

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Anthony	MI
	NICKNAME	LAST Williams	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: 1725 Wildlife Trail Parkway Abilene, TX 79601	APT / SUITE #:	CITY; STATE; ZIP CODE
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (325)	PHONE NUMBER 829.4328	EXTENSION
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Kris	MI
	NICKNAME	LAST Southward	SUFFIX
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 425 Cypress St. Abilene, Tx 79601		
8 CAMPAIGN TREASURER PHONE	AREA CODE (325)	PHONE NUMBER 677.1231	EXTENSION
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 03 / 28 / 2017 THROUGH 04 / 26 / 2017		
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month Day Year 05 / 06 / 2017	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) Abilene City Council, Place 3	13 OFFICE SOUGHT (if known) Mayor, City of Abilene	

OFFICE USE ONLY

Date Received

Abilene City Secretary
APR 28 2017
 Filed for Record

Date Hand-delivered or Date Postmarked
4-28-17

Receipt #	Amount \$
Date Processed	
Date Imaged	

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)

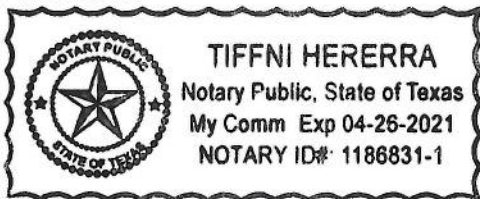
16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 765.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 10,380.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 107.33
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,474.87
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 7,482.45
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.

Anthony Williams

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anthony Williams, this the 28th day of April, 2017, to certify which, witness my hand and seal of office.

Tiffni Hererra

Signature of officer administering oath

Tiffni Hererra
Printed name of officer administering oath

Notary

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Mr. Anthony Williams

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,615.00
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	\$ 23,367.54
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:

5

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/17

5 Full name of contributor

Clark, Samantha

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address:

3034 Broken Bough
Abilene, Tx 79606

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/29/17

Full name of contributor

Oates, Susan

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

1541 N. 8th
Abilene, Tx 79601

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/29/17

Full name of contributor

Williams, Jackie

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

310 N. Bowie
Abilene, Tx 79603

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/7/17

Full name of contributor

Moore, Marlin (Dr. & Mrs.)

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

1689 Newcastle Dr.
Abilene, Tx 79601

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

4/7/17

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

Ohlhausen, Winston (Mr. & Mrs.)

6 Contributor address: City: State: Zip Code

426 Ohlhausen Rd.
Abitene, TX 79606

7 Amount of contribution (\$)

\$ 400.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/7/17

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

Oliver, Eric (Mr. & Mrs.)

Contributor address: City: State: Zip Code

1452 Tanglewood Rd.
Abitene, TX 79605

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

President

Employer (See Instructions)

Softvest, LP

Date

4/12/17

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

Joseph, Noel

Contributor address: City: State: Zip Code

6050 Duchess Ave.
Abitene, TX 79606

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/17

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

Brock, Nancy

Contributor address: City: State: Zip Code

5262 Wyndham Ct.
Abitene, TX 79604

Amount of contribution (\$)

\$ 90.00

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:

5

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

4/21/17

5 Full name of contributor

out-of-state PAC (ID#: _____)

Garcia, Samuel

6 Contributor address:

City: State: Zip Code

401 N. Willis
Abilene, Tx 79603

7 Amount of contribution (\$)

\$ 150.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/21/17

Full name of contributor

out-of-state PAC (ID#: _____)

Orr, James (Mr. & Mrs.)

Contributor address:

City: State: Zip Code

7253 CR 206
Celina, Tx 75009

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Vice President of Advancement

Employer (See Instructions)

Abilene Christian University

Date

4/21/17

Full name of contributor

out-of-state PAC (ID#: _____)

Walls, Charles (Mr. & Mrs.)

Contributor address:

City: State: Zip Code

4325 S. 20th St.
Abilene, Tx 79605

Amount of contribution (\$)

\$ 300.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/21/17

Full name of contributor

out-of-state PAC (ID#: _____)

Abilene Professional Fire Fighters Association

Contributor address:

City: State: Zip Code

1717 Butternut St.
Abilene, Tx 79602

Amount of contribution (\$)

\$ 2,000.00

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:
5

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

4/25/17

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

TREPAC / Tx Association of Realtors PAC

7 Amount of contribution (\$)

\$ 3,000.00

6 Contributor address: City: State: Zip Code

1115 San Jacinto Blvd., Ste. 200
Austin, TX 78701

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/25/17

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

Denton, Lawrence, Jr.

Amount of contribution (\$)

\$ 75.00

Contributor address: City: State: Zip Code

4318 Bluebonnet Ct.
Abilene, Tx 79606

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/26/17

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

Bourland, Bart (Dr. & Mrs.)

Amount of contribution (\$)

\$ 500.00

Contributor address: City: State: Zip Code

4601 Buffalo Gap Rd, Ste. D-1
Abilene, Tx 79606

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Dentist

Bourland Family Dentistry

Date

4/26/17

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

Childers, Rickey (Mr. & Mrs.)

Amount of contribution (\$)

\$ 200.00

Contributor address: City: State: Zip Code

1318 Mercury Ln.
Lancaster, Tx 75134

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: 3	2 FILER NAME Mr. Anthony Williams	3 Filer ID (Ethics Commission Filers)
4 Date 4/12/17	5 Payee name Kati Hanson	
6 Amount (\$) \$ 200.00	7 Payee address: City; State; Zip Code 265 Quicksilver Rd. Abilene, Tx 79602	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/wages/contract labor	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign services

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/24/17	Payee name KTXS-TV
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Amount (\$) \$ 4,598.50	Payee address: City; State; Zip Code 4420 Clack St. Abilene, TX 79601
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/24/17	Payee name KTAB-TV
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Amount (\$) \$ 5,002.25	Payee address: City; State; Zip Code 4510 S. 14th St. Abilene, TX 79605
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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
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Complete ONLY 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	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: 3	2 FILER NAME <i>Mr. Anthony Williams</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/24/17</i>	5 Payee name <i>Southwest Direct, Inc.</i>
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6 Amount (\$) <i>\$11,606.79</i>	7 Payee address: City: State: Zip Code <i>150 Tannehill Dr. Abitene, TX 79602</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Solicitation/Fundraising 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>Solicitation mailing</i>
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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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
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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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
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Complete ONLY 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