

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: 27
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Anthony	MI
	NICKNAME	LAST Williams	SUFFIX
OFFICE USE ONLY			
Date Received			
<div style="border: 2px solid blue; padding: 5px;"> <p style="color: blue; font-weight: bold;">Abitene City Secretary</p> <p style="color: red; font-weight: bold; font-size: 1.2em;">APR - 6 2017</p> <p style="color: blue; font-weight: bold;">Filed for Record</p> </div>			
Date Hand-delivered or Date Postmarked			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
<input type="checkbox"/> Change of Address	1725 Wildlife Trail Parkway Abitene, TX 79601		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(325)	829.4328	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Kris	MI
	NICKNAME	LAST Southward	SUFFIX
Receipt #		Amount \$	
Date Processed			
Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CITY; STATE; ZIP CODE
(Residence or Business)	425 Cypress St.		Abitene, TX 79601
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	(325)	677-1231	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	01	01	2017
	THROUGH		Month
			03
	Day	Year	
	27	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)		13 OFFICE SOUGHT (if known)
	Abitene City Council, Place 3		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.

<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	\$ 3,269.90
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,319.90
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 210.62
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,837.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 20,577.32
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.

[Signature]
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anthony Williams, this the 6 day of April, 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>22,050.00</i>
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	\$ <i>12,627.13</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>73.74</i>
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:

20

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

3/3/17

5 Full name of contributor

Ashby, Jon (Dr.)

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

7 Amount of contribution (\$)

\$ 500.00

6 Contributor address;

866 Canyon Ct.
Abilene, TX 79601

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Professor

9 Employer (See Instructions)

Hardin Simmons University

Date

2/17/17

Full name of contributor

Barr, Grady

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

Amount of contribution (\$)

\$ 500.00

Contributor address;

3 Glen Abbey St.
Abilene, TX 79604

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Retired Business Owner

Employer (See Instructions)

Date

1/18/17

Full name of contributor

Brown, Freddie Lee & Shirley

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

2413 Arrowhead
Abilene, TX 79606

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/7/17

Full name of contributor

Bryant, Ethel

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

1942 Oak St.
Abilene, TX 79602

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:

20

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

1/20/17

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

Burton, Orneita

6 Contributor address; City; State; Zip Code

23 Cherry Hills St. E.
Abilene, TX 79606

7 Amount of contribution (\$)

\$ 200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/3/17

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

Calcote, Bart & Linda

Contributor address; City; State; Zip Code

5282 Wyndham Ct.
Abilene, TX 79606

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/17

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

Childers, Terry (Mr.)

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)

Employer (See Instructions)

Retired

Date

1/6/17

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

Coates, Jane (Dr.)

Contributor address; City; State; Zip Code

1726 Cedar Crest
Abilene, TX 79601

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

20

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

1/6/17

5 Full name of contributor

Coates, Neal (Dr.)

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

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address:

1726 Cedar Crest
Abilene, TX 79601

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/17/17

Full name of contributor

Copeland, David (Mr.)

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

Amount of contribution (\$)

\$ 250.00

Contributor address:

P.O. Box 2791
Abilene, TX 79604

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/17/17

Full name of contributor

Core, William George

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

Amount of contribution (\$)

\$ 100.00

Contributor address:

1234 Hollis Dr.
Abilene, TX 79605

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/16/17

Full name of contributor

Cotman, Robert

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

Amount of contribution (\$)

\$ 100.00

Contributor address:

5217 Harwood
Abilene, TX 79605

City: State: Zip Code

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:

20

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

2/17/17

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

Crisp, Dennis

6 Contributor address; City; State; Zip Code

2117 Bel Air Dr.
Abilene, TX 79603

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/10/17

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

Dalzell, Dave & Joyce

Contributor address; City; State; Zip Code

618 Green Valley Dr.
Abilene, TX 79601

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/18/17

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

Denton, Lawrence Jr.

Contributor address; City; State; Zip Code

4318 Bluebonnet Ct.
Abilene, TX 79606

Amount of contribution (\$)

\$ 25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/21/17

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

Denton, Lawrence Jr.

Contributor address; City; State; Zip Code

4318 Bluebonnet Ct.
Abilene, TX 79606

Amount of contribution (\$)

\$ 25.00

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: 20
2 FILER NAME Mr. Anthony Williams		3 Filer ID (Ethics Commission Filers)
4 Date 3/7/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton, Lawrence, Jr.	7 Amount of contribution (\$) \$ 25.00
6 Contributor address; City; State; Zip Code 4318 Bluebonnet Ct. Abilene, TX 79604		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/27/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drennan, Don & Rudith	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code P.O. Box 590 Abilene, TX 79604		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Dale	Amount of contribution (\$) \$ 400.00
Contributor address; City; State; Zip Code 910 Petroleum Dr. Abilene, TX 79602		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Mandy (Ms.)	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code 116 Riverside Park Abilene, TX 79605		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Lajedan Investments

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:

20

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/17

5 Full name of contributor

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

Garrett, Dan & Donna

6 Contributor address;

City; State; Zip Code

ACU Box 29200
Abilene, TX 79699

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/3/17

Full name of contributor

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

Green, David & Anita

Contributor address;

City; State; Zip Code

3541 Hunters Glen Rd.
Abilene, TX 79605

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1/13/17

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)

Employer (See Instructions)

President / Director

Southwestern Bancorp, Inc.

Date

1/13/17

Full name of contributor

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

Hillis, Homer

Contributor address;

City; State; Zip Code

1242 Canterbury Dr.
Abilene, TX 79602

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

President

Hillis Investments, Inc.

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:

20

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

3/10/17

5 Full name of contributor

Hunter, Bob & Shirley

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

1250 EN 10th St.
Abitene, TX 79601

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/1/17

Full name of contributor

Hunter, Petty & Tonya

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 200.00

Contributor address;

725 Mesquite
Abitene, TX 79601

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/17

Full name of contributor

Hurst, Cam & Joan

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

7 Lamar Circle
Abitene, TX 79601

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/3/17

Full name of contributor

Johnson, Elton Edward, Jr.

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.00

Contributor address;

1641 Chachalaca
Abitene, TX 79605

City: State: Zip Code

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:

20

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

3/16/17

5 Full name of contributor

Jones, Lonnie

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address:

1234 S. Jefferson
Abilene, TX 79605

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1/19/17

Full name of contributor

Jones, Tommy Lee

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 1,000.00

Contributor address:

1234 S. Jefferson Dr.
Abilene, TX 79605

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/3/17

Full name of contributor

King, David & Dorothy

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.00

Contributor address:

909 Amarillo St.
Abilene, TX 79602

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/24/17

Full name of contributor

King, Roy & Martha

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 100.00

Contributor address:

24 Surrey Square
Abilene, TX 79605

City: State: Zip Code

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:

20

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

2/21/17

5 Full name of contributor

Kuhn, Greta

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

7 Amount of contribution (\$)

\$ 1,000.00

6 Contributor address;

3018 Potosi Rd.
Abilene, TX 79602

City: State: Zip Code

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Garbo's

Date

1/18/17

Full name of contributor

Lankford, Izair & Jennifer

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

Amount of contribution (\$)

\$ 200.00

Contributor address;

P.O. Box 60
Abilene, TX 79604

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/3/17

Full name of contributor

Libby, Bill

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

1333 Soyles Blvd.
Abilene, TX 79605

City: State: Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/3/17

Full name of contributor

Luedtke, Tam

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

Amount of contribution (\$)

\$ 100.00

Contributor address;

15 Lamer Circle
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: 20
2 FILER NAME Mr. Anthony Williams		3 Filer ID (Ethics Commission Filers)
4 Date 2/24/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Luther, Jeff	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 198 Phoenix Ln. Tuscola, TX 79562		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mann, Thomas	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 3001 Gilmer Ave. Abilene, TX 79606		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCaleb, Gary & Sylvia	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 7 Hilliard Abilene, TX 79601		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/3/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McCarty, Craig & Lisa	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 1917 Greenridge Abilene, TX 79602		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME Mr. Anthony Williams		3 Filer ID (Ethics Commission Filers)
4 Date 2/21/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) McKenzie, David & Kim	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 4501 Vista Grande Abilene, TX 79606		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/4/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Mehaffey, Sam & Claire	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 142 CR 256 Abilene, TX 79606		
Principal occupation / Job title (See Instructions) Attorneys		Employer (See Instructions) Mehaffey & Watson
Date 3/3/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Merritt, Earnest & Wanda	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 208 Buddand Circle Little Rock, AR 72223		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Miller, Edward	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 6565 Central Park Blvd. Abilene, TX 79606		
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: 20
2 FILER NAME Mr. Anthony Williams		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Garrett, Donald & Carla 6 Contributor address; City; State; Zip Code 1610 Elmwood Dr. Abilene, TX 79605	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/16/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Minnick, Heidi Contributor address; City; State; Zip Code 3133 S. 19th St. Abilene, TX 79605	Amount of contribution (\$) \$ 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Money, Royce & Pam 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 3/3/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Musgrave, Kenneth P. Contributor address; City; State; Zip Code P.O. Box 1743 Abilene, TX 79604	Amount of contribution (\$) \$ 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME Mr. Anthony Williams		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ohre, David	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 12 Saint Andrews St. Abilene, TX 79604		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Exceptional Brands, LLC
Date 3/3/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Owens, Hubert	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 5265 Benbrook Abilene, TX 79605		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/28/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Partin, Jimmy	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 25 Juniper Circle Abilene, TX 79605		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/13/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Peck, Frank	Amount of contribution (\$) \$ 1,500.00
Contributor address; City; State; Zip Code 8317 Linda Vis Abilene, TX 79606		
Principal occupation / Job title (See Instructions) President / CEO		Employer (See Instructions) Western Surplus Lines Agency, Inc.

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: 20
2 FILER NAME Mr. Anthony Williams		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Pinkston, Linda	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 718 E.N. 10th St. Abilene, TX 79601		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Popnoe, Janie	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 2617 Antilley Rd., Apt. 125 Abilene, TX 79606		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Rich, Jack & Karen	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 250 Hedges Rd. Abilene, TX 79605		
Principal occupation / Job title (See Instructions) Chief Investment Officer		Employer (See Instructions) Abilene Christian University
Date 3/3/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Riggs, Jerry & Gwendia	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 2317 Christopher Dr. Abilene, TX 79602		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME Mr. Anthony Williams		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Romanelli, Lisa 6 Contributor address; City; State; Zip Code 7733 Venice Dr. Abilene, TX 79606	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/4/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Seale, Kris & Melinda Contributor address; City; State; Zip Code 38 murfield Abilene, TX 79606	Amount of contribution (\$) \$ 1,000.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Funeral Directors Life Ins. Co.
Date 3/17/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shaheen, Greg Contributor address; City; State; Zip Code P.O. Box 701 Abilene, TX 79604	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Shaheen Oil Corp.
Date 3/10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Sharp, Darwin Eugene Contributor address; City; State; Zip Code 4441 Ridgway Rd 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
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20
2 FILER NAME Mr. Anthony Williams		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silva, Ray & Alice 6 Contributor address; City; State; Zip Code 686 Westwood Dr. Abilene, TX 79603	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/3/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jerry Contributor address; City; State; Zip Code 15 Hoylake Abilene, TX 79606	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/27/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Marilyn Contributor address; City; State; Zip Code P.O. Box 5706 Abilene, TX 79608	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/20/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Wesley Contributor address; City; State; Zip Code 3449 High Meadows 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:

20

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

2/17/17

5 Full name of contributor

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

Southward, Kris & Karen

6 Contributor address:

City: State: Zip Code

1941 Greenridge Ct.
Abilene, TX 79602

7 Amount of contribution (\$)

\$ 500.00

8 Principal occupation / Job title (See Instructions)

CPA & teacher

9 Employer (See Instructions)

self & AISD

Date

2/24/17

Full name of contributor

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

Spono, Joe

Contributor address:

City: State: Zip Code

2709 Arrowhead Dr.
Abilene, TX 79606

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/27/17

Full name of contributor

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

Spect, Joe & Alice

Contributor address:

City: State: Zip Code

918 Grand Ave.
Abilene, TX 79605

Amount of contribution (\$)

\$ 250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/10/17

Full name of contributor

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

Strader, Robert

Contributor address:

City: State: Zip Code

1633 Newcastle Dr.
Abilene, TX 79601

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

20

2 FILER NAME

Mr. Anthony Williams

3 Filer ID (Ethics Commission Filers)

4 Date

3/3/17

5 Full name of contributor

Turner, Henry Wallace

out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 100.00

6 Contributor address;

2109 Marsalis Dr.

City: State: Zip Code

Abilene, TX 79603

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2/24/17

Full name of contributor

Walls, Charles & Donna

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 300.00

Contributor address;

4325 S. 20th St.

City: State: Zip Code

Abilene, TX 79605

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2/10/17

Full name of contributor

Washburn, Paul

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 1,000.00

Contributor address;

4620 N. 1st

City: State: Zip Code

Abilene, TX 79603

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

President

Abilene Maintenance, Inc.

Date

3/10/17

Full name of contributor

Weatherl, Rick & Cathy

out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 200.00

Contributor address;

1249 Hollis Dr.

City: State: Zip Code

Abilene, TX 79605

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: 20
2 FILER NAME Mr. Anthony Williams		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Don & Ellen Carter	7 Amount of contribution (\$) \$ 500.00
6 Contributor address; City; State; Zip Code 5646 Milton St. Dallas, TX 75206		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 1/19/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Richard & Patricia	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 1900 Little Elm Trl, #85 Cedar Park, TX 78613		
Principal occupation / Job title (See Instructions) owner		Employer (See Instructions) RAW Political Strategies
Date 3/10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, W.P., Jr.	Amount of contribution (\$) \$ 75.00
Contributor address; City; State; Zip Code P.O. Box 810 Abilene, TX 79604		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/10/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wyatt, Jay & Tina	Amount of contribution (\$) \$ 200.00
Contributor address; City; State; Zip Code 1734 Lytle Shores Dr. Abilene, TX 79602		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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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: 20
2 FILER NAME Mr. Anthony Williams		3 Filer ID (Ethics Commission Filers)
4 Date 3/3/17	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yates, Shirley Kay	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 1633 Remelton Dr. Abilene, TX 79601		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/17/17	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Kelly (Mr.)	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 1709 Lytle Shores Dr. Abilene, TX 79601		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.

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

4 Date 1/23/17	5 Payee name Brayco Business & Creative Services
--------------------------	--

6 Amount (\$) \$ 4,400.00	7 Payee address; City; State; Zip Code 3133 S. 19th St. 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 Political Advertising Signs
------------------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2/1/17	Payee name Brayco Business & Creative Services
-----------------------	--

Amount (\$) \$ 907.13	Payee address; City; State; Zip Code 3133 S. 19th 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 Political Advertising Signs
-------------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2/13/17	Payee name Southwest Direct, Inc.
------------------------	---

Amount (\$) \$ 1,312.00	Payee address; City; State; Zip Code 150 Tannehill Dr. Abilene, TX 79602
-----------------------------------	--

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 Push cards
-------------------------------	--	--

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
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.

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

4 Date 2/15/17	5 Payee name Brayco Business & Creative Services
--------------------------	--

6 Amount (\$) \$ 385.00	7 Payee address; City; State; Zip Code 3133 S. 19th St. 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 Political Advertising stickers
------------------------------------	--	--

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 2/21/17	Payee name Southwest Direct, Inc.
------------------------	---

Amount (\$) \$ 1,500.00	Payee address; City; State; Zip Code 150 Tannehill Dr. Abilene, TX 79602
-----------------------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising letter
-------------------------------	---	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2/23/17	Payee name Brayco Business & Creative Services
------------------------	--

Amount (\$) \$ 1,368.00	Payee address; City; State; Zip Code 3133 S. 19th 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 Political Advertising Signs
-------------------------------	--	---

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
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.

1 Total pages Schedule F1: 3	2 FILER NAME Mr. Anthony Williams	3 Filer ID (Ethics Commission Filers)
4 Date 2/24/17	5 Payee name Alex Russell	
6 Amount (\$) \$ 1,000.00	7 Payee address; City; State; Zip Code 8 Hoylake Abilene, TX 79606	
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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: _____ Office sought: _____ Office held: _____	

Date 3/8/17	Payee name Brayco Business & Creative Services		
Amount (\$) \$ 1,755.00	Payee address; City; State; Zip Code 3133 S. 19th 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 Political advertising signs	
	Complete ONLY 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	
	Complete ONLY 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	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.

1 Total pages Schedule F4: 1	2 FILER NAME Mr. Anthony Williams	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 73.74
--	----------

5 Date	6 Payee name
---------------	---------------------

7 Amount (\$)	8 Payee address; City; State; Zip Code
----------------------	---

9 TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
------------------------------	------------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) 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

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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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED