

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 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mr. FIRST: Anthony MI: NICKNAME: LAST: Williams SUFFIX:	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; margin: 10px 0;"> Abilene City Secretary OCT 05 2020 Filed for Record </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX APT / SUITE # CITY STATE ZIP CODE 1725 Wildlife Trails Parkway Abilene, TX 79601		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 829.4328		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mr. FIRST: Kris MI: NICKNAME: LAST: Southward SUFFIX:		
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE 425 Cypress St. Abilene TX 79601		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (325) 677.1231		
9 REPORT TYPE	<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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 07 / 01 / 2020 THROUGH 10 / 03 / 2020		
11 ELECTION	ELECTION DATE Month Day Year / /	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Mayor, City of Abilene	13 OFFICE SOUGHT (if known)	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

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

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 UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 12,700.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 33.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,433.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 25,587.22
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

AFFIX NOTARY STAMP / SEAL ABOVE

[Signature]
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Anthony Williams, this the 5th day of October, 2020, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Shawna Atkinson
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. Anthony 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	\$ 12,700.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ 3,400.00
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:

1/8

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

7/31/2020

5 Full name of contributor

out-of-state PAC (ID# _____)

Bridwell, Tucker & Gina

6 Contributor address;

City;

State;

Zip Code

P.O. Box 1666

Abitene, TX

79604

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Mansefeldt Inv. Corp.

Date

7/31/2020

Full name of contributor

out-of-state PAC (ID# _____)

Brown, Freddie & Shirley

Contributor address;

City;

State;

Zip Code

2413 Arrowhead Dr. Abitene, TX

79606

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/31/2020

Full name of contributor

out-of-state PAC (ID# _____)

Butler, Ron & Lorilei

Contributor address;

City;

State;

Zip Code

15 Saint Andrews St. Abitene, TX

79606

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

CEO

Employer (See Instructions)

First Financial Bank

Date

7/31/2020

Full name of contributor

out-of-state PAC (ID# _____)

Cannon, Paul & Kelly

Contributor address;

City;

State;

Zip Code

2217 Shoreline Dr. Abitene, TX

79602

Amount of contribution (\$)

\$ 150.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/8

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

7/31/2020

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

Christensen, Don

6 Contributor address: City: State: Zip Code

2026 N. 3rd St. Abilene, TX 79603

7 Amount of contribution (\$)

\$ 50.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/31/2020

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

Copeland, David & Laura

Contributor address: City: State: Zip Code

P.O. Box 2791 Abilene, TX 79604

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/31/2020

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

Drennan, Don & Rudith

Contributor address: City: State: Zip Code

P.O. Box 590 Abilene, TX 79604

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/31/2020

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

Dueser, Scott

Contributor address: City: State: Zip Code

P.O. Box 701 Abilene, TX 79604

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

President / CEO

Employer (See Instructions)

First Financial Bankshares

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:

3/8

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

7/31/2020

5 Full name of contributor

Popnoe, Janie

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address: City: State: Zip Code

2617 Antilley Rd. Apt 125 Abilene, TX 79606

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/31/2020

Full name of contributor

Thaxton, Mr. & Mrs. Kirk

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.00

Contributor address: City: State: Zip Code

3 Saint Andrews St. Abilene, TX 79606

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/31/2020

Full name of contributor

Washburn, Paul

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 400.00

Contributor address: City: State: Zip Code

4620 N. 1st St. Abilene, TX 79603

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/7/2020

Full name of contributor

Crawford, Joe & Jana

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 250.00

Contributor address: City: State: Zip Code

1910 Campbell Dr. Abilene, TX 79602

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:

4/8

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

8/7/2020

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

Denny, Mike & Julie

6 Contributor address; City: State: Zip Code

2825 Pine St. Abilene, TX 79601

7 Amount of contribution (\$)

\$ 250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/7/2020

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

Ferguson, Ray & Star

Contributor address; City: State: Zip Code

2533 Lincoln Dr. Abilene, TX 79601

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/7/2020

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

Merrell, David

Contributor address; City: State: Zip Code

833 Harrison Abilene, TX 79601

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/7/2020

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

Seate, Kris & Melinda

Contributor address; City: State: Zip Code

38 Muirfield St. Abilene, TX 79606

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

FDLIC

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:

5/8

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

8/7/2020

5 Full name of contributor

out-of-state PAC (ID# _____)

Zachry, H.C. (Mr. & Mrs.)

6 Contributor address;

City:

State:

Zip Code

5 Turnberry Cir. Abilene, TX 79606

7 Amount of contribution (\$)

\$ 250.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/14/2020

Full name of contributor

out-of-state PAC (ID# _____)

Beckham, John

Contributor address;

City:

State:

Zip Code

P.O. Box 87 Abilene, TX 79604

Amount of contribution (\$)

\$ 300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/14/2020

Full name of contributor

out-of-state PAC (ID# _____)

Gill, Larry

Contributor address;

City:

State:

Zip Code

P.O. Box 176 Abilene, TX 79604

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/14/2020

Full name of contributor

out-of-state PAC (ID# _____)

Matthews, Kade

Contributor address;

City:

State:

Zip Code

P.O. Box 1170 Clarendon, TX 79226

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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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6/8

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

8/14/2020

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

Teinert, Cliff & Lynne

6 Contributor address: City: State: Zip Code

248 Breckenridge Rd. Albany, TX 76430

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/14/2020

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

Walls, Charles & Donna

Contributor address: City: State: Zip Code

4325 S. 20th St. Abilene, TX 79605

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/17/2020

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

Griggs, Dr. Jack & Ann

Contributor address: City: State: Zip Code

1765 Lakeshore Dr. Abilene, TX 79602

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Chairman

Employer (See Instructions)

Texas Heritage Bank

Date

8/17/2020

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

Stai, Dian Graves

Contributor address: City: State: Zip Code

400 Pine St., Ste. 1000 Abilene, TX 79601

Amount of contribution (\$)

\$ 1,500.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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:

7/8

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

8/28/2020

5 Full name of contributor

Benson, Tom & Linda

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 50.00

6 Contributor address;

817 Harwell St.

City;

Abitene, TX

State;

Zip Code

79601

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/28/2020

Full name of contributor

Gordon, James

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 750.00

Contributor address;

126 Castle Rock Cove Abilene, TX 79602

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/28/2020

Full name of contributor

Riggs, Jerry & Gwenda

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 50.00

Contributor address;

2317 Christopher Dr. Abilene, TX 79602

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/28/2020

Full name of contributor

Stai, Dian Graves

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 1,500.00

Contributor address;

400 Pine St., Ste. 1000 Abilene, TX 79601

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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:

8/8

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

9/4/2020

5 Full name of contributor

Kuhn, Greta

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address:

3018 Potosi Rd.

City:

Abilene, TX

State:

Zip Code

79602

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Garbo's Locksmith Service

Date

9/8/2020

Full name of contributor

Orr, James

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 500.00

Contributor address:

7253 CR 206

City:

Celina, TX

State:

Zip Code

75009

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/2020

Full name of contributor

Libby, Col. Bill

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.00

Contributor address:

1333 Sayles Blvd.

City:

Abilene, TX

State:

Zip Code

79605

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/18/2020

Full name of contributor

Whitten, Mary Ann

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 500.00

Contributor address:

7810 Saddle Creek Rd.

City:

Abilene, TX

State:

Zip Code

79602

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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1/2	2 FILER NAME Mr. Anthony Williams	3 Filer ID (Ethics Commission Filers)
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4 Date 7/24/2020	5 Payee name Pink Goose Media
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6 Amount (\$) \$ 3,000.00	7 Payee address: 2602 Barrow St.	City: Abilene	State: TX	Zip Code 79605
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description
	(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 7/24/2020	Payee name Kati Hanson
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Amount (\$) \$ 100.00	Payee address: 265 Quicksilver Rd.	City: Abilene	State: TX	Zip Code 79602
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Campaign services
	<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 9/8/2020	Payee name Charles Byrn
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Amount (\$) \$ 100.00	Payee address: 1959 Denton St., Apt. B	City: Abilene	State: TX	Zip Code 79605
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Campaign services
	<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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1. 2/2	2 FILER NAME Mr. Anthony Williams	3 Filer ID (Ethics Commission Filers)
--	---	---------------------------------------

4 Date 9/9/2020	5 Payee name Charles Byrn
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6 Amount (\$) \$ 200.00	7 Payee address; 1959 Denton St., Apt. B	City; Abilene, TX	State;	Zip Code 79605
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Campaign 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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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
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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