

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)	2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Stephanie	FIRST P.	OFFICE USE ONLY
	NICKNAME	LAST Williams	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 1410 Park Pl. Southlake TX 76092		
	5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (813)	PHONE NUMBER 435-0695
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Cindy	FIRST Whitton	MI L
	NICKNAME	LAST	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 603 Northwood Ct Southlake TX 76092		
	8 CAMPAIGN TREASURER PHONE	AREA CODE (913)	PHONE NUMBER 484-5142
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 03 / 29 / 2022 04 / 27 / 2022		
11 ELECTION	ELECTION DATE Month Day Year 05 / 07 / 2022		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)	13 OFFICE SOUGHT (if known) CISD, Place 7
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	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	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2 -1-

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

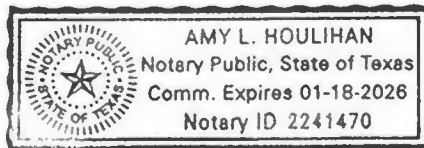
15 C/OH NAME <i>Stephanie P. Williams</i>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,825.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 307.36
	4. TOTAL POLITICAL EXPENDITURES	\$ 19,928.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,524.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,000.00

18 SIGNATURE 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.

Stephanie P. Williams
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Amy Houlihan this the 29 day of April, 2022, to certify which, witness my hand and seal of office.
Amy Houlihan Amy Houlihan Notary Public
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.
 My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)
 Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Stephanie P. Williams</i>	20 Filer ID (Ethics Commission Filers)
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	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>3,880.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>945.00</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>19,621.09</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

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1 <i>2 (1 of 2)</i>
2 FILER NAME <i>Stephanie P. Williams</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>See spreadsheet attached p. 2 of 2</i>	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code <i># 3,880.00</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 Sch. A-A (4/29/22 filing) Stephanie P. Williams

Donation	Name	Address	Amount
3/31/22	Belinda Salinas	14636 Spitfire Trail Roanoke, TX 76262	\$100
3/31/22	Victoria Dang Kelly	1205 Lansdowne Ct Southlake, TX 76092	\$500
4/4/22	Nithya Narayanaswamy	809 Orleans Dr Southlake, TX 76092	\$50
4/4/22	Terri Bartlett	808 Longford Dr Southlake, TX 76092	\$40
4/4/22	Lupita Reyes	81 Mandria Newport Coast, CA 92657	\$100
4/4/22	Kenneth Osean	633 Chandon Ct Southlake, TX 76092	\$100
4/4/22	Karey Skiermont	402 Atherton Circle Southlake, TX 76092	\$250
4/4/22	Erin Bergman	1652 Creekside Dr Southlake, TX 76092	\$250
4/11/22	Michele Brickner	2601 Summit Ridge Dr Southlake, TX 76092	\$100
4/11/22	Hilary Prokop	1205 Champions Way Southlake, TX 76092	\$100
4/11/22	Carla Pulliam	1010 Brazos Dr Southlake, TX 76092	\$25
4/11/22	Nikita Kennedy	1219 Westmont Dr Southlake, TX 76092	\$100
4/11/22	Sydni Kahle	935 Midland Creek Dr Southlake, TX 76092	\$150
4/11/22	Kathy Hines	1600 Pheasant Ln Southlake, TX 76092	\$50
4/11/22	Julia Min	1106 La Paloma Ct Southlake, TX 76092	\$200
4/11/22	MaryBeth McMillon	2706 Brookshire Dr Southlake, TX 76092	\$100
4/12/22	Scot Tornow	907 Hidden Meadow Ct Southlake, TX 76092	\$25
4/12/22	Colleen Golestan	708 Bryson Way Southlake, TX 76092	\$50
4/12/22	Russell Maryland	510 W. Highland St Southlake, TX 76092	\$500
4/12/22	August Schilling	PO Box 906 Euless, TX 76039	\$200
4/12/22	Helena Beves	1201 Province Ln Southlake, TX 76092	\$20
4/15/22	Emily Setford	1911 Water Lily Dr Southlake, TX 76092	\$50
4/15/22	Elisha Rurka	803 Dominion Dr Southlake, TX 76092	\$100
4/15/22	Francis Pittman	1460 Bent Creek Dr Southlake, TX 76092	\$100
4/15/22	Modhurima Sen	402 Parkwood Ct Southlake, TX 76092	\$25
4/18/22	Linda Lambeth	1407 Park Place Southlake, TX 76092	\$100
4/18/22	Amy Hinkel	304 Sheffield Dr Southlake, TX 76092	\$100
4/18/22	Heather Patton	1735 Sleepy Hollow Trl Southlake, TX 76092	\$100
4/18/22	Robert Donahue	1414 Laguna Vista Way Grapevine, TX 76051	\$25
4/27/22	Cathy Almand	4411 McKinney Ave #33 Dallas, TX 75205	\$50
4/27/22	Maryann Maher	9996 Timberknoll Lane Southlake, TX 76092	\$20
4/27/22	Sarah Langan	2101 Paso Robles Trl Southlake, TX 76092	\$200
		TOTAL	\$3,880

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2 (1 of 2)	
2 FILER NAME Stephanie P. Williams		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 945.00	
5 Date 3/26/22	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnie Fish	8 Amount of Contribution \$ \$415.00	9 In-kind contribution description Food/Beverage Kick-off party
7 Contributor address; City; State; Zip Code 1018A Diamond Blvd Southlake TX 76092		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

If the requested information is not applicable, DO NOT include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages, Schedule A2: 2 (2 of 2)	
2 FILER NAME Stephanie P. Williams		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ see prior page	
5 Date 4/22/22	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rory Brown	8 Amount of Contribution \$ \$140.00	9 In-kind contribution description Food for Meet & Greet
7 Contributor address; City; State; Zip Code 1430 Bent Trail Circle Southlake TX 76092		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 4/22/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna & Thomas Harvey	Amount of Contribution \$ \$390.00	In-kind contribution description Food for Meet & Greet
Contributor address; City; State; Zip Code 1012 Berkshire Road Southlake TX 76092		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 5 (1 of 5)	2 FILER NAME Stephanie P. Williams	3 Filer ID (Ethics Commission Filers)
4 Date 4/12/22	5 Payee name Amie Fish (Reimbursed various expenses)	
6 Amount (\$) \$4,736.01	7 Payee address; City; State; Zip Code 1018 A Diamond Blvd Southlake TX 76092	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) see attached sheet for itemization	(b) Description see attached sheet for itemization
	(c) <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	Office sought Office held
Date 4/19/22	Payee name Jay Williams (reimbursed various expenses)	
Amount (\$) \$545.50	Payee address; City; State; Zip Code 1410 Park Pl. Southlake TX 76092	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) see attached sheet for itemization	Description see attached sheet for itemization
	<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	Office sought Office held
Date 4/21/22	Payee name Alphagraphics of Fort Worth	
Amount (\$) \$4500.00	Payee address; City; State; Zip Code 4296 Western Center Blvd. Ft. Worth TX 76137	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description mailers, postage and design services
	<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	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 5 (2 of 5)	2 FILER NAME Stephanie P. Williams	3 Filer ID (Ethics Commission Filers)
4 Date 04/22/22	5 Payee name Alphagraphics of Fort Worth	
6 Amount (\$) \$4,324.18	7 Payee address: 4296 Western Center Blvd. Ft Worth TX 76137	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description mailers, postage and design services
	(c) <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	Office sought Office held
Date 4/25/22	Payee name Alphagraphics of Fort Worth	
Amount (\$) \$1,114.75	Payee address: 4296 Western Center Blvd. Ft. Worth TX 76137	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description mailers, postage and design services
	<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	Office sought Office held
Date 4/26/22	Payee name Facebook	
Amount (\$) \$600.65	Payee address: 1601 S. California Ave. Palo Alto CA 94304	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ads
	<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	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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: 5 (3 of 5)	2 FILER NAME Stephanie P. Williams	3 Filer ID (Ethics Commission Filers)
4 Date 4/26/22	5 Payee name Bulldog Billboards	
6 Amount (\$) \$3,800.00	7 Payee address: 4310 Buena Vista, Suite 31 Dallas TX 75205	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description mobile billboard
	(c) <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	Office sought Office held
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 Office held
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 Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

5 (4 of 5) Stephanie P. Williams

Political Expenditures Made from Political Contributions, Schedule F1 (4/29/22 filing)

04/12/22 Reimbursement to Payee Aamie Fish in the amount of \$4,736.01, details:

Reimbursed Expense: Event Art Co. Balloons and Moore

Amount: \$1,075.00

Vendor Address: PO Box 93197, Southlake, TX 76092

Category: Event Expense Description: Decorating balloons for kick-off

Reimbursed Expense: Lexi Wegner

Amount: \$200.00

Vendor Address: unknown

Category: Event Expense Description: Photographer

Reimbursed Expense: Personalized Grazing

Amount: \$2,165.00

Vendor Address: 12748 Oakvale Tr, Ft. Worth, TX 76244

Category: Event expense Description: Food for kick-off party

Reimbursed Expense: ?

Amount: \$796.01

Vendor Address: ?

Category: Event Expense Description: Entertainment, Rental of vertical Obstacle course for kids

Reimbursed Expense: Clay Potter

Amount: \$500.00

Vendor Address: ?

Category: Event Expense Description: entertainment at kick-off

04/19/22 Reimbursement to Payee Jay Williams in the amount of \$545.50. details:

Reimbursed Expense: Jabo's Ace Hardware & Garden

Amount: \$15.13

Vendor Address: 1580 Keller Pkwy, Keller, TX 76248

Category: Advertising Expense Description: tape and cables for signs

Reimbursed Expense: 7-Eleven

Amount: \$33.00

Vendor Address: 1600 W Southlake Blvd, Southlake, TX 76092

Category: Advertising Expense Description: Gas for Rental Truck

Reimbursed Expense: Tom Thumb

Amount: \$11.33, \$153.91, \$30.16

Vendor Address: 100 W. Southlake Blvd, Southlake, TX 76092

Category: Event Expense Description: ice, paper plates for meet and greet

Reimbursed Expense: Home Depot

Amount: \$24.95, \$17.24, \$141.90

5 (5 of 5) Stephanie P. Williams Political Expenditures from

Vendor Address: 300 Village Center Dr., Southlake, TX 76092

Category: Advertising Expense Description: Sign parts, rental of truck

Reimbursed Expense: Staples

Amount: \$117.88

Vendor Address: 200 N. Kimball Ave, Suite 221, Southlake, TX 76092

Category: Advertising Expense Description: Printing

Political
Contributor,
Schedule F1
(4/29/22 Filing)