (\$)
\$250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/25/19

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Clay + Brandee Kelley

Contributor address; City; State; Zip Code
1300 Canterbury Ct. ARL, TX 76013

Amount of contribution (\$)
\$350.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
2/26/19

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

Contributor address; City; State; Zip Code
301 W. Abram St. ARL, TX 76010

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: 31

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

2/21/19

5 Full name of contributor

Tom Cravens

☐ out-of-state PAC (ID#: _____)

6 Contributor address;

501 S. Fielder Rd. Arl., TX 76013

City; State; Zip Code

7 Amount of contribution (\$)

\$500.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/25/19

Full name of contributor

Cary Moon

☐ out-of-state PAC (ID#: _____)

Contributor address;

5016 Exposition Keller, TX 76244

City; State; Zip Code

Amount of contribution (\$)

\$150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/19

Full name of contributor

Georgie Zang

☐ out-of-state PAC (ID#: _____)

Contributor address;

2400 Perkins Rd. Arl., TX 76016

City; State; Zip Code

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/19

Full name of contributor

Joe Bruner

☐ out-of-state PAC (ID#: _____)

Contributor address;

2311 Autumn Oaks Trl. Arl., TX 76006

City; State; Zip Code

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: 31

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

2/18/19

5 Full name of contributor

Glenn Lewis

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$2,500.00

6 Contributor address;

PO Box 17428

City; State; Zip Code

Austin, TX 78760

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/20/19

Full name of contributor

Don Duke

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

PO Box 13464

City; State; Zip Code

Arl., TX 76094

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/19

Full name of contributor

Patricia M. Jenkins

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

1104 Montreau Ct. Arl., TX 76012

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/19

Full name of contributor

Diane Dinos

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

902 High Hawk Trl. Euless, TX 76039

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: 31

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

2/20/19

5 Full name of contributor

James D. Spanio

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City; State; Zip Code

1028 Lone Ivory Trl. ARL, TX 76005

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/20/19

Full name of contributor

Debra Annette Duncan

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

3900 Sunset Ln. ARL, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/19

Full name of contributor

Robert R. Jordan

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

3900 Sunset Ln. ARL, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/19

Full name of contributor

Michael C. Farhat

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

1108 Greenbriar Ln. 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: 31

2 FILER NAME Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)
12345678

4 Date

2/20/19

5 Full name of contributor

Reba Blevins

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$2,000.00

6 Contributor address;

6210 Ken Ave.

City;

Arl., TX

State; Zip Code

76001

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/21/19

Full name of contributor

Ken Cox

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$750.00

Contributor address;

1015 E. Rd to Six Flags

City;

Arl., TX

State; Zip Code

76011

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/22/19

Full name of contributor

Kathleen Long

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$4,000.00

Contributor address;

1903 Peyco Dr. N

City;

Arl., TX

State; Zip Code

76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/18/19

Full name of contributor

Jim D. Follis

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

6904 Golf Green Dr.

City;

Arl., TX

State; Zip Code

76001

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: 31

2 FILER NAME
Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)
12345678

4 Date
8/20/19

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

7 Amount of contribution (\$)
\$2,500.00

6 Contributor address; City; State; Zip Code
2714 Sherman Grand Prairie, TX 75051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
8/22/19

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

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
2214 Park Springs Blvd. Arl., TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/19/19

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

Amount of contribution (\$)
\$750.00

Contributor address; City; State; Zip Code
1703 North Peyco Dr. Arl., TX 76001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
8/22/19

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Gary T. Trammell

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
905 Briardiff Ct. Arl., TX 76012

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: 31

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

2/20/19

5 Full name of contributor

Damron Living Trust

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

2728 Steamboat Cir. ARL, TX 76006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/20/19

Full name of contributor

Adnan Bahar

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

2002 Candlewood ARL, TX 76012

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/19

Full name of contributor

Sylvia Nichols

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25.00

Contributor address;

City; State; Zip Code

3811 Shorewood Dr. ARL, TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/20/19

Full name of contributor

Stephen R. Zimmer

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address;

City; State; Zip Code

407 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: 31

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

17345678

4 Date

2/25/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Jollyn Mwisongo

6 Contributor address;

City; State; Zip Code

2432 River Rock Circle ARL, TX 76006

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/26/19

Full name of contributor

☐ out-of-state PAC (ID#:

Mark T. Reinhardt

Contributor address;

City; State; Zip Code

3409 Shorewood Ct. ARL, TX 76016

Amount of contribution (\$)

\$500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/29/19

Full name of contributor

☐ out-of-state PAC (ID#:

Charles Ramsay III

Contributor address;

City; State; Zip Code

1300 Garrett Morris Pkwy Mineral Wells, TX 76067

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/19

Full name of contributor

☐ out-of-state PAC (ID#:

Philip L Meaders

Contributor address;

City; State; Zip Code

604 Creekway Dr. Irving, TX 75039

Amount of contribution (\$)

\$100.00

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: 31

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

2/26/19

5 Full name of contributor

Charles G. Parker

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City; State; Zip Code

501 Crown Colony Dr. Arl., TX 76006

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/8/19

Full name of contributor

Pho 999

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.00

Contributor address;

City; State; Zip Code

2615 W. Pioneer Pkwy Grand Prairie, TX 75051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/19

Full name of contributor

Expo Salon

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$300.00

Contributor address;

City; State; Zip Code

1818 E. Pioneer Pkwy #168 Arl., TX 76010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/8/19

Full name of contributor

Kimchi Nguyen

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$400.00

Contributor address;

City; State; Zip Code

100 W. Pioneer Pkwy #146, Arl., TX 76010

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: 31

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

3/8/19

5 Full name of contributor

Ulises Robles

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,000.00

6 Contributor address;

City; State; Zip Code

425 W Pioneer Pkwy Grand Prairie, TX 75051

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/14/19

Full name of contributor

Don Allen

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

7302 Tidal Trace Arl., TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/23/19

Full name of contributor

Stacy Bridger

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

City; State; Zip Code

4531 Edge Creek Ln. Arl., TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/19

Full name of contributor

Holly Clinton

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$25.00

Contributor address;

City; State; Zip Code

5304 Hidden Trails Dr. 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: 31

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)
12345678

4 Date

3/20/19

5 Full name of contributor

Glenn Day

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address;

City; State; Zip Code

2307 Wood Cliff Ct. Arl., TX 76012

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/25/19

Full name of contributor

Mike Gerro

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

4604 Riverforest Dr. Arl., TX 76017

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/20/19

Full name of contributor

Gary Knott

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

2000 Kodiak Ct. Arl., TX 76013

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/19

Full name of contributor

David J. Tesmer

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500.00

Contributor address;

City; State; Zip Code

3951 Cole Ave. Dallas, TX 75204

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: 31

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)
12345678

4 Date

3/18/19

5 Full name of contributor

Jacob Sumpter

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$200.00

6 Contributor address;

City; State; Zip Code

7011 Lake Powell Dr. Ari., TX 76016

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/22/19

Full name of contributor

Larry Hurley

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address;

City; State; Zip Code

6724 Johns Ct. Ari., TX 76016

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/19

Full name of contributor

Steven Poole

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250.00

Contributor address;

City; State; Zip Code

3612 West 5th St. Fort Worth, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/26/19

Full name of contributor

Mark Kundysek

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address;

City; State; Zip Code

3028 Shadow Dr. W 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: **31**

2 FILER NAME

Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)

12345678

4 Date

2/27/19

5 Full name of contributor

Walid Joulani

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$500.00

6 Contributor address;

2900 Rush Ct.

City; State; Zip Code

Arl., TX 76017

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/2/19

Full name of contributor

Howard Porteus

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address;

1245 Blue Lake Blvd. Arl., TX 76005

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/2/19

Full name of contributor

Robert Kembel

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000.00

Contributor address;

1301 Blue Lake Blvd. Arl., TX 76005

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/19

Full name of contributor

Greg Fields

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$200.00

Contributor address;

500 Throckmorton St. Fort Worth, TX 76102

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: 31

2 FILER NAME Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)
12345678

4 Date
3/23/19

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

6 Contributor address; City; State; Zip Code
1813 Elmhurst Dr. Arl, TX 76012

7 Amount of contribution (\$)
\$250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
3/16/19

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

Contributor address; City; State; Zip Code
1305 Wilshire Blvd. Arl, TX 76012

Amount of contribution (\$)
\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/8/19

Full name of contributor ☐ out-of-state PAC (ID#: _____)
King Trong - CASH

Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
3/8/19

Full name of contributor ☐ out-of-state PAC (ID#: _____)
Dr. An Trong - CASH

Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$200.00

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

| | | | |
|---|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A2: <u>8</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 | | \$ | |
| 5 Date <u>3/21/19</u> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Con Real - Gerald Alley</u> | 8 Amount of Contribution \$ <u>\$280.00</u> | 9 In-kind contribution description <u>Breakfast and coffee for leaders meeting</u> |
| 7 Contributor address; City; State; Zip Code <u>1900 Ballpark Way ARL, TX 76006</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Construction / 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 <u>1/9/19</u> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <u>Randy Ford</u> | Amount of Contribution \$ <u>\$3,600.00</u> | In-kind contribution description <u>Food + beverage for kick-off event</u> |
| Contributor address; City; State; Zip Code <u>400 E. Abram St. ARL, TX 76010</u> | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Business Owner</u> | | Employer (FOR NON-JUDICIAL) (See Instructions) <u>Self-employed</u> | |
| 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: 8

2 FILER NAME Mr. Jeff Williams

3 Filer ID (Ethics Commission Filers) 12345678

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date 1/9/19

6 Full name of contributor ☐ out-of-state PAC (ID#:
Stephane McVay
7 Contributor address; City; State; Zip Code
5507 Hunterwood Ln ARL, TX 76017

8 Amount of Contribution \$ 848.00
9 In-kind contribution description Event supplies
☐ Check if travel outside of Texas. Complete Schedule T.

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

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 1/20/19

Full name of contributor ☐ out-of-state PAC (ID#:
Chad + Joy Bates
Contributor address; City; State; Zip Code
1205 W. Abram St. ARL, TX 76013

Amount of Contribution \$ 1,000.00
In-kind contribution description Office Space
☐ 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) Self-employed

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: 8

2 FILER NAME Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers) 12345678

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

2/7/19

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

John & Barbara Foster

7 Contributor address; City; State; Zip Code

2910 Collard Ct. Arl., TX 76017

8 Amount of Contribution \$

\$400.00

9 In-kind contribution description

Event expenses

☐ Check if travel outside of Texas. Complete Schedule T.

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

Business owner

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Self-employed

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

2/7/19

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

Julie Nicholson

Contributor address; City; State; Zip Code

6405 Shorewood Dr. Arl., TX 76016

Amount of Contribution \$

\$49.99

In-kind contribution description

Event expenses

☐ Check if travel outside of Texas. Complete Schedule T.

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

Consultant

Employer (FOR NON-JUDICIAL) (See Instructions)

Self-employed

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: 8 | |
| 2 FILER NAME Mr. W. Jeff Williams | | 3 Filer ID (Ethics Commission Filers) 12345678 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 2/15/19 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Randy Hendricks | 8 Amount of Contribution \$ 177.66 | 9 In-kind contribution description Misc. office supplies and snacks |
| 7 Contributor address; City; State; Zip Code 3110 Westador Dr. Arl., TX 76015 | | <input type="checkbox"/> 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 2/18/19 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#:) Mike & Amy Wade | Amount of Contribution \$ 375.00 | In-kind contribution description Event expenses |
| Contributor address; City; State; Zip Code 12 Grant Place Pantego, TX 76013 | | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | |
| Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business owners | | Employer (FOR NON-JUDICIAL) (See Instructions) Self-employed | |
| 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: 8

2 FILER NAME Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers) 12345678

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

2/20/19

6 Full name of contributor

El Gabacho Restaurant

☐ out-of-state PAC (ID#:

7 Contributor address; City; State; Zip Code

2408 W. Abram St. Ari., TX 76013

8 Amount of Contribution \$

\$780.00

9 In-kind contribution description

Food and beverage for volunteer meeting

☐ Check if travel outside of Texas. Complete Schedule T.

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

Business owner

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Self-employed

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

2/20/19

Full name of contributor

Mojy Haddad

Contributor address; City; State; Zip Code

3024 Shadow Dr. W Ari., TX 76006

Amount of Contribution \$

\$1,200.00

In-kind contribution description

Food and beverage for a meet and greet fundraiser

☐ 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)

self-employed

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: 8 | |
| 2 FILER NAME Mr. W. Jeff Williams | | 3 Filer ID (Ethics Commission Filers) 12345678 | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ | |
| 5 Date 2/20/19 | 6 Full name of contributor Julie Nicholson 7 Contributor address; City; State; Zip Code 6405 Shorewood Dr. Arl., TX 76016 <input type="checkbox"/> out-of-state PAC (ID#: | 8 Amount of Contribution \$ 857.00 | 9 In-kind contribution description Event expense <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |
| 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Consultant | | 11 Employer (FOR NON-JUDICIAL) (See Instructions) Self-employed | |
| 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 2/20/19 | Full name of contributor Chad + Joy Bates Contributor address; City; State; Zip Code 1205 W. Abram St. Arl., TX 76013 <input type="checkbox"/> out-of-state PAC (ID#: | Amount of Contribution \$ 81,000.00 | In-kind contribution description Office Space <input type="checkbox"/> 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) Self-employed | |
| 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: 8

2 FILER NAME Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)
12345678

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

3/23/19

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

Sylvia Nichols

7 Contributor address; City; State; Zip Code

3811 Shorewood Dr. Arl., TX 76016

8 Amount of Contribution \$

\$48.00

9 In-kind contribution description

Event expenses

☐ 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

3/17/19

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

John & Mary Hibbs

Contributor address; City; State; Zip Code

4006 Falcon Lake Dr. Arl., TX 76016

Amount of Contribution \$

\$300.00

In-kind contribution description

Food & beverage for meet & greet event

☐ Check if travel outside of Texas. Complete Schedule T.

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

manager

Employer (FOR NON-JUDICIAL) (See Instructions)

Contamac Ltd.

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: 8

2 FILER NAME Mr. W. Jeff Williams

3 Filer ID (Ethics Commission Filers)
12345678

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

3/24/19

6 Full name of contributor

Tim Woodlee

☐ out-of-state PAC (ID#:

7 Contributor address; City; State; Zip Code

PO Box 172336 Ari, TX 76003

8 Amount of Contribution \$

\$250.00

9 In-kind contribution description

Event expenses

☐ Check if travel outside of Texas. Complete Schedule T.

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

Consultant

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Woodlee Consulting PLLC

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

3/20/19

Full name of contributor

Chad + Joy Bates

Contributor address; City; State; Zip Code

1205 W. Abram St. Ari, TX 76013

Amount of Contribution \$

\$1,000.00

In-kind contribution description

Office space

☐ 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)

Self-employed

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 | | 2 FILER NAME Mr. W. Jeff Williams | | 3 Filer ID (Ethics Commission Filers) 12345678 | |
| 4 Date 2/15/19 | | 5 Payee name Julie Nicholson | | | |
| 6 Amount (\$) \$677.62 | | 7 Payee address; City; State; Zip Code 6405 Shorewood Dr. ARL., TX 76016 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) consulting expenses printing 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 | |
| Date 3/5/19 | | Payee name Kyle Fields | | | |
| Amount (\$) \$3,835.00 | | 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) consulting expenses advertising expenses | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name Mr. W. Jeff Williams | | Office sought Mayor | |
| Date 3/10/19 | | Payee name Julie Nicholson | | | |
| Amount (\$) \$3,621.90 | | Payee address; City; State; Zip Code 6405 Shorewood Dr. ARL., TX 76017 | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) consulting expenses 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 | |
| Complete <u>ONLY</u> 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
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 | | 2 FILER NAME Mr. W. Jeff Williams | | 3 Filer ID (Ethics Commission Filers) 12345678 | |
| 4 Date 3/10/19 | | 5 Payee name Mayes Media | | | |
| 6 Amount (\$) \$55,612.62 | | 7 Payee address; City; State; Zip Code 312 Creekwood Dr. Sunnyvale, TX 75182 | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) Consulting Expenses Advertising Expenses Printing expenses Polling 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 | |
| Date 2/19/19 | | Payee name Richard Simpson Park, Lakehouse Venue | | | |
| Amount (\$) \$700.00 | | Payee address; City; State; Zip Code 6300 W. Arkanisas 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 | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date | | Payee name | | | |
| Amount (\$) | | Payee address; City; State; Zip Code | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

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