

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR 0	FIRST Stephanie	MI P.
	NICKNAME	LAST Williams	SUFFIX
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 0	FIRST Lindy	MI L
	NICKNAME	LAST Whitton	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 checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10 / 24 / 2021 THROUGH 12 / 31 / 2022		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 05 / 07 / 2022	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	<input type="checkbox"/> Other Description will be formally filing to run for this office in Feb. 2022
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

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

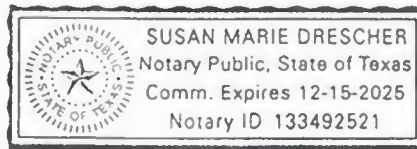
**FORM C/OH
COVER SHEET PG 2**

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)	\$ <i>0.00</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <i>1,525.00</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <i>205.56</i>
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>5,345.70</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>8,636.02</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <i>2,000.00</i>

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 *Stephanie Williams* this the *18th* day of *January* 20 *22*, to certify which, witness my hand and seal of office.
Susan Drescher *Susan Drescher* *Notary*
 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_____.

 Signature of Candidate/Officeholder (Declarant)

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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Stephanie P. Williams</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1,025.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>500.00</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>5,152.49</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: 2 (1 of 2)
2 FILER NAME Stephanie P. Williams		3 Filer ID (Ethics Commission Filers)
4 Date 10/24/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marc Dugger	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 1211 Hat Creek Trail Southlake TX 76092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jon Daniels	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 425 Pine Dr. Southlake TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackenzie DeWerff	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 9768 Spring Branch Drive Dallas TX 75238		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taimur Rabbani	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 104 Waterford Dr. Southlake TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

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: 2 (2 of 2)
2 FILER NAME Stephanie P. Williams		3 Filer ID (Ethics Commission Filers)
4 Date 10/25/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Srivam Balakrishnan	7 Amount of contribution (\$) \$50.00
6 Contributor address; City: State: Zip Code 1342 Province Lane Southlake TX 76092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 10/25/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holly Heiseriman	Amount of contribution (\$) \$200.00
Contributor address; City: State: Zip Code 801 Carriage Ct. Southlake TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 10/27/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Annie Costello	Amount of contribution (\$) \$50.00
Contributor address; City: State: Zip Code 1862 North Peytonville Ave. Southlake TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/1/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evin Ingram	Amount of contribution (\$) \$50.00
Contributor address; City: State: Zip Code 809 Kleberg Ct. Southlake TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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: 1	
2 FILER NAME Stephanie P. Williams		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/29/21	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Shutter & Ed Hernandez	8 Amount of Contribution \$ \$500.00	9 In-kind contribution description Food/Beverage for ice cream social!
7 Contributor address; City: State: Zip Code 2001 Vail Road 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)			

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 (1 of 5)	2 FILER NAME Stephanie P. Williams	3 Filer ID (Ethics Commission Filers)
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4 Date 10/25/21	5 Payee name Facebook
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6 Amount (\$) \$250.00	7 Payee address: 1601 S. California Ave.	City: Palo Alto	State: CA	Zip Code 94304
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Ads
	(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
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Date 10/29/21	Payee name Facebook
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Amount (\$) \$259.84	Payee address: 1601 S. California Ave.	City: Palo Alto	State: CA	Zip Code 94304
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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
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Date 11/1/21	Payee name Facebook
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Amount (\$) \$3.00	Payee address: 1601 S. California Ave.	City: Palo Alto	State: CA	Zip Code 94304
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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 -7-	Office sought	Office held
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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)
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4 Date 11/02/21	5 Payee name Sir Speedy Printing
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6 Amount (\$) \$332.06	7 Payee address: 1420 Valwood Pkwy, Ste. 105	City: Carrollton	State: TX	Zip Code 75006
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Poll Greeting Signs
	(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
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Date 11/02/21	Payee name Facebook
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Amount (\$) \$400.00	Payee address: 1601 S. California Ave.	City: Palo Alto	State: CA	Zip Code 94304
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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
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Date 11/03/21	Payee name Mustle, Inc.
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Amount (\$) \$514.35	Payee address: 548 Market St. PMB 19841	City: San Francisco	State: CA	Zip Code 94104
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Ads - SMS Messages
	<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 -8-	Office sought	Office held
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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)
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4 Date 11/04/21	5 Payee name Mike Stewart
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6 Amount (\$) \$360.00	7 Payee address; 1224 Oxford Lane	City: Grapevine	State: TX	Zip Code 76051
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description DJ at campaign rally
	(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
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Date 11/16/21	Payee name Elizabeth Jennings	(reimbursed her for Timarron Country Club expenses)
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Amount (\$) \$2,296.65	Payee address; 803 Carriage St.	City: Southlake	State: TX	Zip Code 76092
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense Food/Beverage Expense	Description Campaign rally
	<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
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Date 11/29/21	Payee name Facebook
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Amount (\$) \$85.99	Payee address; 1601 S. California Ave.	City: Palo Alto	State: CA	Zip Code 94304
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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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name -9-	Office sought	Office held
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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 (4 of 5) 2 FILER NAME: Stephanie P. Williams 3 Filer ID (Ethics Commission Filers):

4 Date: 12/7/21 5 Payee name: Jay Williams (Reimbursed various expenses)

6 Amount (\$): \$638.25 7 Payee address: 1410 Park Pl. City: Southlake State: TX Zip Code: 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) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: Office sought: Office held:

Date: various Payee name: Paypal

Amount (\$): \$12.35 Payee address: 2211 N. 1st St. City: San Jose State: CA Zip Code: 95131

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): Solicitation/Fundraising expense Description: Credit Card fees

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

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: 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:

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

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name: -10- Office sought: Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Total Pages
5 (5 of 5)

Stephanie P. Williams Filing 1/15/2022

Political Expenditures Made from Political Contributions, Schedule F1

12/7/21 Reimbursement to Payee Jay Williams in the amount of \$638.25, details:

Reimbursed Expense: Jabo's Ace Hardware & Garden

Amount: \$62.00

Vendor Address: 1580 Keller Pkwy, Keller, TX 76248

Category: Advertising Expense Description: Sign parts, pole, pipes and clamps

Reimbursed Expense: Home Depot

Amount: \$40.50

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

Category: Advertising Expense Description: Sign parts, clamps and cables

Reimbursed Expense: United States Postal Service

Amount: \$200.00, \$116.00, and \$58.00

Vendor Address: 300 State St., Southlake, TX 76092

Category: Advertising Expense Description: postage

Reimbursed Expense: Target

Amount: \$28.65 and \$34.61

Vendor Address: 8532 Davis Blvd., North Richland Hills, TX 76182

Category: Office Overhead Description: pens, paper, thank you cards

Reimbursed Expense: Kroger

Amount: \$17.31

Vendor Address: 2110 E. Southlake Blvd, Southlake, TX 76092

Category: Advertising Expense Description: balloons

Reimbursed Expense: Staples

Amount: \$10.79

Vendor Address: 1580 Keller Pkwy, Keller, TX 76248

Category: Office Overhead Description: index cards

Reimbursed Expense: Walmart

Amount: \$14.01 and \$25.85

Vendor Address: 9101 N. Tarrant Pkwy, North Richland Hills, TX 76182

Vendor Address: 1601 W. State Hwy 114, Grapevine, TX 76051

Category: Advertising Expense Description: Cowbells and Megaphone

Reimbursed Expense: Michaels

Amount: \$16.76

Vendor Address: 1051 E. Southlake Blvd, Southlake, TX 76092

Category: Advertising Expense Description: chalk and glitter

Reimbursed Expense: Dunkin

Amount: \$13.77

Vendor Address: 2255 W. Southlake Blvd, Southlake, TX 76092

Category: Food/Beverage Expense Description: donuts and coffee

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