

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed:  <div style="text-align: center; font-size: 1.2em;">12</div>								
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR                      FIRST                      MI Mr.                      Dason                      C ----- NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-weight: bold;">Williams</div>	<div style="border: 1px solid black; padding: 5px;"> <b>OFFICE USE ONLY</b>                      Date Received  <div style="border: 2px solid blue; padding: 5px; margin: 5px 0;">                         Abilene City Secretary  <div style="text-align: center; color: red; font-weight: bold; font-size: 1.1em;">APR 29 2016</div>                         Filed for Record                     </div> </div> Date Hand-delivered or Date Postmarked Receipt #                      Amount \$ Date Processed Date Imaged									
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 1241 S. Leggett Dr.                      Abilene                      TX                      79605										
<b>5</b> CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 325 )                      428-7781										
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR                      FIRST                      MI Dr.                      Kristina                      M ----- NICKNAME                      LAST                      SUFFIX <div style="text-align: center; font-weight: bold;">Davis</div>										
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE 1702 Smith Dr.                      Abilene                      TX                      79601										
<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE                      PHONE NUMBER                      EXTENSION ( 325 )                      829-0364										
<b>9</b> REPORT TYPE	<table style="width:100%; border: none;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)
<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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)								
<b>10</b> PERIOD COVERED	<table style="width:100%; border: none;"> <tr> <td style="text-align: center;">Month      Day      Year</td> <td style="text-align: center;">THROUGH</td> <td style="text-align: center;">Month      Day      Year</td> </tr> <tr> <td style="text-align: center;">3 / 31 / 16</td> <td></td> <td style="text-align: center;">4 / 27 / 16</td> </tr> </table>			Month      Day      Year	THROUGH	Month      Day      Year	3 / 31 / 16		4 / 27 / 16		
Month      Day      Year	THROUGH	Month      Day      Year									
3 / 31 / 16		4 / 27 / 16									
<b>11</b> ELECTION	ELECTION DATE Month      Day      Year 5 / 7 / 16	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special <div style="text-align: right; font-weight: bold;">City of Abilene city council election</div>									
<b>12</b> OFFICE	OFFICE HELD (if any)  N/A	<b>13</b> OFFICE SOUGHT (if known)  Abilene City Council, Place 6									

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

14 C/OH NAME **Dason 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.

<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	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	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,203.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,412.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,198.52
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0

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.

*Dason Williams*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Dason Williams, this the 29<sup>th</sup> day of April, 2016, to certify which, witness my hand and seal of office.

*Kimberly Lynn Johnson*  
Signature of officer administering oath

Kimberly Lynn Johnson  
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 <b>Dason Williams</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,203.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 989.86
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 422.21
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:  
5

2 FILER NAME

Dason Williams

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Tammi Faught

6 Contributor address; City; State; Zip Code

2149 Glendale Dr. Abilene, TX 79603

7 Amount of contribution (\$)

\$25.00

8 Principal occupation / Job title (See Instructions)

n/a

9 Employer (See Instructions)

Date

3/29/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Terry Armstrong

Contributor address; City; State; Zip Code

3832 N. 11th St. Abilene, TX 79603

Amount of contribution (\$)

\$10.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

3/29/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

David Bell

Contributor address; City; State; Zip Code

1216 SW 2nd Ave. # 82 Gainesville, FL 32601

Amount of contribution (\$)

\$20.00

Principal occupation / Job title (See Instructions)

student (Native Abilenian)

Employer (See Instructions)

Date

3/29/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Doug Hodel

Contributor address; City; State; Zip Code

810 Eastover Abilene, TX 79601

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

photographer

Employer (See Instructions)

Self-employed

**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

2 FILER NAME

Dason Williams

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Linda Goolsbee

7 Amount of contribution (\$)

\$49.00

6 Contributor address; City; State; Zip Code

6517 Lincolnshire Way Abilene, TX 79606

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

3/29/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Arthur Goolsbee

Amount of contribution (\$)

\$49.00

Contributor address; City; State; Zip Code

P.O. Box 5108 Abilene, TX 79608

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

4/4/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Linda Perkins

Amount of contribution (\$)

\$50.00

Contributor address; City; State; Zip Code

2341 Christopher Dr. Abilene, TX 79602

Principal occupation / Job title (See Instructions)

teacher

Employer (See Instructions)

AISD

Date

4/6/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Graeme & Rebecca Dewstow

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

3201 South 23rd #121 Abilene, TX 79605

Principal occupation / Job title (See Instructions)

C-130 pilot and stay at home mom

Employer (See Instructions)

USAF

**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:  
5

2 FILER NAME

Dason Williams

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/16

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Bradley & Phavy Thompson

6 Contributor address; City; State; Zip Code

3917 Monticello Abilene, TX 79605

7 Amount of contribution (\$)

\$100.00

8 Principal occupation / Job title (See Instructions)

medical sales & school nurse

9 Employer (See Instructions)

Abbott & St. John's Episcopal

Date

4/18/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Donna Dougherty

Contributor address; City; State; Zip Code

P.O. Box 6148 Abilene TX 79608

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

insurance agent

Employer (See Instructions)

self-employed

Date

4/19/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Dorothy Presswood

Contributor address; City; State; Zip Code

2210 Woodard St. Abilene, TX 79605

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

4/19/16

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

David Dillman

Contributor address; City; State; Zip Code

902 E.N. 12th St. Abilene, TX 79601

Amount of contribution (\$)

\$50.00

Principal occupation / Job title (See Instructions)

professor

Employer (See Instructions)

Abilene Christian Univ.

**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:  
5

**2** FILER NAME

Dason Williams

**3** Filer ID (Ethics Commission Filers)

**4** Date

4/19/16

**5** Full name of contributor

Dorothy K. Thompson

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address;

P.O. Box 893

City; State; Zip Code

Abilene, TX 79601

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

\$50.00

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

retired

**9** Employer (See Instructions)

Date

4/22/16

Full name of contributor

Tom Headstream

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

14 St. Andrews

City; State; Zip Code

Abilene, TX 79606

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

physician

Employer (See Instructions)

Abilene Diagnostic Clinic

Date

4/25/16

Full name of contributor

Arnold Campos

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

400 Silverton Dr.

City; State; Zip Code

Irving, TX 75063

Amount of contribution (\$)

\$200.00

Principal occupation / Job title (See Instructions)

Controller and CFO (former Abilenian)

Employer (See Instructions)

Omimex Resources

Date

4/25/16

Full name of contributor

Jerry Love

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

3258 Heritage Lane

City; State; Zip Code

Abilene, TX 79606

Amount of contribution (\$)

\$100.00

Principal occupation / Job title (See Instructions)

accountant

Employer (See Instructions)

self-employed

**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:  
5

2 FILER NAME

Dason Williams

3 Filer ID (Ethics Commission Filers)

4 Date

4/27/16

5 Full name of contributor

Dianne Dulin

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City; State; Zip Code

2501 Greenbriar Dr. Abilene, TX 79605

7 Amount of contribution (\$)

\$50.00

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Dason Williams</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>3/31/16</b>	<b>5</b> Payee name <b>Facebook, Inc.</b>	
<b>6</b> Amount (\$) <b>\$65.21</b>	<b>7</b> Payee address; City; State; Zip Code <b>1610 Willow Rd. Menlo Park, CA 94025</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>advertising expenses</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>4/10/16</b>	Payee name <b>Dason Williams</b>	
Amount (\$) <b>\$233.54</b>	Payee address; City; State; Zip Code <b>1241 S. Leggett Dr. Abilene, TX 79605</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>reimbursement</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 <b>4/13/16</b>	Payee name <b>Goofidity Designs</b>	
Amount (\$) <b>\$102.84</b>	Payee address; City; State; Zip Code <b>1326 S. 14th St. Suite H Abilene, TX 79602</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>advertising expenses</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Dason Williams</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>4/14/16</b>	<b>5</b> Payee name <b>Goofidity Designs</b>	
<b>6</b> Amount (\$) <b>\$305.27</b>	<b>7</b> Payee address; City; State; Zip Code <b>1326 S. 14th St. Suite H Abilene, TX 79602</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>advertising expenses</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>4/18/16</b>	Payee name <b>La Mejor Radio</b>	
Amount (\$) <b>\$200.00</b>	Payee address; City; State; Zip Code <b>500 Chestnut, Suite 1711 Abilene, TX 79602</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>advertising expenses</b>	Description. <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought                      Office held
Date <b>4/19/16</b>	Payee name <b>Arthur Sayre</b>	
Amount (\$) <b>\$80.00</b>	Payee address; City; State; Zip Code <b>11429 CR 343 Hawley, TX 79525</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)  <b>travel within district</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

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3</b>	<b>2</b> FILER NAME <b>Dason Williams</b>	<b>3</b> Filer ID (Ethics Commission Filers)			
<b>4</b> Date <b>4/1/16</b>	<b>5</b> Payee name <b>First Financial Bank</b>				
<b>6</b> Amount (\$) <b>\$3.00</b>	<b>7</b> Payee address; City; State; Zip Code <b>400 Pine St. Abilene, TX 79601</b>				
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)  <b>accounting/banking</b>	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	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			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Amount (\$)	Payee address; City; State; Zip Code				
<b>PURPOSE OF EXPENDITURE</b>	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			
	<table style="width:100%; border:none;"> <tr> <td style="width:20%; border:none;">Complete <b>ONLY</b> if direct expenditure to benefit C/OH</td> <td style="width:40%; border:none;">Candidate / Officeholder name</td> <td style="width:20%; border:none;">Office sought</td> <td style="width:20%; border:none;">Office held</td> </tr> </table>		Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
Complete <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# UNPAID INCURRED OBLIGATIONS

# SCHEDULE F2

### 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	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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: 1	<b>2</b> FILER NAME Dason Williams	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 0
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<b>5</b> Date 4/27/16	<b>6</b> Payee name ACT Marketing & Advertising
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<b>7</b> Amount (\$) \$275.00	<b>8</b> Payee address; City; State; Zip Code P.O. Box 3458 Abilene, TX 79604
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<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>10</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) advertising expenses	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/27/16	Payee name Facebook, Inc
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Amount (\$) \$147.21	Payee address; City; State; Zip Code 1610 Willow Rd. Menlo Park, CA 94025
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<b>TYPE OF EXPENDITURE</b>	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) advertising expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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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