

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: <div style="text-align: center; font-size: 1.2em;">20</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Anthony</i> MI: NICKNAME: LAST: <i>Williams</i> SUFFIX:	OFFICE USE ONLY Date Received: <i>12/9/17</i> City: <i>Sec</i> 	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>1725 Wildlife Trail Parkway</i> <i>Abilene, TX 79601</i>	Date Hand-delivered or Date Postmarked:	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 829.4328</i>	Receipt #	Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <i>Mr.</i> FIRST: <i>Kris</i> MI: NICKNAME: LAST: <i>Southward</i> SUFFIX:	Date Processed	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <i>425 Cypress St.</i> <i>Abilene, TX</i> <i>79601</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(325) 677.1231</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" 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	Month Day Year Month Day Year <i>04 / 27 / 2017</i> THROUGH <i>06 / 07 / 2017</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>06 / 17 / 2017</i>	ELECTION TYPE <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;"><i>Mayor, City of Abilene</i></div>	

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
 GENERAL
 SPECIFIC

COMMITTEE NAME

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	\$ 420.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 27,709.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 14.69
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,646.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 11,775.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 AFFIDAVIT



Danette Dunlap
Notary Public State of Texas
My Commission Expires
05/19/2020
ID # 519952-7

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anthony Williams, this the 9 day of June 2017, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath
Danette Dunlap 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	\$ <i>26,520.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>769.00</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>22,432.75</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 checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>530.92</i>
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>199.12</i>
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: **8**

2 FILER NAME **Mr. Anthony Williams**

3 Filer ID (Ethics Commission Filers)

4 Date
5.19.17

5 Full name of contributor out-of-state PAC (ID# _____)
Allred, Charles
6 Contributor address: City: State: Zip Code
998 S. Clack Abilene, TX 79605

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

8 Principal occupation / Job title (See Instructions)
Owner

9 Employer (See Instructions)
Frontier Motors

Date
5.22.17

Full name of contributor out-of-state PAC (ID# _____)
Bench, Timothy
Contributor address: City: State: Zip Code
3142 S. 21st St. Abilene, TX 79605

Amount of contribution (\$)
\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5.24.17

Full name of contributor out-of-state PAC (ID# _____)
Cowhen, Trennon (Mr. & Mrs.)
Contributor address: City: State: Zip Code
8103 CR 241 Clyde, TX 79510

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

Principal occupation / Job title (See Instructions)
Comptroller

Employer (See Instructions)
Arrow Ford

Date
6.2.17

Full name of contributor out-of-state PAC (ID# _____)
Childers, Terry
Contributor address: City: State: Zip Code
3740 Chantal Circle College Station, TX 77845

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

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

8

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

5.7.17

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

Cochran, Sharon

6 Contributor address; City; State; Zip Code

2301 S. 18th St. Abilene, TX 79605

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5.12.17

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

Dalzell, David (Mr. & Mrs.)

Contributor address; City; State; Zip Code

818 Green Valley Dr. Abilene, TX 79601

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Dalzell Realtors

Date

5.19.17

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

Denton, Lawrence

Contributor address; City; State; Zip Code

4318 Bluebonnet Ct. Abilene, TX 79606

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6.7.17

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

Denton, Lawrence

Contributor address; City; State; Zip Code

4318 Bluebonnet Ct. Abilene, TX 79606

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: 8

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

6.7.17

5 Full name of contributor

Durham, David (Mr. & Mrs.)

out-of-state PAC (ID# _____)

6 Contributor address:

3501 Edgewood

City: State: Zip Code

Abitene, TX 79605

7 Amount of contribution (\$)

\$ 1,000.00

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Yums, Inc.

Date

5.12.17

Full name of contributor

Farmer, Priscilla

out-of-state PAC (ID# _____)

Contributor address:

6 Cherokee Circle

City: State: Zip Code

Abitene, TX 79601

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5.19.17

Full name of contributor

Griggs, Jack (Dr. & Mrs.)

out-of-state PAC (ID# _____)

Contributor address:

1765 Lakeshore Dr.

City: State: Zip Code

Abitene, TX 79602

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Banker

Employer (See Instructions)

Texas Heritage Bank

Date

6.7.17

Full name of contributor

Hernandez, Mike (Mr. & Mrs.)

out-of-state PAC (ID# _____)

Contributor address:

1717 Swenson

City: State: Zip Code

Abitene, TX 79603

Amount of contribution (\$)

\$ 60.00

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 **8**

2 FILER NAME **Mr. Anthony Williams**

3 Filer ID (Ethics Commission Filers)

4 Date **5.19.17**

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

Hurt, Branson
 6 Contributor address: **3633 Scranton Ln.** City: **Abilene, TX** State: Zip Code: **79602**

7 Amount of contribution (\$) **\$ 500.00**

8 Principal occupation / Job title (See Instructions) **Manager**

9 Employer (See Instructions) **Sharon's BBQ**

Date **5.24.17**

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

Kennedy, Richard
 Contributor address: **1401 Coventry Circle** City: **Abilene, TX** State: Zip Code: **79602**

Amount of contribution (\$) **\$ 750.00**

Principal occupation / Job title (See Instructions) **Director**

Employer (See Instructions) **180 House**

Date **4.28.17**

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

Lackey, William, Jr. (Mr. & Mrs.)
 Contributor address: **1481 Woodland Trail** City: **Abilene, TX** State: Zip Code: **79605**

Amount of contribution (\$) **\$ 150.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **5.16.17**

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

Lantrip, Gene (Mr. & Mrs.)
 Contributor address: **298 Edge Cliff Ct.** City: **Abilene, TX** State: Zip Code: **79606**

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

Principal occupation / Job title (See Instructions) **President**

Employer (See Instructions) **Lantrip's Custom Homes**

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**

2 FILER NAME **Mr. Anthony Williams**

3 Filer ID (Ethics Commission Filers)

4 Date
5.19.17

5 Full name of contributor out-of-state PAC (ID# _____)
Loard, Sheila
6 Contributor address; City; State; Zip Code
710 Deborah Abilene, TX 79601

7 Amount of contribution (\$)
\$ 500.00

8 Principal occupation / Job title (See Instructions)
Retired

9 Employer (See Instructions)
Retired

Date
6.7.17

Full name of contributor out-of-state PAC (ID# _____)
McCarty, Craig
Contributor address; City; State; Zip Code
1917 Greenridge Ct. Abilene, TX 79602

Amount of contribution (\$)
\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5.19.17

Full name of contributor out-of-state PAC (ID# _____)
Money, Royce (Dr. & Mrs.)
Contributor address; City; State; Zip Code
1209 S. Saddle Lakes Dr. Abilene, TX 79602

Amount of contribution (\$)
\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
5.8.17

Full name of contributor out-of-state PAC (ID# _____)
Nowlin, James
Contributor address; City; State; Zip Code
1817 Pasadena Dr. Abilene, TX 79601

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: **8**

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

5.19.17

5 Full name of contributor

Dates, John (Mr. & Mrs.)

out-of-state PAC (ID# _____)

6 Contributor address:

1541 N. 18th St. Abilene, TX 79601

City: State: Zip Code

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5.19.17

Full name of contributor

Oehlhausen, Winston (Mr. & Mrs.)

out-of-state PAC (ID# _____)

Contributor address:

426 Oehlhausen Rd. Abilene, TX 79606

City: State: Zip Code

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5.31.17

Full name of contributor

Partin, Jimmy

out-of-state PAC (ID# _____)

Contributor address:

25 Juniper Circle Abilene, TX 79605

City: State: Zip Code

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Realtor

Employer (See Instructions)

Partin Realtors

Date

5.31.17

Full name of contributor

Seale, Kris (Mr. & Mrs.)

out-of-state PAC (ID# _____)

Contributor address:

38 Muirfield Abilene, TX 79606

City: State: Zip Code

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Funeral Directors Life Ins. Co.

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**

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

5.7.17

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

Smith, Larry

6 Contributor address; City; State; Zip Code

2842 Piping Rock Abilene, TX 79604

7 Amount of contribution (\$)

\$ 60.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6.2.17

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

Starks, Bill (Mr. & Mrs.)

Contributor address; City; State; Zip Code

7449 Lantana Abilene, TX 79606

Amount of contribution (\$)

\$ 2,500.00

Principal occupation / Job title (See Instructions)

Owner

Employer (See Instructions)

Starks Construction

Date

5.16.17

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

Waldrop, Aaron

Contributor address; City; State; Zip Code

13209 Villa Montana Way Austin, TX 78732

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Developer

Employer (See Instructions)

Waldrop Properties

Date

6.7.17

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

Walls, Charles (Mr. & Mrs.)

Contributor address; City; State; Zip Code

3488 Santa Monica Abilene, TX 79605

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1 **8**

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

6.2.17

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

Washburn, Paul

6 Contributor address: City: State: Zip Code
4620 N. 1st St. Abilene, TX 79603

7 Amount of contribution (\$)

\$ 2,000.00

8 Principal occupation / Job title (See Instructions)

President

9 Employer (See Instructions)

Abilene Maintenance, Inc.

Date

5.22.17

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

TREPAC / Tx Assoc. of Realtors

Contributor address: City: State: Zip Code
P.O. Box 2246 Austin, TX 78768

Amount of contribution (\$)

\$ 5,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6.2.17

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

Abilene Professional Fire Fighters Association

Contributor address: City: State: Zip Code
1717 Butternut Abilene, TX 79602

Amount of contribution (\$)

\$ 1,000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>1</u>	
2 FILER NAME <i>Mr. Anthony Williams</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <i>5.12.17</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <i>Kyle Johnson</i>	8 Amount of Contribution \$ <i>\$ 769.00</i>	9 In-kind contribution description <i>Food & beverages</i>
7 Contributor address; City; State; Zip Code <i>3364 Rebecca Ln. Abilene, TX 79606</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Owner</i>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Betty Rose's</i>	
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.

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: <i>5</i>	2 FILER NAME <i>Mr. Anthony Williams</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5.8.17</i>	5 Payee name <i>Kati Hanson</i>	
6 Amount (\$) <i>\$ 150.00</i>	7 Payee address; City; State; Zip Code <i>265 Quicksilver Rd. Abilene, TX 79602</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Salaries/Wages/Contract Labor</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign services</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>5.12.17</i>	Payee name <i>Extreme Media</i>	
Amount (\$) <i>\$ 200.00</i>	Payee address; City; State; Zip Code <i>209 S. Danville, Ste A-100 Abilene, TX 79605</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>radio advertising</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>5.16.17</i>	Payee name <i>Brayco Business & Creative Services</i>	
Amount (\$) <i>\$1,434.00</i>	Payee address; City; State; Zip Code <i>3133 S. 19th Abilene, TX 79605</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Signs</i>
	9 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

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: <i>5</i>	2 FILER NAME <i>Mr. Anthony Williams</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5.26.17</i>	5 Payee name <i>All Star Trophies & Tees</i>	
6 Amount (\$) <i>\$ 472.00</i>	7 Payee address; City; State; Zip Code <i>727 S. Treadaway Abilene, TX 79602</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>T-Shirts</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>5.31.17</i>	Payee name <i>Alex Russell</i>	
Amount (\$) <i>\$ 1,000.00</i>	Payee address; City; State; Zip Code <i>8 Hoylake Abilene, TX 79606</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Salaries / Wages / Contract Labor</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Campaign Services</i>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date <i>5.31.17</i>	Payee name <i>KTXS - TV</i>	
Amount (\$) <i>\$ 2,469.25</i>	Payee address; City; State; Zip Code <i>4420 Clark St. Abilene, TX 79601</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>television advertising</i>
	9 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

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: 5	2 FILER NAME Mr. Anthony Williams	3 Filer ID (Ethics Commission Filers)
4 Date 5.31.17	5 Payee name Southwest Direct, Inc.	
6 Amount (\$) \$9,000.00	7 Payee address: City: State: Zip Code 150 Tannehill Dr. Abilene, TX 79602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation / Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Solicitation mailing
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 6.2.17	Payee name KTAB-TV	
Amount (\$) \$6,375.00	Payee address: City: State: Zip Code 4510 S. 14th St. Abilene, TX 79605	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense television advertising
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	
Date 6.7.17	Payee name Extreme Media	
Amount (\$) \$ 200.00	Payee address: City: State: Zip Code 209 S. Donville, Ste A-100 Abilene, TX 79605	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Radio advertising
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5	2 FILER NAME Mr. Anthony Williams	3 Filer ID (Ethics Commission Filers)
4 Date 6.7.17	5 Payee name Brayco Business & Creative Services	
6 Amount (\$) \$ 230.00	7 Payee address; City; State; Zip Code 3133 S. 19th Abilene, TX 79605	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6.7.17	Payee name HispanicLife Media	
Amount (\$) \$ 299.00	Payee address; City; State; Zip Code 401 N. Willis Abilene, TX 79603	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Magazine advertising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6.7.17	Payee name KTXS-TV	
Amount (\$) \$ 425.00	Payee address; City; State; Zip Code 4420 Clock St. Abilene, TX 79601	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense television advertising
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

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: <i>5</i>	2 FILER NAME <i>Mr. Anthony Williams</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>5.2.17</i>	5 Payee name <i>KTXS-TV</i>	
6 Amount (\$) <i>178.50</i>	7 Payee address; City; State; Zip Code <i>4420 Clark St. Abilene, TX 79601</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>television advertising</i>
	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
	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
	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
	Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 |
| | 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 F4: <i>2</i>	2 FILER NAME <i>Mr. Anthony Williams</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>4.30.17</i>	6 Payee name <i>Facebook, Inc.</i>	
7 Amount (\$) <i>\$125.38</i>	8 Payee address; City; State; Zip Code <i>1601 Willow Rd. Menlo Park, CA 94025</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>advertising fees</i>
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5.31.17</i>	Payee name <i>Facebook, Inc.</i>	
Amount (\$) <i>\$232.42</i>	Payee address; City; State; Zip Code <i>1601 Willow Rd. Menlo Park, CA 94025</i>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>advertising fees</i>
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

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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 | Printing Expense | Travel In District |
| Contributions/Donations Made By
Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>2</i>	2 FILER NAME <i>Mr. Anthony Williams</i>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <i>5.31.17</i>	6 Payee name <i>Hilton Garden Inn</i>	
7 Amount (\$) <i>\$173.12</i>	8 Payee address; City; State; Zip Code <i>4449 Ridgemont Dr. Abitene, TX 79606</i>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Rental Expense</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Rental Space for Commercial</i>
11 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	
TYPE OF EXPENDITURE	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
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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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <p style="text-align:center">1</p>	2 FILER NAME <p style="text-align:center"><i>Mr. Anthony Williams</i></p>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <p style="text-align:center"><i>Capital One</i></p>	
6 Amount (\$) <p style="text-align:center">\$ 199.12</p> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center"><i>P.O. Box 30285 Salt Lake City, UT 84130</i></p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center"><i>Credit Card Payment</i></p>	(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	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) 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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