

# 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: 24px; font-weight: bold;">17</div>																			
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; font-size: 8px;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Mr. Anthony</td> <td></td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Williams</td> <td></td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI			Mr. Anthony			NICKNAME	LAST	SUFFIX			Williams			OFFICE USE ONLY				
MS / MRS / MR	FIRST	MI																				
	Mr. Anthony																					
NICKNAME	LAST	SUFFIX																				
	Williams																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">ADDRESS / PO BOX, APT / SUITE #:</td> <td style="font-size: 8px;">CITY:</td> <td style="font-size: 8px;">STATE:</td> <td style="font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="2">1725 Wildlife Trails Parkway</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Abitene, Tx 79601</td> <td></td> <td></td> </tr> </table>		ADDRESS / PO BOX, APT / SUITE #:	CITY:	STATE:	ZIP CODE	1725 Wildlife Trails Parkway				Abitene, Tx 79601				<div style="border: 2px solid blue; padding: 5px; width: fit-content; margin: auto;"> <p style="margin: 0; font-weight: bold; color: blue;">Abitene City Secretary</p> <p style="margin: 0; font-size: 24px; font-weight: bold; color: red;">APR 02 2020</p> <p style="margin: 0; font-weight: bold; color: blue;">Filed for Record</p> </div>						
ADDRESS / PO BOX, APT / SUITE #:	CITY:	STATE:	ZIP CODE																			
1725 Wildlife Trails Parkway																						
Abitene, Tx 79601																						
5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">AREA CODE</td> <td style="font-size: 8px;">PHONE NUMBER</td> <td style="font-size: 8px;">EXTENSION</td> </tr> <tr> <td></td> <td>(325) 829.4328</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION		(325) 829.4328		Date Hand-delivered or Date Postmarked													
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6 CAMPAIGN TREASURER NAME	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; font-size: 8px;">MS / MRS / MR</td> <td style="width:35%; font-size: 8px;">FIRST</td> <td style="width:15%; font-size: 8px;">MI</td> <td style="width:35%;"></td> </tr> <tr> <td></td> <td style="text-align: center;">Mr. Kris</td> <td></td> <td></td> </tr> <tr> <td style="font-size: 8px;">NICKNAME</td> <td style="font-size: 8px;">LAST</td> <td style="font-size: 8px;">SUFFIX</td> <td></td> </tr> <tr> <td></td> <td style="text-align: center;">Southward</td> <td></td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI			Mr. Kris			NICKNAME	LAST	SUFFIX			Southward			Receipt #	Amount \$		
MS / MRS / MR	FIRST	MI																				
	Mr. Kris																					
NICKNAME	LAST	SUFFIX																				
	Southward																					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:</td> <td style="font-size: 8px;">CITY:</td> <td style="font-size: 8px;">STATE:</td> <td style="font-size: 8px;">ZIP CODE</td> </tr> <tr> <td colspan="2">425 Cypress St.</td> <td></td> <td></td> </tr> <tr> <td colspan="2">Abitene, Tx</td> <td></td> <td>79601</td> </tr> </table>		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #:	CITY:	STATE:	ZIP CODE	425 Cypress St.				Abitene, Tx			79601	Date Processed						
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9 REPORT TYPE	<table style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" 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 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 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 \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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10 PERIOD COVERED	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> <td style="font-size: 8px;">Month</td> <td style="font-size: 8px;">Day</td> <td style="font-size: 8px;">Year</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>01 / 01 / 2020</td> <td style="text-align: center;">THROUGH</td> <td></td> <td>03 / 23 / 2020</td> </tr> </table>				Month	Day	Year	Month	Day	Year									01 / 01 / 2020	THROUGH		03 / 23 / 2020
Month	Day	Year	Month	Day	Year																	
		01 / 01 / 2020	THROUGH		03 / 23 / 2020																	
11 ELECTION	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="font-size: 8px;">ELECTION DATE</td> <td style="font-size: 8px;">ELECTION TYPE</td> </tr> <tr> <td style="font-size: 8px;">Month Day Year</td> <td style="font-size: 8px;"> <input type="checkbox"/> Primary    <input type="checkbox"/> Runoff    <input type="checkbox"/> Other Description  <input checked="" type="checkbox"/> General    <input type="checkbox"/> Special             </td> </tr> <tr> <td>05 / 02 / 2020</td> <td></td> </tr> </table>		ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	05 / 02 / 2020															
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05 / 02 / 2020																						
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)																			
	Mayor, City of Abitene																					

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 POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 20,475.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 31.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,746.63
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,424.35
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 2nd day of April, 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

*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	\$ 20,475.00
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	\$ 6,715.63
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: 1/12

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

1/16/2020

5 Full name of contributor

Vinson, Sam

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

7 Amount of contribution (\$)

\$ 250.00

6 Contributor address;

1341 Elmwood Dr. Abilene TX 79605

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/16/2020

Full name of contributor

Lowry, Nathan & Misty

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

Amount of contribution (\$)

\$ 250.00

Contributor address;

2042 S. 6th St. Abilene, TX 79602

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/16/2020

Full name of contributor

Fernandez, Mike

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

Amount of contribution (\$)

\$ 40.00

Contributor address;

9 Muirfield St. Abilene TX 79606

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/23/2020

Full name of contributor

Sullivan, James

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

1317 N. 8th, Ste. 333 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: **2/12**

2 FILER NAME

**Mr. Anthony Williams**

3 Filer ID (Ethics Commission Filers)

4 Date

**1/26/2020**

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

**Roberts, Kevin & Allison**

7 Amount of contribution (\$)

**\$ 500.00**

6 Contributor address; City; State; Zip Code

**2233 Plymouth Rock Abilene, TX 79601**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**2/20/2020**

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

**Bridwell, Tucker**

Amount of contribution (\$)

**\$ 1,000.00**

Contributor address; City; State; Zip Code

**P.O. Box 1616 Abilene, TX 79604**

Principal occupation / Job title (See Instructions)

**President**

Employer (See Instructions)

**Mansfeldt Investment Corp.**

Date

**2/20/2020**

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

**Sheets, Zach & Kara**

Amount of contribution (\$)

**\$ 250.00**

Contributor address; City; State; Zip Code

**10 Green Bay Circle Abilene, TX 79602**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/21/2020**

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

**Allred, Charles**

Amount of contribution (\$)

**\$ 5,000.00**

Contributor address; City; State; Zip Code

**998 S. Clack St. Abilene, TX 79605**

Principal occupation / Job title (See Instructions)

**Owner**

Employer (See Instructions)

**Frontier Motors**

**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: **3/12**

2 FILER NAME **Mr. Anthony Williams** 3 Filer ID (Ethics Commission Filers)

4 Date <b>2/26/2020</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Washburn, Paul</b>	7 Amount of contribution (\$) <b>\$ 1,000.00</b>
	6 Contributor address; City; State; Zip Code <b>4620 N. 1<sup>st</sup> St. Abilene, TX 79603</b>	

8 Principal occupation / Job title (See Instructions) **President** 9 Employer (See Instructions) **Abilene Maintenance, Inc.**

Date <b>2/26/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Kennedy, Richard &amp; Tracy</b>	Amount of contribution (\$) <b>\$ 500.00</b>
	Contributor address; City; State; Zip Code <b>2102 Army Lynn Ave. Abilene, TX 79603</b>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>2/28/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Riggs, Jerry &amp; Gwenda</b>	Amount of contribution (\$) <b>\$ 100.00</b>
	Contributor address; City; State; Zip Code <b>2317 Christopher Dr. Abilene, TX 79602</b>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <b>2/28/2020</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Goldie, David</b>	Amount of contribution (\$) <b>\$ 25.00</b>
	Contributor address; City; State; Zip Code <b>8310 Linda Vista Abilene, TX 79606</b>	

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: **4/12**

2 FILER NAME **Mr. Anthony Williams**

3 Filer ID (Ethics Commission Filers)

4 Date **2/28/2020**  
 5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Smith, Jerry**  
 6 Contributor address; City; State; Zip Code  
**15 Hoylake Dr. Abilene, TX 79606**

7 Amount of contribution (\$)  
**\$ 25.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date **2/28/2020**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Bryant, Ethel**  
 Contributor address; City; State; Zip Code  
**1942 Oak St. Abilene, TX 79602**

Amount of contribution (\$)  
**\$ 50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2/28/2020**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Cox, Beckie**  
 Contributor address; City; State; Zip Code  
**5210 Waldemar St. Abilene, TX 79605**

Amount of contribution (\$)  
**\$ 100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date **2/28/2020**  
 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Deichmann, Edith**  
 Contributor address; City; State; Zip Code  
**642 Amarillo St. Abilene, TX 79602**

Amount of contribution (\$)  
**\$ 25.00**

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: **5/12**

2 FILER NAME

*Mr. Anthony Williams*

3 Filer ID (Ethics Commission Filers)

4 Date

*2/28/2020*

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

*Green, Bob & Becky*

7 Amount of contribution (\$)

**\$ 25.00**

6 Contributor address; City; State; Zip Code

*1365 Cedar Crest Dr. Abilene, TX 79601*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*2/28/2020*

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

*Porch, Thomas*

Amount of contribution (\$)

**\$ 25.00**

Contributor address; City; State; Zip Code

*749 Beechwood Ln. Abilene, TX 79603*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*2/28/2020*

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

*Owens, Hubert*

Amount of contribution (\$)

**\$ 100.00**

Contributor address; City; State; Zip Code

*5265 Benbrook Abilene, TX 79605*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*2/28/2020*

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

*Copeland, David & Laura*

Amount of contribution (\$)

**\$ 250.00**

Contributor address; City; State; Zip Code

*P.O. Box 2791 Abilene, TX 79604*

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: **6/12**

2 FILER NAME

**Mr. Anthony Williams**

3 Filer ID (Ethics Commission Filers)

4 Date

**2/28/2020**

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

**Garrett, Dan & Donna**

6 Contributor address; City; State; Zip Code

**ACV Box 29200 Abilene, TX 79699**

7 Amount of contribution (\$)

**\$ 100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**2/28/2020**

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

**Rister, Bill**

Contributor address; City; State; Zip Code

**3266 Woodlake Dr. Abilene, TX 79606**

Amount of contribution (\$)

**\$ 50.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/28/2020**

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

**Turner, Henry Wallace**

Contributor address; City; State; Zip Code

**2109 Marsalis Dr. Abilene, TX 79603**

Amount of contribution (\$)

**\$ 100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**2/28/2020**

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

**Johnston, Cliff & Ruthanne**

Contributor address; City; State; Zip Code

**3717 Brookhollow Dr. Abilene, TX 79605**

Amount of contribution (\$)

**\$ 25.00**

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: **7/12**

2 FILER NAME

**Mr. Anthony Williams**

3 Filer ID (Ethics Commission Filers)

4 Date

**3/13/2020**

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

**Calcote, Bart & Lynda**

6 Contributor address; City; State; Zip Code

**5282 Wyndham Ct. Abilene, TX 79606**

7 Amount of contribution (\$)

**\$ 100.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**3/13/2020**

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

**Seale, 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)

Employer (See Instructions)

Date

**3/13/2020**

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

**Klump, Roxanne**

Contributor address; City; State; Zip Code

**1702 Meadowbrook Dr. Abilene, TX 79603**

Amount of contribution (\$)

**\$ 25.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

**3/13/2020**

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

**Money, Royce & Pam**

Contributor address; City; State; Zip Code

**1209 Saddle Lakes Dr. Abilene, TX**

Amount of contribution (\$)

**\$ 100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1: **8/12**

2 FILER NAME

*Mr. Anthony Williams*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/13/2020*

5 Full name of contributor

*Smith, D*

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

7 Amount of contribution (\$)

*\$ 50.00*

6 Contributor address; City; State; Zip Code

*4601 Hummingbird Cir. Abilene, TX 79606*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/13/2020*

Full name of contributor

*Mickey, David & Carolyn*

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

Amount of contribution (\$)

*\$ 25.00*

Contributor address; City; State; Zip Code

*1326 Piedmont Dr. Abilene, TX 79601*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/13/2020*

Full name of contributor

*Ramirez, Pete, Jr.*

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

Amount of contribution (\$)

*\$ 100.00*

Contributor address; City; State; Zip Code

*6002 US Hwy. 277 S. Abilene, TX 79606*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/17/2020*

Full name of contributor

*Tutt, Cleve*

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

Amount of contribution (\$)

*\$ 250.00*

Contributor address; City; State; Zip Code

*180 Ellinger Ranch Rd. Tuscola, TX 79562*

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: **9/12**

2 FILER NAME

*Mr. Anthony Williams*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/17/2020*

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

*McBrayer, Jeremy*

6 Contributor address; City; State; Zip Code

*2501 Gilmer Ave. Abilene, TX 79606*

7 Amount of contribution (\$)

**\$ 250.00**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/17/2020*

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

*Holmes, Ryan*

Contributor address; City; State; Zip Code

*110 Kristi Path Abilene, TX 79602*

Amount of contribution (\$)

**\$ 100.00**

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/17/2020*

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)

*Land Developer*

Employer (See Instructions)

*Waldrop Properties*

Date

*3/17/2020*

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

*Lantrip, Gene & Cindy*

Contributor address; City; State; Zip Code

*298 Edge Cliff Ct. Abilene, TX 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: **10/12**

2 FILER NAME

*Mr. Anthony Williams*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/20/2020*

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

*Enriquez, Billy*

7 Amount of contribution (\$)

*\$ 200.00*

6 Contributor address; City; State; Zip Code

*2049 Park Ave. Abilene, TX 79603*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/20/2020*

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

*Fletcher, Barry*

Amount of contribution (\$)

*\$ 250.00*

Contributor address; City; State; Zip Code

*3449 S. 10th Abilene, TX 79605*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/20/2020*

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

*Akens, Tim*

Amount of contribution (\$)

*\$ 250.00*

Contributor address; City; State; Zip Code

*296 Pilgrim Rd. Abilene, TX 79602*

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*3/23/2020*

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

*Beard, Jane*

Amount of contribution (\$)

*\$ 1,000.00*

Contributor address; City; State; Zip Code

*1901 River Oaks Abilene, TX 79605*

Principal occupation / Job title (See Instructions)

*Grants Administrator*

Employer (See Instructions)

*Dian Graves Owen Foundation*

**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: **11/12**

2 FILER NAME

*Mr. Anthony Williams*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/23/2020*

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

*Canon, Joseph*

6 Contributor address; City; State; Zip Code

*102 Tiquewood Abilene, TX 79605*

7 Amount of contribution (\$)

*\$1,000.00*

8 Principal occupation / Job title (See Instructions)

*Executive Vice President*

9 Employer (See Instructions)

*Tejan Exploration*

Date

*3/23/2020*

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

*Bridwell, Tucker*

Contributor address; City; State; Zip Code

*P.O. Box 1616 Abilene TX 79604*

Amount of contribution (\$)

*\$1,000.00*

Principal occupation / Job title (See Instructions)

*President*

Employer (See Instructions)

*Mansfeldt Investment Corp.*

Date

*3/19/2020*

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

*Griggs, Jack (Dr.)*

Contributor address; City; State; Zip Code

*1765 Lakeshore Dr. Abilene, TX 79602*

Amount of contribution (\$)

*\$1,000.00*

Principal occupation / Job title (See Instructions)

*Retired professor*

Employer (See Instructions)

Date

*3/23/2020*

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

*Brock, Nancy*

Contributor address; City; State; Zip Code

*5262 Wyndham Ct. Abilene, TX 79606*

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: **12/12**

2 FILER NAME

*Mr. Anthony Williams*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/23/2020*

5 Full name of contributor

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

*Wiseman, Dorothy*

6 Contributor address;

City;

State;

Zip Code

*1533 Pasadena Dr. Abilene, TX 79601*

7 Amount of contribution (\$)

*\$ 35.00*

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

*3/23/2020*

Full name of contributor

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

*Black, Darrin*

Contributor address;

City;

State;

Zip Code

*1173 CR 297 Abilene, TX 79606*

Amount of contribution (\$)

*\$ 1,500.00*

Principal occupation / Job title (See Instructions)

*Owner*

Employer (See Instructions)

*Black Plumbing*

Date

*2/28/2020*

Full name of contributor

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

*Yates, Peyton*

Contributor address;

City;

State;

Zip Code

*P.O. Box 901 Artesia, NM 88211*

Amount of contribution (\$)

*\$ 750.00*

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.

# 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: <b>2</b>	2 FILER NAME <b>Mr. Anthony Williams</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>2/20/2020</b>	5 Payee name <b>Brayco Business &amp; Creative Services</b>
----------------------------	--

6 Amount (\$) <b>\$4,000.00</b>	7 Payee address: <b>3133 S. 19th St.</b>	City: <b>Abitene</b>	State: <b>TX</b>	Zip Code <b>79605</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>Political Advertising Signs</b>
	(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 <b>2/20/2020</b>	Payee name <b>All Star Designs &amp; Apparel</b>
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Amount (\$) <b>\$ 564.00</b>	Payee address: <b>727 S. Treadaway Blvd.</b>	City: <b>Abitene</b>	State: <b>TX</b>	Zip Code <b>79602</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>T-Shirts</b>
	<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 <b>3/13/2020</b>	Payee name <b>Pink Goose Media</b>
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Amount (\$) <b>\$ 1,334.00</b>	Payee address: <b>2602 Barrow St.</b>	City: <b>Abitene</b>	State: <b>TX</b>	Zip Code <b>79605</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>television Commercial</b>
	<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            | 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: <b>2</b>	2 FILER NAME <b>Mr. Anthony Williams</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>3/13/2020</b>	5 Payee name <b>Southwest Direct, Inc.</b>
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6 Amount (\$) <b>\$ 817.63</b>	7 Payee address; <b>150 Tannehill Dr.</b>	City; <b>Abitene</b>	State; <b>TX</b>	Zip Code <b>79602</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description <b>push cards</b>
	(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 <b>ONLY</b> 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 <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
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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 <b>ONLY</b> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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