# 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: 41
3 CANDIDATE / OFFICEHOLDER NAME	Ms / MRS / MR FIRST  Mrs Gay	MI	OFFICE USE ONLY  Date Received
	NICKNAME LAST Willis	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS		OITY; STATE; ZIP CODE  Dallas TX 75244-6525	
Change of Address			
5 CANDIDATE/ OFFICEHOLDER PHONE	( 214 ) 549 1820	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	Maggie		Date Processed
	NICKNAME LAST  Murchison	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / S 5430 LBJ Fwy 1450	UITE #; CITY; STATE;  Dallas TX 75240	ZIP CODE
(Residence or Business)			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER ( 972 ) 490 8080	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 X 8th day before ele	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 04 / 24 / 2021	THROUGH 05	Day Year 20 2021
11 ELECTION	Month Day Year Primary  06 / 05 / 2021 General	ELECTION TYPE  X Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known Council District 13	
GO TO PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15	Filer ID (Ethics Commission Filers)
Mrs Gay Willis				
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT 1			HOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
	SPECIFIC	COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN T	REASURER NAME	
Additional Pages				
_ v		COMMITTEE CAMPAIGN	TREASURER ADDRESS	
17 CONTRIBUTION TOTALS			ONS OF \$50 OR LESS (OTHER THAI	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$ 36781.00	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED		\$ 0.00	
	4. TOTAL	POLITICAL EXPENDIT	TURES	\$ 33903.21
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTION ORTING PERIOD	ONS MAINTAINED AS OF THE LAST D	\$ 39658.79
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF AY OF THE REPORTING	ALL OUTSTANDING LOANS AS OF TH PERIOD	\$ 1000.00
18 AFFIDAVIT	1			
				rjury, that the accompanying report is mation required to be reported by me
			***ELECTRONICALLY C	ERTIFIED***
			Signature of Cand	idate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE			
Sworn to and subsc	ribed before me, l	by the said Mrs Gay	Willis	, this the
day of <u>May</u>	, 2021,	to certify which, witne	ess my hand and seal of office.	
Signature of officer a	administering oath	Printed name of	f officer administering oath	Title of officer administering oath

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME Mrs Gay Willis	9 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 36,781.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4. SCHEDULE E: LOANS	\$ 0.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	RIBUTIONS \$ 33,368.63
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	ONTRIBUTIONS \$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 267.29
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	\$ 267.29
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BI	JSINESS OF C/OH \$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	FRIBUTIONS \$ 0.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO RETURNED TO FILER	\$ 0.00

#### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 1 of 32
<b>2</b> FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (II	ID#:)	7 Amount of contribution (\$)
04/24/2021	Linebarger, Goggin, Blair & Sampson LLP		1000.00
	6 Contributor address; City; State;	Zip Code	
	P.O. Box 17428 Austin, T	ΓX 78760	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
05/13/2021	Preston Hollow Democrats		250.00
	Contributor address; City; State;	Zip Code	
	P.O. Box 670631 Dallas, T	CX 73367	
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (II	ID#:)	Amount of contribution (\$)
05/07/2021	John & Anne Anderson		200.00
	Contributor address; City; State;	Zip Code	
	12015 Fieldwood Ln Dallas, T	CX 75244	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	ID#: )	Amount of contribution (\$)
05/07/2021	Daniel Annese		100.00
	Contributor address; City; State; 6315 Northwood Rd Dallas, T	Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 2 of 32
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mrs Gay Willis			
4 Date	5 Full name of contributor  ut-of-state PAC	: (ID#:)	7 Amount of contribution (\$)
04/24/2021	Daniel Annese		250.00
0 1/2 1/2021	6 Contributor address; City; State	: Zip Code	250.00
	-	ork, NY 10028	
	104) Filtil Ave Suite 3C	JIK, IN I 10026	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
05/13/2021	Steve Atkinson		250.00
03/13/2021	Contributor address; City; State	; Zip Code	250.00
		-	
	5926 free Shadow fr Dallas,	TX 75252	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
05/19/2021	Lauren Bailey		50.00
03/17/2021			30.00
	Contributor address; City; State 4330 Nothview Ln Dallas,	TX 75229	
	4550 Nothview Life Dallas,	1A 13229	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	; (ID#: )	Amount of contribution (\$)
05/16/2021	George Baldor		1000.00
03/10/2021			1000.00
		TX 75201	
	1999 McKilliey Ave Dallas,	1A /3201	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 3 of 32
<b>2</b> FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
4 Date 05/18/2021	Henry Beck 6 Contributor address; City; State;	(ID#:) Zip Code TX 75209	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 05/03/2021	Mary Benavides  Contributor address; City; State;	(ID#:) Zip Code TX 75229	Amount of contribution (\$) 25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/05/2021	Jeri Benson  Contributor address; City; State;	Zip Code TX 75255	Amount of contribution (\$) 30.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/07/2021	Sidney Blache Contributor address; City; State;	Zip Code TX 75229	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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## SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 4 of 32
2 FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/10/2021	5 Full name of contributor ☐ out-of-state PAC (IE Heather Bonfield 6 Contributor address; City; State; 3320 Walchard Ct Dallas, T.	-	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instructi	ions)
Date 05/11/2021	Full name of contributor		Amount of contribution (\$) 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05/11/2021	Full name of contributor	•	Amount of contribution (\$) 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/20/2021	Full name of contributor  John Bradley  Contributor address; 7273 Ashington Drive  Out-of-state PAC (III  out-of-state PAC (III  out-of-state PAC (III  Dallas, T.	Zip Code	Amount of contribution (\$) 100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 5 of 32
<b>2</b> FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
4 Date 05/20/2021	Jerry Bradley  6 Contributor address; City; State;	Zip Code TX 75225	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 05/06/2021	Michael Brown Contributor address; City; State;	Zip Code TX 75209	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05/15/2021	Daniel Butler  Contributor address; City; State;	Zip Code TX 75229	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/04/2021	Reagan Cartwright Contributor address; City; State;		Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 6 of 32
2 FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
4 Date 05/07/2021	Annette Corman  6 Contributor address; City; State;	Zip Code TX 75225	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions)	<b>9</b> Employer (See Instructi	ions)
Date 04/24/2021	Walter Cowger  Contributor address; City; State;	Zip Code  ΤΧ 75230	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/24/2021	Joe Crafton  Contributor address; City; State;	Zip Code TX 75225	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 04/24/2021	Amy Crafton  Contributor address;  City; State;		Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 7 of 32
2 FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/03/2021	5 Full name of contributor ☐ out-of-state PAC (ID Marty Cude  6 Contributor address; City; State; 4330 McKinney Ave Suite 9 Dallas, To	Zip Code	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 05/17/2021	Full name of contributor  Heidi Dahlander  Contributor address;  City; State;  3776 Royal Cove Dr  Dallas, T.	Zip Code X 75229	Amount of contribution (\$) 50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05/02/2021	Full name of contributor	· ·	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 05/19/2021	Full name of contributor  Lisa Dawson  Contributor address;  5859 Glendora Ave  Cout-of-state PAC (IE out-of-state	Zip Code	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		

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## SCHEDULE A1

The	1 Total pages Schedule A1: 8 of 32		
2 FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
4 Date 05/02/2021	Claire Dewar  6 Contributor address; City; State;	Zip Code ΓX 75209	7 Amount of contribution (\$) 1000.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/18/2021	Carol & Joseph Dingman  Contributor address; City; State;	ID#:) Zip Code ΓX 75234	Amount of contribution (\$) 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 05/20/2021	Phillip Duffy Contributor address; City; State;	Zip Code phiea, PA 19103	Amount of contribution (\$) 25.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/03/2021		·	Amount of contribution (\$) 50.00
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 9 of 32
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mrs Gay Willis			
4 Date	<b>5</b> Full name of contributor  ut-of-state PAC (	ID#:)	7 Amount of contribution (\$)
05/20/2021	Wendy Faems		100.00
	6 Contributor address; City; State;	Zip Code	
	4523 Allencrest Ln Dallas, 7	ΓX 75244	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
05/20/2021	James Anthony Farrer		35.00
	Contributor address; City; State;	Zip Code	
	5311 Mercedes Ave Dallas, 7	ΓX 75206	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
05/09/2021	Catalina E Garcia		100.00
	Contributor address; City; State; P.O. Box 821388 Dallas, 7	Zip Code ΓX 75382	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#·	Amount of contribution (\$)
05/13/2021	Julia Gibson	,,	75.00
		Zip Code ΓX 75229	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	<u> </u>		

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 10 of 32
2 FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7 Amount of contribution (\$)
05/11/2021	Paxson & Marion Glenn		50.00
	6 Contributor address; City; State;	Zip Code	
	4708 Hanover Ave Dallas, 7	TX 75209	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
05/09/2021	Frank Grassler		500.00
	Contributor address; City; State;	Zip Code	
	8018 Glen Albens Cir Dallas, 7	TX 75225	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
05/04/2021	Leonard Greer		100.00
	Contributor address; City; State; 10325 Carry Back Cir Dallas, 7	Zip Code TX 75229	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (	(ID#:)	Amount of contribution (\$)
05/03/2021	Aimee Griffiths		250.00
	Contributor address; City; State; 12116 Edgestone Rd Dallas, 7		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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#### SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1: 11 of 32				
<b>2</b> FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)	
<b>4</b> Date 05/20/2021	Gail Griswold  6 Contributor address; City; State;	Zip Code	7 Amount of contribution (\$) 100.00	
8 Principal occup	pation / Job title (See Instructions)	<b>9</b> Employer (See Instructi	ions)	
Date 05/07/2021	Richard & Lucy Gussoni Contributor address; City; State;	Zip Code TX 75225	Amount of contribution (\$) 2000.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 05/17/2021	Carol Guthrie Contributor address; City; State;	Zip Code	Amount of contribution (\$) 100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 05/08/2021	Paul Hain Contributor address; City; State;	Zip Code TX 75244	Amount of contribution (\$) 750.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 12 of 32
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mrs Gay Willis			
4 Date	5 Full name of contributor out-of-state PAC (	(ID#:)	7 Amount of contribution (\$)
05/09/2021	David E Hairston		10.00
	6 Contributor address; City; State;	Zip Code	
	3215 Carlisle St Suite 223 Dallas, T	ΓX 75204	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
05/14/2021	Anne Harding		100.00
00,11,2021	Contributor address; City; State;	Zip Code	100100
	3031 Timberview Rd Dallas, T	ΓX 75229	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
05/19/2021	Tamia Harris		30.00
	Contributor address; City; State;	Zip Code	
	4148 Hockaday Dr Dallas, T	ГХ 75229	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	UD#.	Amount of contribution (\$)
04/27/2021	Diane Hartley	, iD#	100.00
		Zip Code ΓX 75209	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 13 of 32
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mrs Gay Willis			
4 Date	5 Full name of contributor ☐ out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
05/02/2021	Anne & Johnson Haynesboone	500.00	
	6 Contributor address; City; State;	Zip Code	
		TX 75230	
	27001101 way Ita	111 73230	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor  ut-of-state PAC	(ID#:)	Amount of contribution (\$)
05/04/2021	Larue Howell Henry		250.00
03/04/2021	Contributor address; City; State;	Zip Code	250.00
		TX 75209	
	7003 Shady wood Eli Danas,	17 /320)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ions)	
Date	Full name of contributor  ut-of-state PAC	(ID#:)	Amount of contribution (\$)
05/11/2021	Jonathan Herman		50.00
	-	TX 75225	
	oo to future creek bive buile 500 Danas,	17X 13223	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor  ut-of-state PAC	(ID#: )	Amount of contribution (\$)
05/07/2021	John Hill	,	150.00
03/07/2021			130.00
		Zip Code TX 75208	
	710 Note Di Danas,	1A /3200	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)

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#### SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule 14 of 32				
<b>2</b> FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)	
4 Date 05/09/2021	Todd Hill-Jones  6 Contributor address; City; State;	(ID#:) Zip Code TX 75219	7 Amount of contribution (\$) 250.00	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)	
Date 05/11/2021	David Hopson  Contributor address; City; State;	(ID#:) ; Zip Code TX 75225	Amount of contribution (\$) 500.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 05/04/2021	Charlene Howell  Contributor address; City; State;	Zip Code TX 75231	Amount of contribution (\$) 200.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date 05/19/2021	Jane Hvidt Contributor address; City; State;	(ID#:) ; Zip Code TX 75230	Amount of contribution (\$) 100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)	

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 15 of 32
<b>2</b> FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/25/2021	Mary Jalonic		7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/02/2021	Full name of contributor	Zip Code	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 05/07/2021	Full name of contributor	·	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/10/2021	Full name of contributor  Steve Kemble  Contributor address;  2206 Marilla St  Dallas, T.	Zip Code	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 16 of 32
2 FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/02/2021	5 Full name of contributor ☐ out-of-state PAC Phillip Kingston 6 Contributor address; City; State;	(ID#:) ; Zip Code	7 Amount of contribution (\$) 250.00
	5901 Palo Pinto Ave Dallas,	TX 75206	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date		(ID#:)	Amount of contribution (\$)
05/17/2021	Bwana Payeye Kizito  Contributor address; City; State;  716 Wisteria Dr Dallas.		1.00
	710 Wisteria Di	174 / 51 / 5	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date		(ID#:)	Amount of contribution (\$)
05/02/2021	Ruth Klein  Contributor address; City; State; 4023 Glenridge Rd Dallas,	; Zip Code TX 75220	25.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 05/11/2021	Betsy Kleinman	(ID#:)	Amount of contribution (\$) 500.00
	Contributor address; City; State; 6926 Midbury Dr Dallas,		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 17 of 32
2 FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
4 Date		(ID#:)	7 Amount of contribution (\$)
05/07/2021 Betsy Kleinman			500.00
	<b>6</b> Contributor address; City; State;	Zip Code	
	6926 Midbury Dr Dallas, T	ΓX 75230	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
05/07/2021	Howard Klion		1000.00
03/07/2021	Contributor address; City; State;	Zip Code	1000.00
	6927 Joyce Way Dallas, T	ΓX 75225	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
05/20/2021	Jennifer & Mike Knapek		250.00
	Contributor address; City; State;	Zip Code	
		ΓX 75225	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (	ID#:)	Amount of contribution (\$)
05/04/2021	Anne Kniffen		250.00
	Contributor address; City; State; 6215 Stichter Ave Dallas, T		
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1: 18 of 32
<b>2</b> FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/03/2021	Melinda Knowles  6 Contributor address; City; State; 6218 Joyce Way Dallas, TX		7 Amount of contribution (\$) 50.00
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instructi	ons)
Date 05/04/2021	Full name of contributor	Zip Code	Amount of contribution (\$) 150.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05/13/2021	Full name of contributor		Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 05/14/2021	Full name of contributor	Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 19 of 32
<b>2</b> FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC (	(ID#:)	7 Amount of contribution (\$)
04/24/2021	Bridget Moreno Lopez		500.00
	6 Contributor address; City; State;	Zip Code	
	6258 Velasco Ave Dallas, 7	TX 75214	
8 Principal occu	pation / Job title (See Instructions)	<b>9</b> Employer (See Instructi	ions)
Date	Full name of contributor  uut-of-state PAC (	(ID#:)	Amount of contribution (\$)
04/24/2021	Sarah Losinger		250.00
	Contributor address; City; State;		
	4506 Park Ln Dallas, 7	TX 75220	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor  ut-of-state PAC (	(ID#:)	Amount of contribution (\$)
05/19/2021	05/19/2021 Michael & Julie Lowenberg		50.00
	Contributor address; City; State; 2828 Hood St Dallas, 7	Zip Code TX 75219	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
05/02/2021	Kate Mackley		25.00
	Contributor address; City; State; 3511 Timberview Rd Dallas, 7		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A1: 20 of 32
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mrs Gay Willis			
4 Date	5 Full name of contributor out-of-state_PAC (	ID#:)	7 Amount of contribution (\$)
04/24/2021	James McClure		250.00
	6 Contributor address; City; State;	Zip Code	
	9019 Broken Arrow Ln Dallas, 7	ГХ 75209	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor  ut-of-state PAC (	ID#:)	Amount of contribution (\$)
05/11/2021	Katherine McGovern		250.00
00,11,2021	Contributor address; City; State;	Zip Code	
	4364 Royal Ridge Dr Dallas, 7	ΓX 75229	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
05/02/2021	Dan Micciche		300.00
	Contributor address; City; State; 1140 Ballymote Dr Dallas, 7	Zip Code ΓX 75218	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (	ID#·	Amount of contribution (\$)
05/07/2021	Regina Montoya	,	1000.00
		Zip Code ΓX 75229	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 21 of 32
<b>2</b> FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/20/2021	5 Full name of contributor ☐ out-of-state PAC (IE Erik Moss 6 Contributor address; City; State; 2505 Wedglea Dr Suite 238 Dallas, T.		7 Amount of contribution (\$) 25.00
8 Principal occup	pation / Job title (See Instructions)  9	Employer (See Instructi	ons)
Date 05/11/2021	Christina Norris		Amount of contribution (\$) 250.00
Principal occup	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05/07/2021	Full name of contributor		Amount of contribution (\$) 200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 05/09/2021	Full name of contributor	Zip Code	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 22 of 32
<b>2</b> FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/07/2021	5 Full name of contributor □ out-of-state PAC (ID Jennifer Owen  6 Contributor address; City; State; Dallas, TX		7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions)  9	Employer (See Instructi	ions)
Date 05/02/2021	Mark Parker	•	Amount of contribution (\$) 1000.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 04/25/2021	Full name of contributor		Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 05/15/2021	Sandi Pruitt	D#:) Zip Code 'X 75220	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 23 of 32
<b>2</b> FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
4 Date 04/27/2021	Mrs. Arthur L Raines  6 Contributor address; City; State;	Zip Code TX 75230	7 Amount of contribution (\$) 200.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date 05/03/2021	Renee Robison  Contributor address; City; State;	Zip Code TX 75230	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05/09/2021	Rodolfo Rodriguez  Contributor address; City; State;	Zip Code TX 75229	Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 05/03/2021	DeMetris Sampson Contributor address; City; State;	Zip Code TX 75221	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ons)

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#### SCHEDULE A1

Total pages Schedule A1: 24 of 32  Filer ID (Ethics Commission Filers)  Amount of contribution (\$)
Amount of contribution (\$)
50.00
50.00
s)
Amount of contribution (\$)
100.00
100,00
s)
Amount of contribution (\$)
150.00
s)
Amount of contribution (\$)
500.00
s)

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## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 25 of 32
2 FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/07/2021	Robert Simon  6 Contributor address; City; State;	Zip Code ΓX 75225	7 Amount of contribution (\$) 50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date 05/07/2021	Wayne Smith  Contributor address; City; State;	Zip Code ΓX 75230	Amount of contribution (\$) 250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/03/2021	Jacqueline Smith  Contributor address; City; State;	Zip Code ΓX 75230	Amount of contribution (\$) 1000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 05/05/2021		,	Amount of contribution (\$) 100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1: 26 of 32
2 FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
4 Date 05/05/2021	5 Full name of contributor ☐ out-of-state PAC (  Katheriine Stewart  6 Contributor address; City; State;	(ID#:)  Zip Code	7 Amount of contribution (\$) 500.00
	7935 Square Dr Dallas, T	TX 75238	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 05/07/2021	Full name of contributor	(ID#:)	Amount of contribution (\$) 250.00
	Contributor address; City; State; 7395 Square Dr Dallas, 7	Zip Code TX 75238	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05/04/2021	Full name of contributor	(ID#:)	Amount of contribution (\$) 100.00
	Contributor address; City; State; 4319 Margate Dr Dallas, 7	Zip Code TX 75220	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05/18/2021	Full name of contributor	(ID#:)	Amount of contribution (\$) 50.00
	Contributor address; City; State;		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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## SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 27 of 32
2 FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/07/2021	Deborah Sutton  6 Contributor address; City; State;	Zip Code TX 75225	7 Amount of contribution (\$) 100.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date 05/16/2021	Kyle Talkington  Contributor address; City; State;	Zip Code	Amount of contribution (\$) 50.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05/15/2021	Stephanie Thank Evans Contributor address; City; State;	Zip Code TX 75225	Amount of contribution (\$) 200.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date 05/07/2021			Amount of contribution (\$) 250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)

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## SCHEDULE A1

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1: 28 of 32
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
Mrs Gay Willis				
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
05/02/2021	Roxana Vandehey			25.00
	6 Contributor address;	City; State	; Zip Code	
	10630 Royal Springs Dr	Dallas,	TX 75229	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
05/02/2021	Jacqueline Vickery			50.00
	Contributor address;	City; State	; Zip Code	
	3129 Timberview Rd	Dallas,	TX 75229	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
05/05/2021	Garrett Vogel			250.00
03/03/2021	Contributor address;	City; State	; Zip Code	230.00
	5955 Alpha Rd Suite 102	-	TX 75240	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#* )	Amount of contribution (\$)
04/29/2021	Garrett Vogel	out-or-state TAC	(ιΔπ)	250.00
01/25/2021	Contributor address; 5955 Alpha Rd Suite 102	City; State	; Zip Code TX 75240	250.00
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 29 of 32
2 FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/24/2021	Garrett Vogel  6 Contributor address; City; State;	Zip Code TX 75240	7 Amount of contribution (\$) 500.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 05/02/2021	Mary Vogelson  Contributor address; City; State;	(ID#:) ; Zip Code TX 75220	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05/11/2021	Harianne Wallenstein Contributor address; City; State;	Zip Code TX 75229	Amount of contribution (\$) 200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05/05/2021	Full name of contributor  Walter Alan & Joan Walne  Contributor address;  City; State;  Dallas,		Amount of contribution (\$) 250.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 30 of 32
<b>2</b> FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/07/2021	Richard Waters  6 Contributor address; City; State;	Zip Code TX 75231	7 Amount of contribution (\$) 50.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date 05/09/2021	Jalyn Wells  Contributor address; City; State;	(ID#:) Zip Code ΓΧ 75093	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05/04/2021	Elaine Wiant  Contributor address; City; State;	Zip Code TX 75244	Amount of contribution (\$) 500.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 05/05/2021	Rebecca Wilson Contributor address; City; State;	Zip Code TX 75229	Amount of contribution (\$) 50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 31 of 32
2 FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/07/2021	Donald Word  6 Contributor address; City; State;	; Zip Code TX 75209	7 Amount of contribution (\$) 250.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date 04/26/2021	Raquet Worhsam  Contributor address; City; State;	; Zip Code TX 75209	Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/14/2021	Bonnie Wulff Contributor address; City; State;	; Zip Code TX 75209	Amount of contribution (\$) 200.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 05/04/2021	Bart Wulff Contributor address; City; State;		Amount of contribution (\$) 100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)

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#### SCHEDULE A1

The	Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A1: 32 of 32
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Mrs Gay Willis			
4 Date	5 Full name of contributor out-of-state PAC (I	D#:)	7 Amount of contribution (\$)
05/07/2021	Theresa Youngblood		250.00
05/07/2021	6 Contributor address; City; State;	Zin Code	350.00
		TX 75244	
	3043 Forest Bend Road Bunds, 1	1 1 1 J 2 T T	
8 Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
05/09/2021	Ann Zimmerman		50.00
03/05/2021	Contributor address; City; State;	1	30.00
	7231 Northhaven Rd Dallas, T	TX 75230	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
Date	Full name of contributor	D#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NE	EDED

# 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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	earer (errier a category rist notes above)
1 Total pages Schedule F1:	·	·	3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 04/29/2021	5 Payee name Graphics Management		
6 Amount (\$) 32527.21	7 Payee address; City; State; Zip Code 9322 Moss Trail Dallas, TX 75231		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Consulting Expense		utside of Texas. Complete Schedule T. n, TX, officeholder living expense g Expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 05/18/2021	Payee name Courtenay Davis		
Amount (\$) 173.22	Payee address; City; State; Zip Code 8603 Glencrest Dallas, TX 75209		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Event Expense	Check if Austin	tside of Texas. Complete Schedule T. , TX, officeholder living expense per goods reimburseme
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 04/28/2021	Payee name Anedot		
Amount (\$) 45.20	Payee address; City; State; Zip Code 1340 Poydras Suite 1770New Orleans, TX 70112		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		tside 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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

# 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

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
<b>1</b> Total pages Schedule F1: 2 of 3	2 FILER NAME Mrs Gay Willis		3 Filer ID (Ethics Commission Filers)
<b>4</b> Date 05/04/2021	5 Payee name Anedot		
6 Amount (\$) 10.30	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Suite 1770New Orleans, LA 70112		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees		utside of Texas. Complete Schedule T.  a, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date 04/28/2021	Payee name Anedot		
Amount (\$) 18.90	Payee address; City; State; Zip Code 1340 Poydras Suite 1770New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online transaction fee	
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date 05/05/2021	Payee name Anedot		
Amount (\$) 172.30	Payee address; City; State; Zip Code 1340 Poydras Suite 1770New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		tside 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
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

# 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

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 of 3	2 FILER NAME Mrs Gay Willis		3 Filer ID (Ethics Commission Filers)		
<b>4</b> Date 05/06/2021	5 Payee name Anedot				
6 Amount (\$) 203.40	<b>7</b> Payee address; City; State; Zip Code 1340 Poydras Suite 1770New Orleans, LA 70112				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees		utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought	Office held		
Date 05/14/2021	Payee name Anedot				
Amount (\$) 179.00	Payee address; City; State; Zip Code 1340 Poydras Suite 1770New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Fees	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Online transaction fee			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date 05/18/2021	Payee name Anedot				
Amount (\$) 39.10	Payee address; City; State; Zip Code 1340 Poydras Suite 1770New Orleans, LA 70112				
PURPOSE OF EXPENDITURE	OF		Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online transaction fee		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
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## **EXPENDITURES MADE BY CREDIT CARD**

## SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Contributions/Donations Made B Candidate/Officeholder/Politica		Travel Out Of District act Labor Other (enter a category not listed above)		
The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F4: 1 of 2	2 FILER NAME Mrs Gay Willis	3 Filer ID (Ethics Commission Filers)		
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$			
<b>5</b> Date 05/19/2021	6 Payee name USPS			
<b>7</b> Amount (\$) 27.50				
9 TYPE OF EXPENDITURE	X Political Non-Political			
10	(a) Category (See Categories listed at the top of this schedule) (b)	Description		
PURPOSE OF	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, officeholder living expense costage		
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date 04/30/2021				
Amount (\$) 15.98  Payee address; City; State; Zip Code 55 Almaden Boulevard, Suite 400, 500, 600, San Jose, CA 95113				
TYPE OF EXPENDITURE	X Political Non-Political			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF	Fees	Check if travel outside of Texas. Complete Schedule T.		
EXPENDITURE		Check if Austin, TX, officeholder living expense Virtual meeting hosting		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## **EXPENDITURES MADE BY CREDIT CARD**

#### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Candidate/Officeholder/Politica	•	ies/Wages/Contract Labor	Other (enter a category not listed above)	
The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F4: 2 of 2	2 FILER NAME Mrs Gay Willis		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$			
<b>5</b> Date	6 Payee name			
05/01/2021	El Fenix			
<b>7</b> Amount (\$) 223.81				
9 TYPE OF EXPENDITURE	TYPE OF Y Delition   Man Delition			
10	(a) Category (See Categories listed at the top of this sched	ule) (b) Descripti	on	
PURPOSE		Check	if travel outside of Texas. Complete Schedule T.	
OF	Event Expense		if Austin, TX, officeholder living expense	
EXPENDITURE		Watch Party		
11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				
Date	Date Payee name			
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code			
TYPE OF EXPENDITURE	Political Non-Political			
	Category (See Categories listed at the top of this sched	ule) Descripti	on	
DUDDOCE	Category (occording instead at the top or this solice		if travel outside of Texas. Complete Schedule T.	
PURPOSE OF			if Austin, TX, officeholder living expense	
EXPENDITURE		Clieck	ii Austiii, 17, oilicerioider living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OH				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

#### SCHEDULE G

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Office/holder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Other (enter a categor

c	Candidate/Officeholder/Politic Credit Card Payment	_	es Salarie: action Guide explains how to	o complete this form.	Other (enter a category not listed above)
1	Total pages Schedule G: 1 of 1	2 FILER NAME Mrs Gay Willis			3 Filer ID (Ethics Commission Filers)
4	Date	5 Payee name		<u> </u>	
	04/30/2021	Citi			
6	Amount (\$)	7 Payee address;	City; State; Zip Code		
	15.98	P.O. Box 78045	Phoenix, AZ 85062		
	X Reimbursement from political contributions intended				
8	DUDDOOF	(a) Category (See Categories	listed at the top of this schedule)	(b) Description	
	PURPOSE OF	Fees		Check if travel outside	e of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX Virtual Meeting Hosting	K, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeh	older name	Office sought	Office held
	Date	Payee name			
	05/01/2021	Citi			
	Amount (\$)	Payee address;	City; State; Zip Code		
	223.81	P.O. Box 78045	Phoenix, AZ 85062		
	Reimbursement from political contributions intended				
	DUDDOCE	Category (See Categories	listed at the top of this schedule)	(b) Description	
	PURPOSE OF	Event Expense		Check if travel outside	e of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX Watch Party Food	K, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeh OH	older name	Office sought	Office held
	Date	Payee name			
	05/19/2021	Citi			
	Amount (\$)	Payee address;	City; State; Zip Code		
	27.50	P.O. Box 78045	Phoenix, AZ 85062		
	Reimbursement from political contributions intended				
DUDDOSE		Category (See Categories	listed at the top of this schedule)	(b) Description	
	PURPOSE OF	Advertising Expense		Check if travel outside	e of Texas. Complete Schedule T.
	EXPENDITURE			Check if Austin, TX	K, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeh	older name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				