CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains hov	v to complete this form.	1 Filer ID (Enks C	commission Filers)	2 Total pages filed: 26	
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR	FIRST		MI M	OFFICE USE ONLY	
NAME	Ms.	Gretchen	*		Date Received	
	NICKNAME	LAST		SUFFIX		
		Williams				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BO	K; APT / SUITE #;	CITY; STATE;	ZIP CODE	PARENCE!	
Change of Address					APR - 7 2000	
5 CANDIDATE/ OFFICEHOLDER PHONE	(CODE	PHONE NUMBER	EXTENSION	ON	Date Hand-dervered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR	FIRST		МІ	Receipt # Amount \$	
TREASURER	Mrs.	Cynthia			Date Processed	
NAME	NICKNAME	LAST		SUFFIX		
	HICKING				Date Imaged	
		Marshall	nem.		STATE; ZIP CODE	
7 CAMPAIGN TREASURER	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;			
ADDRESS	1333 N. Stemmons Frwy. Dallas				TX 75207	
(Residence or Business)						
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSIO	N	a	
PHONE	((214)) 747-6287					
9 REPORT TYPE	January 15	30th day before o	election Rund	ff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ECUDII I	eded Modified orting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED	01 .	/ 01 / 2022	THROUGH	03 /	28 / 2022	
11 ELECTION	ELECTION D	ATE		ELECTION TYPE		
	Month Day	Year Primary	Runoff	Other Description		
	05 / 07,	/ 2022 General	Special			
	05/ 01/	, 2022				
12 OFFICE	OFFICE HELD (if any)	13 OFFICE S	OUGHT (If known)	
	District 1 - Da	illas College	District 1	- Trustee		
14 NOTICE FROM POLITICAL					ADE BY POLITICAL COMMITTEES TO SUPPORT MOATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS			
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Gretchen M V		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ ₀
100	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 14,291.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 23,254.02
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 24,995.74
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T	THE \$ 15,000.00
	swear, or affirm, under penalty of perjury, that the accompanying report is true a quired to be reported by me under Title 15, Election Code.	and correct and includes all information
	Signature of Cand	ildate or Officeholder
		The state of the special country in
	Please complete either option below:	
(1) Áffidavit		
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	1
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
-	Control of the second s	
(2) Unsworn Declarati		Parameter American services
	Den M Williams and my date of birth is	,
My address is	(street) (city) (sta	ate) (zip code) (country)
Executed in Dallo	County, State of TRXAS, on the 7 day of April	(zip code) (country)
	Signature of Candidat	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

9	FILER N	AME	20 Filer ID (Ethics Co	mmission Filers)
(Gretche	n M Williams		
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	V	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$10,471.00
2.	SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			\$3,820.00
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	\square	SCHEDULE E: LOANS		\$15,000.00
5.	\square	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	NTRIBUTIONS	\$715.46
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 25,066.08
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	CONTRIBUTIONS	\$
8.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	DS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
1.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$
2.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTE TO FILER	IONS RETURNED	\$

SCHEDULE A1

The	instruction Guide explains how	to complete this	s form.		1 Total pages Schedule A1: 9
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
Gretchen M	Williams				
4 Date	5 Full name of contributor	ut-of-state PA	C (ID#:	ر	7 Amount of contribution (\$)
2/27/2022	Clay Liebrum				\$20.00
	6 Contributor address:	City;	State:	Zip Code	1
	6 Contributor aggress;	City;	State,	Zip Code	
8 Principal occu	pation / Job title (See Instructions)		9 Empl	oyer (See Instruc	ctions)
Date	Full name of contributor	ut-of-state PAG	C (ID#:		Amount of contribution (\$)
2/27/2022					\$50.00
	Lonnie & Patti Womack			Zin Codo	
	Contributor address;	City;	State;	Zip Code	
	2609 Lakefield Dr.	Wylie	TX	75098	
Principal occu	pation / Job title (See Instructions)		Emple	oyer (See Instruc	tions)
Date	Full name of contributor	ut-of-state PAC	(ID#:		Amount of contribution (\$)
2/28/2022	Denise & Shayne Currin	Shayne Currin		\$100.00	
	Contributor address;	City;	State;	Zip Code	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
3/1/2022	Full name of contributor	Out-of-state PAC	(ID#:	#: Amount of contribution (\$) \$50.00	
3/ 1/2022	Vanessa Munoz		,		\$30.00
	Contributor address;	City;	State;	Zip Code	
Principal occup	pation / Job title (See Instructions)		Empl	oyer (See Instruc	tions)
	ATTACH ADDITI				

SCHEDULE A1

The	Instruction Guide explains how	1 Total pages Schedule A1:		
2 FILER NAME				3 Filer ID (Ethics Commission Filers
Gretchen M	Williams			81.5
4 Date	5 Full name of contributor	Out-of-state F	AC (ID#	7 Amount of contribution (\$)
3/15/2022	Lisbeth Lokey	7 7		1,000.00
0, 10, 2022	6 Contributor address:	City:	State; Zip Code	Spatiation of
	1			
	2837 Hood St	Dallas	TX 75219	
8 Principal occ	upation / Job title (See Instructions		9 Employer (See Instruc	cooris)
Date	Full name of contributor	out-of-state P	AC (IDé:	Amount of contribution (\$)
3/18/2022	Koop For Texas		h - u - u	250.00
	Contributor address;	City;	State; Zip Code	also a second
	DO Doy 704040	Dallas	TX 75379	
	PO Box 794042	7	Employer (See Instruc	tions) 1
Principal occu	pation / Job title (See Instructions)	11 m. m.	may the man	Contract of the state of the st
Date	Full name of contributor	out-of-state Pr	AC (IDI):	Amount of contribution (\$)
3/17/2022	Ronald & Cheryl Murf	f many many	erie y mertermany.	250.00
0,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Contributor address;	City;	State; Zip Code	
	00 Abbau Maada I a	Dallas	TX 75248	
Display con	88 Abbey Woods Ln pation / Job title (See Instructions)		Employer (See Instruc	tions)
Principal costs	(Sel			
Date	Full name of contributor	out-of-state P/	NC (IDF:)	Amount of contribution (\$)
3/12/2022	O.S. Hawkins			200.00
J/ 14/444	Contributor address;	City;	State; Zip Code	
	12 Devonshire Pl.	Dallas	TX 75248	
	eation / Job title (See Instructions)		Employer (See Instruc	tions)
Principal occur	,			

SCHEDULE A1

Instruction Guide explains how to complete th		
M Williams		3 Filer ID (Ethics Commission Filers
Pete & Pat Schenkel 6 Contributor address; City; 4231 Belclaire Ave. Dallas	State; Zip Code TX 75206	7 Amount of contribution (\$) 300.00
pation / Job title (See Instructions)	9 Employer (See Instruc	ions)
Full name of contributor out-of-state PA Cynthia & John Ferguson Contributor address; City; 5400 Glenshire Dr. Plano	State; Zip Code TX 75093	Amount of contribution (\$) 300.00
pation / Job title (See Instructions)	Employer (See Instructi	ions)
Gary & Sheila Cook Contributor address; City;	State; Zip Code	Amount of contribution (\$) 250.00
pation / Job title (See Instructions)	Employer (See Instruct	ions)
Full name of contributor	State; Zip Code TX 75238	Amount of contribution (\$) 250.00
ation / Job title (See Instructions)	Employer (See Instructi	lons)
	Full name of contributor	Full name of contributor

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Gretchen M		3 Filer ID (Ethics Commission Filers)
4 Date 3/21/2022	5 Full name of contributor out-ef-etate PAC (IDE: Peggy Carr 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 200.00
B Principal occ	upation / Job title (See Instructions) 9 Employer (See In	structions)
Date 3/22/2022	Full name of contributor	Amount of contribution (\$) 50.00
Principal occu	pation / Job title (See Instructions) Employer (See Ins	structions)
Date 3/23/2022	Full name of contributor	Amount of contribution (\$) 200.00
Principal occup	pation / Job title (See Instructions) Employer (See Ins	structions)
Date 3/28/2022	Full name of contributor	Amount of contribution (\$)
Principal occup	petion / Job title (See Instructions) Employer (See Ins	structions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	NS NEEDED

Forms provided by Texas Ethics Commission

www.ethics.state.bcus

SCHEDULE A1

			3 Filer ID (Ethics Commission Filens
5 Full name of contributor	ut-of-state P/	AC (IDP:	7 Amount of contribution (\$)
Jim & Deborah Nugent 6 Contributor address:	City;	State; Zip Code	100.00
apartion / Job title (See Instructions)		9 Employer (See Instru	actions)
Full name of contributor	Out-of-state PA	C (IDP:	Amount of contribution (\$)
Deborah Ethridge Sutton			100.00
Contributor address;	City;	State; Zip Code	
7256 Ashington	Dallas	TX 75225	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ctions)
Full name of contributor	Out-of-state PA	c (ibe:)	Amount of contribution (\$)
Frances Thompson	72		100.00
Contributor address;	City;	State; Zip Code	
PO Box 111576	Carrollton	TX 75011	
pation / Job title (See Instructions)		Employer (See Instru	ctions)
Full name of contributor Marialice Garrett	out-of-state PA	C (IDE:)	Amount of contribution (\$) 250.00
Contributor address;	City;	State; Zip Code	
4	D-II	TX 75209	
4665 Beverly Dr.	Dallas	171 10200	
	Williams 5 Full name of contributor Jim & Deborah Nugent 6 Contributor address; upartion / Job title (See Instructions) Full name of contributor Deborah Ethnidge Sutton Contributor address; 7256 Ashington spation / Job title (See Instructions) Full name of contributor Frances Thompson Contributor address; PO Box 111576 pation / Job title (See Instructions) Full name of contributor Manialice Garrett	Williams 5 Full name of contributor	S Full name of contributor

SCHEDULE A1

Commission Filen
ntribution (\$)
tribution (\$)
tribution (\$)
tribution (3)

SCHEDULE A1

The	Instruction Guide explains how	to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME				3 Filer ID (Ethics Commission Filers
Gretchen M Date 3/13/2022	5 Full name of contributor		7 Amount of contribution (\$) 50.00	
3/.13/2022	Jim & Courtney Tolberi 6 Contributor address;	City;	State; Zip Code	. 30.00
Principal occ	6505 Springwagon upation / Job title (See Instructions)	McKinney	TX 75071 9 Employer (See Instruc	alona)
Date	Full name of contributor	Out-of-state PAC	c (IDI):	Amount of contribution (\$)
3/14/2022 Mark Thompson Contributor address;		City; State; Zip Code		500.00
	1031 Three Oaks Dr.	Fairview	TX 75069	
Principal occu	pation / Job title (See Instructions)	The state of	Employer (See Instruct	dions)
Date 3/15/2022	Full name of contributor Brandon Fleeman	out-of-state PAC	(OR	Amount of contribution (\$) 100.00
	Contributor address; 8333 Douglas	city; Dallas	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Dallas	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(IDE:)	Amount of contribution (\$)
3/16/2022	Harold Stein Contributor address;	City;	State; Zip Code	500.00
	4141 Grassmere	Dallas	TX 75205	
Principal occur	pation / Job title (See Instructions)		Employer (See Instruc	tione)
KAPU E _ +_		7		

SCHEDULE A1

The	instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Gretchen	M Williams	3 Filer ID (Ethics Commission Filers)	
4 Date 3/2/2022	5 Full name of contributor		7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Data	Full name of contributor	(008	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 3/6/2022	Full name of contributor		Amount of contribution (\$)
Principal occup	2609 Lakefield Dr. Wylie	TX 75098 Employer (See Instructi	ons)
Date 3/11/2022	Full name of contributor out-of-state PAC Lee Bailey Contributor address; City; 2814 Park Bridge Ct. Dallas		Amount of contribution (\$) 1,500.00
	etion / Job title (See Instructions)	Employer (See instructi	(ano.

SCHEDULE A1

1110	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers
Gretchen	M Williams	
4 Date	5 Full name of contributor	7 Amount of contribution (\$) 250.00
3/16/2022	Ann W Brookshire 6 Contributor address: City: State; Zip Code	CONTRACTOR
	3045 Concord Place Tyler TX 75701	Sypth Law B. J. B.
B Principal occ.	ipation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
3/14/2022	Erle & Alice Nye	500.00
	Contributor address; City; State; Zip Code	
	8523 Thackery St. Apt 9114 Dallas TX 75225	State of the state
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	dons)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

T	ne Instruction Guide explain	s how to complet	e this for	m.	1 Total pages Sched	fule A2: 1
2 FILER NAM	E				3 Filer ID (Ethics Co	ommission Filers)
Gretchen M	l Williams					
4 TOTAL O	F UNITEMIZED IN-KIN	D POLITICAL C	CONTRI	BUTIONS	\$ 3,820.00	
5 Date 2/24/2022	6 Full name of contributor Clay Liebrum	out-of-state PAC (8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address;	City;	State;	Zip Code	**3,820.00	Website Development & Hosting
	2609 Lakefield Dr.	Wylie	TX	75098	Check if travel outsi	de of Texas. Complete Schedule T.
10 Principal occ	supation / Job title (FOR NON-	JUDICIAL) (See Ins	tructions)	11 Emplo	yer (FOR NON-JUDICI	AL)(See Instructions)
12 Contributors	principal occupation (FOR JU	DICIAL)		13 Contri	butor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDI	CIAL)		15 Law fi	rm of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s)	(if any) (FOR JUDI	ICIAL)			
Date	Full name of contributor	out-of-state PAC (1D#:		Amount of Contribution \$	In-kind contribution description
	Contributor address;	City;	State;	Zip Code	Check if travel outside	fe of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-	IUDICIAL) (See Inst	tructions)	Emplo	yer (FOR NON-JUDICI/	
Contributor's	principal occupation (FOR JU	DICIAL)		Contri	butor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDIO	CIAL)		Law fi	rm of contributor's spaus	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s)	(if any) (FOR JUDI	CIAL)			
11	ATTACH				OULE AS NEEDED or additional reporting	requirements.

PLEDGED CONTRIBUTIONS

SCHEDULE B

	The	Instruction Guide explains how to complete thi	s form.	1 Total pages Sche	dule B:
2	FILER NAME			3 Filer ID (Ethics	Commission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor □ out-of-state PAC (ID#:_	**************	8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; St	ate; Zip Code	Check if travel outs	
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor Out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Si	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor ☐ out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; St	ate; Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State	; Zip Code		
				Check if travel outsi	l ide of Texas. Complete Schedule T.
	Principal occup	ation / Job title (See Instructions)	Employer (See	Instructions)	
	If c	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see inst			requirements.

LOANS SCHEDULE E

ii tiic requestet	a mornation is not applicable, bo No	I ilicidae tins page in the re	
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E: 1
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Gretchen M Wil	liams		
4 TOTAL OF UN	NITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender out-of-state F	PAC (ID#;)	9 Loan Amount (\$)
3/14/2022	Gretchen M Williams		\$15,000.00
6 is lender	8 Lender address; City;	State; Zip Code	10 Interest rate
a financial Institution?		01010, 219 0000	0%
YN			11 Maturity date
		49 =	3/14/2023
	on / Job title (See Instructions)	13 Employer (See Instructions)	
Real Estate Age		Ebby Halliday Realto	rs
none	eter er	Check if personal fundaccount (See Instruct	ds were deposited into political lons)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
H_ =	18 Guarantor address; City;	State; Zip Code	
not applicable			
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state i	PAC (ID#:)	Loan Amount (\$)
is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colli	aleral	— Check if personal fund	ds were deposited into political
none		account (See Instruct	
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
if le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		,
1 Total pages Schedule F1:	2 FILER NAME Gretchen M Williams		3 Filer ID (Ethic	s Commission Filers)
4 Date 2/28/2022	5 Payee name Billy "Gino" Johnson			
6 Amount (\$) 500.00	7 Payee address; 635 Classen Dr.	City; Dallas	State; TX	Zip Code 75218
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this achedule) Advertising Expense	(b) Description Social Media N	Marketing (Fe	eb 2022)
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/Oi	Candidate / Officeholder name	Office sought		Office held
Date	Payee name Stripe			
3/25/2022 Amount (\$) 215.46	Payee address; 185 Berry St., Suite 550	c _{ity;} San Francis	State;	Zip Code 94107
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Credit Card Payment	Description Credit Card Trans	saction Fees (M	arch 2022)
	Check if travel outside of Texas Complete Schedule T.		, TX, officeholder living	expense
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		
		Check of Austin	99 -45b-14 Index	
	Check if travel outside of Texas. Complete Schedule T.	Check if Adams,	, TX, officeholder living	expense

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

ii dio requestes iiio		iot applicable, De Ite : 1				
		EXPENDITURE CATE				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services	Office Ove Polling Ex Printing Ex Salaries/M	pense ages/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
		The instruction Guide expla	ains now to c	omplete this form.	1	
1 Total pages Schedule F2:	2 FILER Gretche	n M Williams			3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITER	MIZED UN	IPAID INCURRED OBL	IGATION	S	^{\$} 25,066.08	
5 Date	6 Payee	name				
3/30/2022	Billy "Gi	no" Johnson				
7 Amount (\$) 700.00	8 Payee 635 Clas	address;		City; Dallas	State; TX 75	Zip Code 5218
9, TYPE OF EXPENDITURE	Z	Political [Non-Pol	itical		
10	(a) Catego	ry (See Categories listed at the top of ti	his schedule)	(b) Description		
PURPOSE						
OF EXPENDITURE	Advertis	sing Expense		Social Media	Marketing (M	arch 2022)
	(c)	Check if travel outside of Texas. Complete	e Schedule T.	Check if Aus	tin, TX, officeholder livin	g expense
11 Complete ONLY if direct expenditure to benefit C/OI		ndidate / Officeholder name	0	ffice sought	Office	held
Date	Payee	namė				
March 2022	Allyn Me	edia				
Amount (\$) 11,838.56	Payee	address; ak Lawn Ave. Ste. 400		City: Dallas	State; TX	Zip Code 75219
TYPE OF EXPENDITURE	Ø	Political [Non-Po	litical		
PURPOSE OF EXPENDITURE		ry (See Categories listed at the top of the Expense	his schedule)	Description Signs, Maps,	Pushcards	
		Check if travel outside of Texas. Comple	ete Schedule T.	Check if Au	ustin, TX, officeholder liv	ing expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ndidate / Officeholder name	O	ffice sought	Office	heid
	ATTAC	CH ADDITIONAL COPIES	OF THIS S	CHEDULE AS NE	EDED	
Forms provided by Texas Ethic	es Commissio	on www.ethi	cs.state.tx.us			Revised 8/17/2020

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

	EXPENDITURE CATEGO	ORIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made 8 Candidate/Officeholder/Politic	Food/Beverage Expense Git/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing Expense Printing Expense Salaries/Weges/Contract Labor	Solicitation/Fundraleing Expense Transportation Equipment & Related Exp Travel in District Travel Out Of District Other (enter a category not listed above)
Total pages Schedule F2:		now to complete this form.	3 Filer ID (Ethics Commission Filers
TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIG	ATIONS ***	st delice /
Date March 2022	6 Payee name Allyn Media		h
Amount (\$)	8 Payee address;	City;	State; Zip Code
10,000	3838 Oak Lawn Ave. #400	Dallas	TX 75219
TYPE OF EXPENDITURE	Political .	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this edition of the consulting Expense	(b) Description Campaign C	onsulting
45000 18	(C) Check if travel outside of Texas, Complete Sche	check If Austi	in, TX, officeholder living expense
1 Complete ONLY if direct expenditure to benefit C/O	Payee name Proforma Nitro Incentives	Office sought	Office held
viarch 2022		City	State: Zip Code
March 2022 Amount (\$)	Payee address;	Oily.	State; Zip Code
	Payee address; 16515 Addison Rd.	Addison	TX 75001
Amount (\$)			
Amount (\$) 2,527.52 TYPE OF	16515 Addison Rd.	Addison Non-Political Description	
Amount (\$) 2,527.52 TYPE OF EXPENDITURE PURPOSE OF	16515 Addison Rd. Political Category (See Categories listed at the top of this sch	Addison Non-Political Description Campaig	TX 75001
Amount (\$) 2,527.52 TYPE OF EXPENDITURE PURPOSE OF	16515 Addison Rd. Political Category (See Categories listed at the top of this ech Advertising Expense Check if traveloutside of Texas. Complete Sche Candidate. / Officeholder mame	Addison Non-Political Description Campaig	TX 75001

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

1	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom investment is purchased	
	6 Address of person from whom investment is purchased; Cit	ly; State; Zip Code
	7 Description of investment	
	8 Amount of investment (\$)	
Date	Name of person from whom investment is purchased	
	Address of person from whom investment is purchased; City	; State; Zip Code
	Description of investment	
	Amount of investment (\$)	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a) Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Advertising Expense Accounting/Banking Consulting Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F4: 2 FILER NAME 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD S 5 Date 6 Payee name 8 Payee address; City; State: Zip Code 7 Amount (\$) TYPE OF Non-Political Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense (c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date Payee address; City; State: Zip Code Amount (\$) TYPE OF Non-Political **Political** EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Office sought Office held Complete ONLY If direct expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

		EXPENDITURE CATEG	ORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ov Polling E Printing E Seteries/	Expense Wages/Contract Labor	Solicitation/Fundraisir Transportation Equipr Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule G:	2 FILER NA	AME			3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee na	me				
6 Amount (\$) Reimbursement from political contributions intended	7 Payee ad	dress;		City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category	(See Calegories listed at the top of this sch	hedule)	(b) Description		
EXPENDITORE	(c) Check if travel outside of Yexas. Complete Schedule T.			Check if Austin,	TX, officeholder living ex	pense
9 Candidate / Officeholder name Office sought Complete ONLY if direct expenditure to benefit C/OH				Office sought		Office held
Date	Payee name					
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this ach	nedule)	Description		
		Check if travel outside of Texas. Complete Sche	edule.T.	Check if Austin,	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought		Office held
Date	Payee nan	ne				
Arnount (\$)	Payee add	dress;		City;	State;	Zlp Code
Reimbursement from political contributions intended						
PURPOSE OF EXPENDITURE	Category	(See Calegories listed at the top of this scho	edute)	Description		
		heck if travel outside of Texas, Complete Scheo	dule T	Check if Austin.	TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/OH	Candida	ate / Officeholder name		Office sought		Office held
	ATTA	CH ADDITIONAL COPIES OF	THIS SC	CHEDULE AS NEEDS	ED	

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

6 Amount (\$)

PURPOSE OF EXPENDITURE

9 Complete ONLY if direct expenditure to benefit C/OH

> PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

8

Date

Date

Amount (\$)

PURPOSE OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Amount (\$)

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

Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Office sought

Office sought

(b) Description

Office sought

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 H: 2 FILER NAME 4 Date 5 Business name

(a) Category (See Categories listed at the top of this schedule)

Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas Complete Schedule T.

Category (See Categories listed at the top of this schedule)

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Candidate / Officeholder name

Candidate / Officeholder name

Check if travel outside of Texas. Complete Schedule T.

7 Business address:

Business name

Business address:

Business name

Business address;

(c)

	3 Filer ID (Ethics Commission Filers)
City;	State; Zip Code
Description	
Check if Austin,	TX, officeholder living expense
e sought	Office held
City;	State; Zip Code
Description	
Check if Austin,	TX, officeholder living expense
e sought	Office held
City;	State; Zip Code
Description	
Check if Austin.	TX, officeholder living expense
e sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

	The instruction Guide explains how to con	nplete this form.			
1 Total pages Schedule I:	2 FILER NAME		3 Filer ID	(Ethics C	ommission Filers)
4 Date	5 Payee name				
6 Amount (\$)	7 Payee address;	City		State	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See required.)	i Instructions regard	ding type of	Information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories)	Description (See required)	instructions regard	ling type of	information
Date	Payee name				
Amount (\$)	Payee address;	City	-	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See required)	instructions regard	ing type of	information
Date	Payee name				
Amount (\$)	Payee address;	City		State	Zip Code
PURPOSE OF EXPENDITURE	Category (See Instructions for examples of acceptable categories)	Description (See required.)	instructions regard	ing type of	information
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEE	EDED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The	e instruction Guide explains how to complete this form.	1 Total pages Schedule K:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City; State	te; Zip Code
	7 Purpose for which amount is received	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Sta	te; Zip Code
	Purpose for which amount is received Check if p	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State	e; Zip Code
	Purpose for which amount is received Check if p	political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; Stat	te; Zip Code
	Purpose for which amount is received Check if p	political contribution returned to filer
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	AS NEEDED

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

if the requested information is not applicable, DO NOT include this page in the report.						
The Instru	uction Guide	explains	how to complete	this form.	1 Total pages Schedule T:	
2 FILER NAME					3 Filer ID (Ethics Commission Filers)	
4 Name of Contributor	/ Corporation	or Labor C	rganization / Pledge	or / Payee		
5 Contribution / Expend	liture reported	on:				
Schedule A2	_	edule B	Schedule B(J	Schedule C2	Schedule D Schedule F1	
Schedule F2	=	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-	
6 Dates of travel	7 Name o	person(s)	traveling			
8 Departure city or name of departure location						
	9 Dettinat	ion city or	name of destination	Incation		
	J Destinat	on only or	name or desimation	1000,1011		
10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event)						
Name of Contributor	/ Corporation	or Labor O	rganization / Pledgo	r / Payee		
Contribution / Expend	fiture reported	ion:				
Schedule A2	Scho	edule B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Sch	edule F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-	
Dates of travel	Name o	person(s)	traveling			
	Departu	re city or n	ame of departure loc	cation		
	Destinat	ion city or	name of destination	location		
Means of transportati	ion	Purpo	se of travel (includin	ng name of conference, s	eminar, or other event)	
Name of Contributor /	Corporation	or Labor O	rganization / Pledgo	r / Payee		
Contribution / Expend	iture reported	on:				
Schedule A2	Schedu	ie B	Schedule B(J)	Schedule C2	Schedule D Schedule F1	
Schedule F2	Schedu	le F4	Schedule G	Schedule H	Schedule COH-UC Schedule B-SS	i
Dates of travel	Name of	person(s)	traveling			
	Departui	e city or na	ame of departure loc	cation		
	Destinati	on city or r	name of destination	location		
Means of transportati	on	Purpo	se of travel (including	g name of conference, s	eminar, or other event)	
	ΑT	TACH AD	DITIONAL COPIE	S OF THIS SCHEDULE	AS NEEDED	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

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	The Instruction Guide explains how to complete this form.		
	Complete only if "Report Type" on page 1 is marked "Final Report"		
1	C/OH N	IAME 2 Filer ID (Ethics Commission Filers)	
3	SIGNATURE		
	designa	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept a campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of Candidate / Officeholder	
4		ILER WHO IS NOT AN OFFICEHOLDER Complete A & B below only if you are not an officeholder. ••	
	A.	CAMPAIGN FUNDS	
	Chec	k only one:	
		I do not have unexpended contributions or unexpended interest or income earned from political contributions,	
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.	
	В.	ASSETS	
	Chec	k only one:	
		I do not retain assets purchased with political contributions or interest or other income from political contributions.	
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.	
		Signature of Candidate	
5 OFFICEHOLDER •• Complete this section only if you are an officeholder ••			
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.	
		Signature of Officeholder	