

# 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: <b>18</b>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <b>Ms. Gretchen M</b> <hr/> NICKNAME LAST SUFFIX <b>Williams</b>	<b>OFFICE USE ONLY</b> <hr/> Date Received <div style="border: 1px solid black; padding: 5px; text-align: center; color: red; font-weight: bold;">                     RECEIVED                       APR 29 2022                 </div> <hr/> Date Hand-delivered or Date Postmarked <hr/> Receipt # Amount \$ <hr/> Date Processed <hr/> Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <div style="background-color: black; height: 20px; width: 100%;"></div>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( <b>   </b> ) <b>   </b> <b>   </b>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <b>Mrs. Cynthia</b> <hr/> NICKNAME LAST SUFFIX <b>Marshall</b>		
7 CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE <b>1333 N. Stemmons Frwy. Dallas TX 75207</b>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <b>( 214 ) 747-6287</b>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
10 PERIOD COVERED	Month Day Year Month Day Year <b>03 / 29 / 2022 THROUGH 04 / 27 / 2022</b>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <b>05 / 07 / 2022</b> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <b>District 1 - Dallas College</b>	13 OFFICE SOUGHT (if known) <b>District 1 - Trustee</b>	
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	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		COMMITTEE ADDRESS	
<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

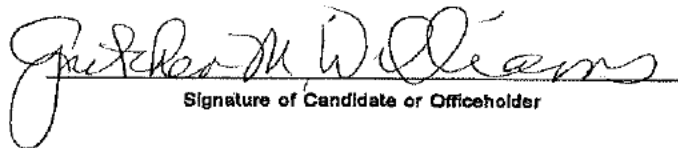
GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <b>Gretchen M Williams</b>		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
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 62,542.76
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$0
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,252.96
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 32,615.81
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,000.00

18 SIGNATURE 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 of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

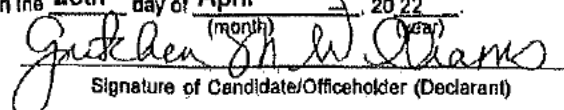
## (2) Unsworn Declaration

My name is **Gretchen M Williams**, and my date of birth is [REDACTED]

My address is [REDACTED]

(street) (city) (state) (zip code) (country)

Executed in **Dallas** County, State of **Texas**, on the **28th** day of **April**, 20**22**

  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

<b>19 FILER NAME</b> Gretchen M Williams		<b>20 Filer ID (Ethics Commission Filers)</b>
<b>21 SCHEDULE SUBTOTALS NAME OF SCHEDULE</b>		<b>SUBTOTAL AMOUNT</b>
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 24,575.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 37,792.76
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	\$ 2,189.46
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 5,063.50
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**

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: 12
2 FILER NAME Gretchen M Williams		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeffrey P Fink 6 Contributor address; City; State; Zip Code 731 Hawk Ln Coppel TX 75019	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert E Schrickel Contributor address; City; State; Zip Code 4533 Ashford St. Dallas TX 75214	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joseph & Deborah Krznarich Contributor address; City; State; Zip Code 3924 Saturn St. Flower Mound TX 75028	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/30/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joel & Diane Allison Contributor address; City; State; Zip Code 216 S. 6th St. Unit AB2 Waco TX 76701	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**

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 Williams		3 Filer ID (Ethics Commission Filers)
4 Date 3/30/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rue Henry 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/4/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lyda Hill Contributor address; City; State; Zip Code	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cindy Brinker Simmons Contributor address; City; State; Zip Code	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JC Montgomery, Jr Contributor address; City; State; Zip Code 11526 W Ricks Cir. Dallas TX 75230	Amount of contribution (\$) \$500.00
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**

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 Williams		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: WD Lowe 6 Contributor address; City; State; Zip Code 2523 Clay Mathis Dr. Mesquite TX 75181	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim & Julie Turner Contributor address; City; State; Zip Code 5505 Deloach Ave. Dallas TX 75220	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Byron T Dillard Contributor address; City; State; Zip Code 7101 Waldon Court Colleyville TX 76034	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kathleen Ann Foley Contributor address; City; State; Zip Code 7500 W Lake Mead Blvd, 9-270 Las Vegas NV 89128	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

**MONETARY POLITICAL CONTRIBUTIONS****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 Williams		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan J Falvo 6 Contributor address; City; State; Zip Code 2507 Auburn Ave. Dallas TX 75214	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Edward H Ham Contributor address; City; State; Zip Code 10470 Lanshire Dr. Dallas TX 75238	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) William & Margaret Arnold Contributor address; City; State; Zip Code 6019 Shetland Dr. Dallas TX 75230	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/4/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David & Virginia Simank Contributor address; City; State; Zip Code 4108 Anita Ave. Fort Worth TX 76109	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**

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 Williams		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kyle Ragsdale 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/6/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pamela Wendland Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Solomon Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Deedle Rose Contributor address; City; State; Zip Code	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		



**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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 Williams		3 Filer ID (Ethics Commission Filers)
4 Date 4/7/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Wensinger 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/7/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rob Richmond Contributor address; City; State; Zip Code	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert C Moses Contributor address; City; State; Zip Code	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/10/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sarah Losinger Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500.00
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**

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 Williams		3 Filer ID (Ethics Commission Filers)
4 Date 4/11/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John Lowe 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ginger Gill Contributor address; City; State; Zip Code 6409 Norbury Dr. Dallas TX 75248	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John R Parker Contributor address; City; State; Zip Code 100 Hillview Court Hurst TX 76054	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/13/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Greta P Owens Contributor address; City; State; Zip Code 4800 Abbott Ave. Dallas TX 75205	Amount of contribution (\$) \$250.00
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**

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 Williams		3 Filer ID (Ethics Commission Filers)
4 Date 4/13/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Audrey M Srampikal 6 Contributor address; City; State; Zip Code 11125 Lawnhaven Rd. Dallas TX	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/13/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael A Jenkins Contributor address; City; State; Zip Code 2830 Park Bridge Ct Dallas TX 75219	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jan Osborne Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lucy Billingsley Contributor address; City; State; Zip Code	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**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 Williams		3 Filer ID (Ethics Commission Filers)
4 Date 4/12/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Andy Stern 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brenda Bradford Contributor address; City; State; Zip Code	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ron Steinhart Contributor address; City; State; Zip Code	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/14/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jessica Wantz Contributor address; City; State; Zip Code	Amount of contribution (\$) \$2,500.00
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**

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 Williams		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Hunter L Hunt 6 Contributor address; City; State; Zip Code 1900 N Akard St. Dallas TX 75201	7 Amount of contribution (\$) \$2,500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ray L. Hunt Contributor address; City; State; Zip Code 1900 N Akard St. Dallas TX 75201	Amount of contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Kids First PAC Contributor address; City; State; Zip Code 4447 N Central Expwy Ste 110 Dallas TX 75205	Amount of contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roy Gene Evans Contributor address; City; State; Zip Code PO Box 25251 Dallas TX 75225	Amount of contribution (\$) \$250.00
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**

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 Williams		3 Filer ID (Ethics Commission Filers)
4 Date 4/19/2022	<div style="display: flex; justify-content: space-between;"><div>5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Michael &amp; Debra Moses</b></div><div>7 Amount of contribution (\$) <b>\$200.00</b></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>6 Contributor address; City; State; Zip Code <b>12211 Creek Forest Dr. Dallas TX 75230</b></div></div>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/19/2022	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Peggy H Powell</b></div><div>Amount of contribution (\$) <b>\$100.00</b></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; City; State; Zip Code <b>9209 Westview Cir. Dallas TX 75231</b></div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/18/2022	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Meadors Moore Ozarow</b></div><div>Amount of contribution (\$) <b>\$250.00</b></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; City; State; Zip Code</div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/22/2022	<div style="display: flex; justify-content: space-between;"><div>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Frank Mihalopoulos</b></div><div>Amount of contribution (\$) <b>\$1,000.00</b></div></div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"><div>Contributor address; City; State; Zip Code</div></div>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****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 Williams		3 Filer ID (Ethics Commission Filers)
4 Date 4/26/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jeff W Smith 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Herbert Weitzman Contributor address; City; State; Zip Code	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: 1	
2 FILER NAME Gretchen M Williams				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 37,792.76	
5 Date 4/25/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Regen Horchow			8 Amount of Contribution \$ \$175.00	9 In-kind contribution description Fundraising Event Expenses Valet Parking, Food & Beverages
	7 Contributor address: City: State: Zip Code 1918 N Olive St. #603 Dallas TX 75201				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)				11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)				13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)				15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 4/27/2022	Full name of contributor <input checked="" type="checkbox"/> out-of-state PAC (ID#: Kids First PAC			Amount of Contribution \$ \$37,617.76	In-kind contribution description Campaign Fellows Hours, Campaign Management & Strategy Hours, Literature, Text Fees
	Contributor address: City: State: Zip Code 4447 N Central Expwy. Suite 110 PMB 175 Dallas TX 75205				
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)				Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)				Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)				Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					



**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 PaymentEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>1</b>	<b>2</b> FILER NAME <b>Gretchen M Williams</b>	<b>3</b> Filer ID (Ethics Commission Filers)		
<b>4</b> Date <b>3/31/2022</b>	<b>5</b> Payee name <b>Frost Bank</b>			
<b>6</b> Amount (\$) <b>\$10.00</b>	<b>7</b> Payee address; <b>8201 Preston Rd., Suite 180</b>	City; <b>Dallas</b>	State; <b>TX</b>	Zip Code <b>75225</b>
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>		<b>(b)</b> Description <b>Bank Fees</b>	
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Candidate / Officeholder name				
Office sought				
Office held				
<hr/>				
Date <b>4/14/2022</b>	Payee name <b>Allyn Media</b>			
Amount (\$) <b>\$ 1,838.56</b>	Payee address; <b>3838 Oak Lawn #400</b>	City; <b>Dallas</b>	State; <b>TX</b>	Zip Code <b>75219</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		Description <b>Campaign Consulting</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				
<hr/>				
Date <b>4/27/2022</b>	Payee name <b>Stripe</b>			
Amount (\$) <b>\$340.90</b>	Payee address; <b>185 Berry St., Suite 550</b>	City; <b>San Francisco</b>	State; <b>CA</b>	Zip Code <b>94107</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Credit Card Payment</b>		Description <b>Credit Card Transaction Fees</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				
<hr/>				
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>				

**UNPAID INCURRED OBLIGATIONS****SCHEDULE F2**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: <b>1</b>		<b>2</b> FILER NAME <b>Gretchen M Williams</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS				<b>\$ \$5,063.50</b>	
<b>5</b> Date <b>3/31/2022</b>		<b>6</b> Payee name <b>Allyn Media</b>			
<b>7</b> Amount (\$) <b>\$5,063.50</b>		<b>8</b> Payee address; <b>3838 Oak Lawn Ave. #400</b>		<b>City;</b> <b>Dallas</b>	<b>State;</b> <b>TX</b>
<b>9</b> TYPE OF EXPENDITURE		<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political			
<b>10</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>		<b>(b)</b> Description <b>Campaign Consulting</b>	
		<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					