

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:

30

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY		
	Ms	Gay	D			
	NICKNAME	LAST	SUFFIX	Date Received		
		Willis				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #;		CITY;	STATE;	ZIP CODE	
	4728 Mill Run Road		Dallas TX	75244		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked		
	(214)	549 1820				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$	
		Maggie		Date Processed		
	NICKNAME	LAST	SUFFIX	Date Imaged		
		Murchison				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;		CITY;	STATE;	ZIP CODE	
	5430 LBJ Fwy		1450	Dallas TX	75240	
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(972)	490 8080				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)					
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	01	11	2021	THROUGH	03	22
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description
	05	01	2021	<input type="checkbox"/> General	<input type="checkbox"/> 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

Ms Gay D Willis

15 Filer ID (Ethics Commission Filers)

**16 NOTICE FROM
POLITICAL
COMMITTEE(S)**

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL

☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

**17 CONTRIBUTION
TOTALS**

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 330.00

2. **TOTAL POLITICAL CONTRIBUTIONS**
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 38310.00

**EXPENDITURE
TOTALS**

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 0.00

4. **TOTAL POLITICAL EXPENDITURES** \$ 40766.41

**CONTRIBUTION
BALANCE**

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 36230.00

**OUTSTANDING
LOAN TOTALS**

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 1000.00

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

ELECTRONICALLY CERTIFIED

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ms Gay D Willis, this the 1st day of April, 20 21, 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

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME
Ms Gay D Willis

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 37,830.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 150.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 20,412.95
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 20,011.29
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 342.17
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
1 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

01/12/2021

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

Denise Marshall

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

6404 Mimosa

Dallas, TX 75230

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

01/12/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dustin Marshall

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

6404 Mimosa

Dallas, TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/12/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Bill Howell

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

3408 Purdue Ave

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/12/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kristen Howell

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

3408 Purdue

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
2 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

01/12/2021

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

Will Cobb

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

1001 3rd St Suite 609

San Francisco, CA 94158

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

01/16/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Torres

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

7545 Garonne St

Dallas, CA 75231

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/18/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Clayton Henry

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

9322 Moss Trail

Dallas, TX 75231

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/18/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Alison Richardson

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

1915 Lorraine Ave

Dallas, TX 75002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

01/21/2021

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

Macey Davis

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

8322 Ridgelea St

Dallas, TX 75209

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

01/23/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Poteet

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

9218 Moss Trail

Dallas, TX 75231

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/01/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Deborah Sutton

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

7526 Ashington Drive

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/01/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jane Hoffman

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

6747 Lupton Dr

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 20

2 FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)

4 Date

02/03/2021

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Carol Guthrie

6 Contributor address;

City; State; Zip Code

3211 Basil Court

Dallas, TX 75204

7 Amount of contribution (\$)

200.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/04/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jim Nugent

Contributor address;

City; State; Zip Code

4717 Mill Run Road

Dallas, TX 75244

Amount of contribution (\$)

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/06/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Rebecca Wilson

Contributor address;

City; State; Zip Code

4322 Glenaire Dr

Dallas, TX 75229

Amount of contribution (\$)

75.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/08/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Katherine Stewart

Contributor address;

City; State; Zip Code

7935 Square Drive

Dallas, TX 75238

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 20

2 FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)

4 Date

02/08/2021

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Armstrong

7 Amount of contribution (\$)

125.00

6 Contributor address;

City; State; Zip Code

2607 State St.

Dallas, TX 75204

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/08/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Paula Peters

Amount of contribution (\$)

125.00

Contributor address;

City; State; Zip Code

2607 State St.

Dallas, TX 75204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/10/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Aimee Griffiths

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

12116 Edgestone Rd

Dallas, TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/13/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Charlene Howell

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

5455 La Sierra

Dallas, TX 75231

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
6 of 20

2 FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)

4 Date

02/24/2021

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lynn Dauterman

6 Contributor address;

City; State; Zip Code

8117 Preston Road

Dallas, TX 75225

7 Amount of contribution (\$)

1000.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/24/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Peter Dauterman

Contributor address;

City; State; Zip Code

8211 Preston Road

Dallas, TX 75225

Amount of contribution (\$)

1000.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Todd Williams

Contributor address;

City; State; Zip Code

5119 Seneca

Dallas, TX 75209

Amount of contribution (\$)

750.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/24/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Clair Stanard

Contributor address;

City; State; Zip Code

6325 Bandera

Dallas, TX 75225

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

02/24/2021

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

Richard Gussoni

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

8727 Douglas Ave

Dallas, TX 75225

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

02/24/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lucy Gussoni

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

8727 Douglas

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/25/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Marsha Gordon

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

6139 Waggoner Dr.

Dallas, TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/26/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michelle Early

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

7320 Malabar

Dallas, TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

02/21/2021

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

Dana Ayres

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

8415 Chadbourne Rd

Dallas, TX 75230

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

02/28/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Paul Hain

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

4455 Laren Lane

Dallas, TX 75244

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Wayne Smith

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

7755 Firefall Way

Dallas, TX 75230

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

02/28/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Kay Lynn Brumbaugh

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

4247 Brookview

Dallas, TX 75220

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
9 of 20

2 FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)

4 Date

03/01/2021

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Todd Howard

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

9623 Athlone Dr

Dallas, TX 75218

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

03/02/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Terry Walker

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

3650 Cedarplaza Ln

Dallas, TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/02/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jennifer Thompson

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

9206 Canter Drive

Dallas, TX 75231

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/02/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Vickie Yakunin

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

5102 Cedarplaza Ln

Dallas, TX 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
10 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

03/02/2021

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

Wendy Cone

7 Amount of contribution (\$)

25.00

6 Contributor address;

City; State; Zip Code

7622 Queens Garden

Dallas, TX 75248

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/02/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ellen Dooley

Amount of contribution (\$)

25.00

Contributor address;

City; State; Zip Code

7311 Foxworth

Dallas, TX 75248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/02/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Dawn Spalding

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

4113 Glenwick

Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/02/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mark Perkins

Amount of contribution (\$)

250.00

Contributor address;

City; State; Zip Code

3100 McKinnon Suite 450

Dallas, TX 25201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
11 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

03/02/2021

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

Cheryl Murray

7 Amount of contribution (\$)

300.00

6 Contributor address;

City; State; Zip Code

6717 Lakefair Cir.

Dallas, TX 75214

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/03/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert Murchison

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

10131 Gaywood Rd

Dallas, TX 75229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/03/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Maggie Murchison

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

10131 Gaywood Rd

Dallas, TX 75229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/04/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John Kiser

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

11452 Strait Lane

Dallas, TX 75229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

03/04/2021

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

Michael M McCabe

7 Amount of contribution (\$)

500.00

6 Contributor address;

City; State; Zip Code

6567 Kenwood

Dallas, TX 75214

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/07/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Erin Johnston

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

6604 Northridge

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/06/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ann Kozlow

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

10112 Inwood Rd.

Dallas, TX 75229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/02/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gina Norris

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

4240 Prescott

Dallas, TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
13 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

03/06/2021

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

Michael Gagne

7 Amount of contribution (\$)

250.00

6 Contributor address;

City; State; Zip Code

1455 Oates Dr.

Dallas, TX 75228

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/07/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amy Love

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

14610 Blossom Hill Rd

Los Gatos, CA 95032

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/07/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Suzanne Smith

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

3210 Carlisle Suite 62

Dallas, TX 75204

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/09/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert M Mills

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

6338 Northwood

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
14 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

03/09/2021

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

Basheer Ghorayeb

7 Amount of contribution (\$)

350.00

6 Contributor address;

City; State; Zip Code

8626 Chadbourne

Dallas, TX 75209

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/10/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Henry Beck

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

1601 Elm St.

Dallas, TX 75201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Carol Corgan

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

6651 Lakeshore Dr.

Dallas, TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Buddy Apple

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

821 N Wyndemere Ave

Dallas, TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
15 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

03/11/2021

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

Joe Groves

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

114 Lake Forest Ct

Garland, TX 75044

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/11/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Flavio Pina

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

114 Lake Forest Ct

Dallas, TX 75044

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/12/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ramsey March

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

3813 Marquette St.

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/11/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Suzanne Yeager

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

4979 Nashwood

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
16 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

03/11/2021

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

Haley March

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

3813 Marquette

Dallas, TX 75225

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/13/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DeMetris Sampson

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

2207 Elderoaks Lane

Dallas, TX 75232

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/14/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mark Parker

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3525 Turtle Creek Blvd Suite 11A Dallas, TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/14/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Courtenay Davis

Amount of contribution (\$)

75.00

Contributor address;

City; State; Zip Code

8603 Glencrest

Dallas, TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
17 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

03/16/2021

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

Joseph Atkins

7 Amount of contribution (\$)

150.00

6 Contributor address;

City; State; Zip Code

419 W. 8th

Dallas, TX 75208

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/15/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Susan Reese

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

8626 Douglas

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/17/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Katherine S McGovern

Amount of contribution (\$)

150.00

Contributor address;

City; State; Zip Code

4364 Royal Ridge Dr.

Dallas, TX 75229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/18/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Claire Dewar

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

5359 Montrose Dr.

Dallas, TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
18 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

03/19/2021

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

Herb Weitzman

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City; State; Zip Code

3102 Maple Ave. Suite 500

Dallas, TX 75201

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/19/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Leonor Marquez

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3652 Copper Stone Dr.

Dallas, TX 75287

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/19/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Howard Klion

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

5927 Joyce Way

Dallas, TX 75225

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/20/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Eulaine Hall

Amount of contribution (\$)

20.00

Contributor address;

City; State; Zip Code

11851 High Dale Dr.

Dallas, TX 75234

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
19 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

03/20/2021

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

Karyl Gindling

7 Amount of contribution (\$)

200.00

6 Contributor address;

City; State; Zip Code

3305 Princess Dr.

Dallas, TX 75229

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/20/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Karan Marshall

Amount of contribution (\$)

50.00

Contributor address;

City; State; Zip Code

4225 Bluffview Blvd

Dallas, TX 75209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/10/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Sandy Haley

Amount of contribution (\$)

10.00

Contributor address;

City; State; Zip Code

14628 Lexus Ave

Addison, TX 75001

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/20/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chad Prochaska

Amount of contribution (\$)

200.00

Contributor address;

City; State; Zip Code

4528 Tuxford Ct.

Plano, TX 75093

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
20 of 20**2** FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)**4** Date

03/21/2021

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

Whitney Strauss

7 Amount of contribution (\$)

100.00

6 Contributor address;

City; State; Zip Code

4151 Briargrove Lane

Dallas, TX 75287

8 Principal occupation / Job title (See Instructions)**9** Employer (See Instructions)

Date

03/21/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jennifer Morris

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

11635 Rogue Way

Dallas, TX 75218

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/22/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Eric Johnson

Amount of contribution (\$)

1000.00

Contributor address;

City; State; Zip Code

3525 Turtle Creek Blvd Suite 11A Dallas, TX 75219

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

01/22/2021

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Mark Parker

Amount of contribution (\$)

500.00

Contributor address;

City; State; Zip Code

3525 Turtle Creek Blvd Suite 11A Dallas, TX 75219

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
1 of 1

2 FILER NAME
Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date
03/17/2021

6 Full name of contributor ☐ out-of-state PAC (ID#: _____)
Katherine McGovern

7 Contributor address; City; State; Zip Code
4364 Royal Ridge Dr. Dallas, TX 75229

8 Amount of Contribution \$
150.00

9 In-kind contribution description
Meeting sponsorship

☐ 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

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

Contributor address; City; State; Zip Code

Amount of Contribution \$

In-kind contribution description

☐ 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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:
1 of 1

2 FILER NAME

Ms Gay D Willis

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan
01/12/2021

7 Name of lender ☐ out-of-state PAC (ID#: _____)
Gay D Willis

9 Loan Amount (\$)
1000.00

6 Is lender
a financial
Institution?

Y ☒ N

8 Lender address; City; State; Zip Code
4728 Mill Run Road Dallas, TX 75244

10 Interest rate
0.0%

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

☐ none

15 Check if personal funds were deposited into political
account (See Instructions)
☒

16 GUARANTOR
INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

☒ not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender ☐ out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender
a financial
Institution?

Y ☐ N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

☐ none

Check if personal funds were deposited into political
account (See Instructions)
☐

GUARANTOR
INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

☐ not applicable

Principal Occupation (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 1	2 FILER NAME Ms Gay D Willis	3 Filer ID (Ethics Commission Filers)
4 Date 02/27/2021	5 Payee name Henry Graphics Management	
6 Amount (\$) 19869.12	7 Payee address; City; State; Zip Code 9311 Moss Trail Dallas, TX 75231	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Printing Expenses
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date 03/03/2021	Payee name Sheryl Lanzel Photography	
Amount (\$) 543.83	Payee address; City; State; Zip Code 5401 McCommas Blvd Dallas, TX 75206	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1 of 2	2 FILER NAME Ms Gay D Willis	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 03/21/2021	6 Payee name Citi	
7 Amount (\$) 110.21	8 Payee address; City; State; Zip Code P.O. Box 9001037 Louisville, KY 40290	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for stationery
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/01/2021	Payee name Citi	
Amount (\$) 15.98	Payee address; City; State; Zip Code P.O. Box 9001037 Louisville, KY 40290	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for virtual hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2 of 2	2 FILER NAME Ms Gay D Willis	3 Filer ID (Ethics Commission Filers)
---	--	--

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
--	----

5 Date 01/31/2021	6 Payee name Citi
-----------------------------	-----------------------------

7 Amount (\$) 15.98	8 Payee address; City; State; Zip Code P.O. Box 9001037 Louisville, KY 40290
-------------------------------	--

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

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for virtual hosting
----------------------------------	--	--

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Council District 13			

Date 02/27/2021	Payee name Henry Graphics Management
--------------------	---

Amount (\$) 19869.12	Payee address; City; State; Zip Code 9322 Moss Trail Dallas, TX 75231
-------------------------	--

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

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Not Applicable			

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/Officeholder/Political Committee
Credit Card Payment

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 1 of 2	2 FILER NAME Ms Gay D Willis	3 Filer ID (Ethics Commission Filers)
4 Date 03/10/2021	5 Payee name Crystal Chatmon Photography	
6 Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3409 Sloane St. Suite 20 Carrollton, TX 75007	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for photography
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/22/2021	Payee name Venmo	
Amount (\$) 100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 159 W 25th St, Fl 9. New York City, NY 10001	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 03/21/2021	Payee name Citi	
Amount (\$) 110.21 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 9001037 Louisville, KY 40290	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stationery
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 2	2 FILER NAME Ms Gay D Willis	3 Filer ID (Ethics Commission Filers)
4 Date 03/01/2021	5 Payee name Citi	
6 Amount (\$) 15.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code P.O. Box 9001037 Louisville, KY 40290	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for virtual meeting hosting
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 01/31/2021	Candidate / Officeholder name Office sought Office held	
Amount (\$) 15.98 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.O. Box 9001037 Louisville, KY 40290	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Payment for virtual meeting hosting
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		