

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: 45		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Gay	MI	OFFICE USE ONLY		
	NICKNAME	LAST Willis	SUFFIX			
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			Date Received		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (214)	PHONE NUMBER 549 1820				Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST Maggie	MI			Receipt #
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5430 LBJ Freeway 1450 Dallas TX 75240			Date Processed		
	AREA CODE (972)	PHONE NUMBER 490 8080				Date Imaged
	EXTENSION					
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month Day Year Month Day Year 03 28 2023 THROUGH 04 26 2023					
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 06 2023 <input type="checkbox"/> General <input type="checkbox"/> Special					
12 OFFICE	OFFICE HELD (if any) Dallas City Council District 13			13 OFFICE SOUGHT (if known) Council District 13		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE					
	COMMITTEE NAME					
	COMMITTEE ADDRESS					
	COMMITTEE CAMPAIGN TREASURER NAME					
COMMITTEE CAMPAIGN TREASURER ADDRESS						

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Gay Willis

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 47320.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0.00

4. TOTAL POLITICAL EXPENDITURES

\$ 34214.15

CONTRIBUTION
BALANCE

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

\$ 74936.57

OUTSTANDING
LOAN TOTALS

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

\$ 0.00

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

ELECTRONICALLY CERTIFIED

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Gay Donnell Willis this the 28th day of April,
20 23, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME

Gay 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	\$ 47,320.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 0.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ 0.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 33,685.34
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	\$ 528.81
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicole Small <hr/> 6 Contributor address; City; State; Zip Code 10210 GAYWOOD RD Dallas, TX 75229	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buddy Apple <hr/> Contributor address; City; State; Zip Code 821 N. Windomere Ave Dallas, TX 75208	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/22/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mary & Steve Nix <hr/> Contributor address; City; State; Zip Code 8511 Blue Bonnet Rd Dallas, TX 75209	Amount of contribution (\$) 750.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank Mihalopoulos <hr/> Contributor address; City; State; Zip Code 4645 North Central Expressway Dallas, TX 75205	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

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

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 8/17/2020

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
3 of 29

2 FILER NAME

Gay Willis

3 Filer ID (Ethics Commission Filers)

4 Date

04/19/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Carolyn Ennis

7 Amount of contribution (\$)

50.00

6 Contributor address;

3746 Weeburn Drive

City;

Dallas, TX 75229

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/19/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Heidi & Jon Dahlander

Amount of contribution (\$)

200.00

Contributor address;

3776 Royal Cove Drive

City;

Dallas, TX 75229

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/18/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Chris Wallace

Amount of contribution (\$)

250.00

Contributor address;

4235 Castle Rock Court

City;

IRVING, TX 75038

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/18/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Christy Blumenfeld

Amount of contribution (\$)

100.00

Contributor address;

4241 Cochran Chapel Road

City;

Dallas, TX 75209

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
4 of 29

2 FILER NAME

Gay Willis

3 Filer ID (Ethics Commission Filers)

4 Date

04/18/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Lucy Billingsley

7 Amount of contribution (\$)

1000.00

6 Contributor address;

1722 Routh Street Suite 770

City;

Dallas, TX 75201

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/18/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Holly Hope

Amount of contribution (\$)

100.00

Contributor address;

3847 Princess Ln

City;

Dallas, TX 75229

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/18/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Nancy Best

Amount of contribution (\$)

500.00

Contributor address;

9762 Audubon Place

City;

Dallas, TX 75220

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/17/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Linda Westerburg

Amount of contribution (\$)

25.00

Contributor address;

7853 Marquette Street

City;

Dallas, TX 75225

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
5 of 29

2 FILER NAME

Gay Willis

3 Filer ID (Ethics Commission Filers)

4 Date

04/17/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Niles Illich

7 Amount of contribution (\$)

250.00

6 Contributor address;

12535 High Meadow Drive

City;

Dallas, TX 75244

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/16/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jeffrey Robinson

Amount of contribution (\$)

1000.00

Contributor address;

5323 FALLS RD

City;

Dallas, TX 75220

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/15/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Garrett Vogel

Amount of contribution (\$)

1000.00

Contributor address;

5955 Alpha Road

City;

Dallas, TX 75240

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/14/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jill Tananbaum

Amount of contribution (\$)

250.00

Contributor address;

4324 Livingston Ave

City;

Dallas, TX 75205

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stonewall Democrats of Dallas <hr/> 6 Contributor address; City; State; Zip Code P.O. Box 193205 Dallas, TX 75219	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jill Magnuson <hr/> Contributor address; City; State; Zip Code 4318 Beechwood Lane Dallas, TX 75220	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Arnold <hr/> Contributor address; City; State; Zip Code 4427 Glenleigh Drive Dallas, TX 75220	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabrina Bunks <hr/> Contributor address; City; State; Zip Code 3226 Oliver St Dallas, TX 75205	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
7 of 29

2 FILER NAME

Gay Willis

3 Filer ID (Ethics Commission Filers)

4 Date

04/11/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joe Atkins

7 Amount of contribution (\$)

100.00

6 Contributor address;

6416 Kenwood Avenue

City;

Dallas, TX 75214

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/11/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Alan Engstrom

Amount of contribution (\$)

1000.00

Contributor address;

5744 DeLoache Ave

City;

Dallas, TX 75225

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/10/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Suellen & Ken Murchison

Amount of contribution (\$)

250.00

Contributor address;

6346 Northwood Rd.

City;

Dallas, TX 75225

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/10/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

peter malouf

Amount of contribution (\$)

250.00

Contributor address;

P.O. Box 12745

City;

Dallas, TX 75201

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
8 of 29

2 FILER NAME

Gay Willis

3 Filer ID (Ethics Commission Filers)

4 Date

04/10/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Gerald Stool

7 Amount of contribution (\$)

1000.00

6 Contributor address;

City;

State;

Zip Code

2808 Fairmount Street Suite 100 Dallas, TX 75201

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/10/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Duncan Fulton

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

6629 Golf Dr Dallas, TX 75205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/09/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Randy Engstrom

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

5744 DELOACHE AVE Dallas, TX 75229

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/09/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Robert Swartz

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

10856 Strait Lane Circle 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.

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 9 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hannah Strom 6 Contributor address; City; State; Zip Code 3926 Duchess Cir Dallas, TX 75229	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harianne Wallenstein Contributor address; City; State; Zip Code 10122 Gaywood Road Dallas, TX 75229	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mark Blaskovich Contributor address; City; State; Zip Code 5339 W University Blvd Dallas, TX 75209	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Book Contributor address; City; State; Zip Code 7191 Kendallwood Drive Dallas, TX 75240	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 10 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Luna <hr/> 6 Contributor address; City; State; Zip Code P.O. Box 1523 Dallas, TX 75201	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Catherine MacMahon <hr/> Contributor address; City; State; Zip Code 4605 Watauga Road Dallas, TX 75209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Douglas MacMahon <hr/> Contributor address; City; State; Zip Code 4605 Watauga Road Dallas, TX 75229	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Juli Black <hr/> Contributor address; City; State; Zip Code 6704 Deloache Avenue Dallas, TX 75225	Amount of contribution (\$) 125.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 11 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/05/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reagan Cartwright, Jr. <hr/> 6 Contributor address; City; State; Zip Code 6361 Diamond Head Circle Dallas, TX 75225	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diana Dutton <hr/> Contributor address; City; State; Zip Code 4649 College Park Drive Dallas, TX 75229	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/05/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christy Bednar <hr/> Contributor address; City; State; Zip Code 12242 Montego Plaza Dallas, TX 75230	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Angela Medrano <hr/> Contributor address; City; State; Zip Code 2331 Douglas Avenue Dallas, TX 75219	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
12 of 29

2 FILER NAME

Gay Willis

3 Filer ID (Ethics Commission Filers)

4 Date

04/04/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Clay Young

7 Amount of contribution (\$)

100.00

6 Contributor address;

4905 Mill Run Rd

City;

Dallas, TX 75244

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/04/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jennifer Altabef

Amount of contribution (\$)

1000.00

Contributor address;

10235 Strait Lane

City;

Dallas, TX 75229

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/04/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Julie Young

Amount of contribution (\$)

50.00

Contributor address;

4905 Mill Run Rd

City;

Dallas, TX 75244

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/03/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joshua Gold

Amount of contribution (\$)

110.00

Contributor address;

3455 Whitehall Drive

City;

Dallas, TX 75229

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 13 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charlene Wilson Howell 6 Contributor address; City; State; Zip Code 5455 La Sierra Drive Dallas, TX 75231	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kevin Moriarty Contributor address; City; State; Zip Code 400 North Ervay Street Dallas, TX 75201	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Kenty Contributor address; City; State; Zip Code 8723 Canyon Dr Dallas, TX 75206	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larry Offutt Contributor address; City; State; Zip Code 6038 Bryan Pkwy Dallas, TX 75209	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elizabeth Winslow <hr/> 6 Contributor address; City; State; Zip Code 10111 Gaywood Dallas, TX 75229	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marguerite Hoffman <hr/> Contributor address; City; State; Zip Code 9963 Rockbrook Dr Dallas, TX 75220	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Julie Saqueton <hr/> Contributor address; City; State; Zip Code 5830 Meaders Lane Dallas, TX 75230	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deedie Rose <hr/> Contributor address; City; State; Zip Code 5 Willow Wood Circle Dallas, TX 75205	Amount of contribution (\$) 1000.00
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.		

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 15 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 03/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan Clark 6 Contributor address; City; State; Zip Code 4629 Heatherbrook Drive Dallas, TX 75244	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom and Sally Perryman Contributor address; City; State; Zip Code 6138 Woodland Drive Dallas, TX 75225	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chad Hinkson Contributor address; City; State; Zip Code 4031 Myerwood Ln Dallas, TX 75244	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 03/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC/Texas Association of Realtors PAC Contributor address; City; State; Zip Code P.O. Box 2246 Austin, TX 78768	Amount of contribution (\$) 2500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 16 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diane & Stuart Bumpas <hr/> 6 Contributor address; City; State; Zip Code 5306 Surrey Circle Dallas, TX 75209	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Margaret & Thomas Chambers <hr/> Contributor address; City; State; Zip Code 4657 Mockingbird Lane Dallas, TX 75209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bo Slaughter <hr/> Contributor address; City; State; Zip Code 2759 Meadow Dawn Lane Dallas, TX 75237	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larue Howell Henry <hr/> Contributor address; City; State; Zip Code 4803 Shadywood Lane Dallas, TX 75209	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 17 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald Maynard 6 Contributor address; City; State; Zip Code 3829 Cedarbrush Drive Dallas, TX 75229	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jan Black Contributor address; City; State; Zip Code 4563 Isabella Lane Dallas, TX 75229	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Stewart Contributor address; City; State; Zip Code 3213 Marquette Street Dallas, TX 75229	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick Hamner Contributor address; City; State; Zip Code 7327 Centenary Avenue 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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 18 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian McGovern	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 4364 Royal Ridge Drive Dallas, TX 75229		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katherine McGovern	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 4364 Royal Ridge Drive Dallas, TX 75229		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joan & Alan Walne	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 10020 Caribou Trail Dallas, TX 75238		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Schenkel	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1101 Bishop 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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 19 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Kelsoe <hr/> 6 Contributor address; City; State; Zip Code 8303 Spring Valley Road Dallas, TX 75254	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Weber <hr/> Contributor address; City; State; Zip Code 5630 Kemper Court Dallas, TX 75220	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven Cotton <hr/> Contributor address; City; State; Zip Code 10909 Candelight Lane Dallas, TX 75229	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingston Hill Partners <hr/> Contributor address; City; State; Zip Code 73 Talmage Hill Road New Caanan, CT 68400	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 20 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George Crow <hr/> 6 Contributor address; City; State; Zip Code 4560 LORRAINE AVE Dallas, TX 75205	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathan Schubert <hr/> Contributor address; City; State; Zip Code 4560 Lorraine Avenue Dallas, TX 75205	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stuart Crow <hr/> Contributor address; City; State; Zip Code 6310 Mercedes Ave Dallas, TX 75214	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sean Rae <hr/> Contributor address; City; State; Zip Code 4512 Lorraine Avenue Dallas, TX 75205	Amount of contribution (\$) 150.00
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.		

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 21 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2023	5 Full name of contributor Itzel Crow out-of-state PAC (ID#:) 6 Contributor address; City; State; Zip Code 4612 Watauga Road Dallas, TX 75209	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/12/2023	Full name of contributor Robert McClain out-of-state PAC (ID#:) Contributor address; City; State; Zip Code 3819 Maple Dallas, TX 75219	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2023	Full name of contributor Kathryn Wilkinson out-of-state PAC (ID#:) Contributor address; City; State; Zip Code 3705 Beverly Drive Dallas, TX 75209	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2023	Full name of contributor J Dodge Carter out-of-state PAC (ID#:) Contributor address; City; State; Zip Code 3525 University Blvd Dallas, TX 75205	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 22 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Levy <hr/> 6 Contributor address; City; State; Zip Code 5 Vista Lane Glen Head, NY 11545	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley Crow <hr/> Contributor address; City; State; Zip Code 6310 Mercedes Ave Dallas, TX 75214	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cynthia Silverthorn <hr/> Contributor address; City; State; Zip Code 2415 Grandview Drive Richardson, TX 75080	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiliam Mundinger <hr/> Contributor address; City; State; Zip Code 3413 Southwestern Dallas, TX 75225	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 23 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen Bancroft <hr/> 6 Contributor address; City; State; Zip Code 2598 Middleton Drive Frisco, TX 75033	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cody Armbrister <hr/> Contributor address; City; State; Zip Code 4045 Bryn Mawr Dallas, TX 75225	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/12/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanley Mullikin <hr/> Contributor address; City; State; Zip Code 3412 Harvard Avenue Dallas, TX 75205	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Crow <hr/> Contributor address; City; State; Zip Code 4612 Watauga Road Dallas, TX 75209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 24 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pete Schenkel <hr/> 6 Contributor address; City; State; Zip Code 4231 Belclaire Avenue Dallas, TX 75205	7 Amount of contribution (\$) 400.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joeseeph Werner <hr/> Contributor address; City; State; Zip Code 6848 Bandera Avenue Dallas, TX 75229	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susan Gandy <hr/> Contributor address; City; State; Zip Code 5217 Shadywood Lane Dallas, TX 75209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claire Dewar <hr/> Contributor address; City; State; Zip Code 5359 Montrose Drive Dallas, TX 75209	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
25 of 29

2 FILER NAME

Gay Willis

3 Filer ID (Ethics Commission Filers)

4 Date
04/18/2023

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

7 Amount of contribution (\$)
100.00

6 Contributor address; City; State; Zip Code
5948 Meletio Dallas, TX 75230

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
04/20/2023

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

Amount of contribution (\$)
200.00

Contributor address; City; State; Zip Code
P.O. Box 131523 Dallas, TX 75313

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/10/2023

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

Amount of contribution (\$)
250.00

Contributor address; City; State; Zip Code
B400B Central Expy Dallas, TX 75206

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
04/22/2023

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

Amount of contribution (\$)
100.00

Contributor address; City; State; Zip Code
5411 Springmeadow Dr 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.

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 26 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Beck 6 Contributor address; City; State; Zip Code 6622 Aberdeen Ave Dallas, TX 75230	7 Amount of contribution (\$) 1000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott Beck Contributor address; City; State; Zip Code 6622 Aberdeen Ave Dallas, TX 75230	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) John Turner Contributor address; City; State; Zip Code 6930 Desco Dallas, TX 75225	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peggy Carr Contributor address; City; State; Zip Code 5147 Horseshoe Trail Dallas, TX 75209	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 27 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deborah Nugent <hr/> 6 Contributor address; City; State; Zip Code 4717 Mill Run Road Dallas, TX 75244	7 Amount of contribution (\$) 500.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharon Bromberg <hr/> Contributor address; City; State; Zip Code 4942 Crooked Lane Dallas, TX 75229	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liza Urso <hr/> Contributor address; City; State; Zip Code 4335 Meadowdale Lane Dallas, TX 75225	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 04/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James Stanton <hr/> Contributor address; City; State; Zip Code 6125 Luther Lane Dallas, TX 75220	Amount of contribution (\$) 1000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
28 of 29

2 FILER NAME

Gay Willis

3 Filer ID (Ethics Commission Filers)

4 Date

04/24/2023

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Diane Frank

7 Amount of contribution (\$)

250.00

6 Contributor address;

4535 Manning Lane

City;

Dallas, TX 75165

State; Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

04/24/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Clay Jenkins

Amount of contribution (\$)

1000.00

Contributor address;

516 West Main Street

City;

Dallas, TX 75229

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/24/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Michael Wilson

Amount of contribution (\$)

25.00

Contributor address;

3509 Princess Ln

City;

Dallas, TX 75219

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/24/2023

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Don Glendenning

Amount of contribution (\$)

500.00

Contributor address;

401 Box 504

City;

Dallas, TX 75208

State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 29 of 29
2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)
4 Date 04/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) R Colhouer 6 Contributor address; City; State; Zip Code 4506 Bowditch Lane Dallas, TX 75225	7 Amount of contribution (\$) 350.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 04/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riz Chand Contributor address; City; State; Zip Code 4516 Lovers Lane Dallas, TX 75225	Amount of contribution (\$) 350.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

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 F1: 1 of 11	2 FILER NAME Gay Willis	3 Filer ID (Ethics Commission Filers)
4 Date 04/18/2023	5 Payee name Graphics Management	
6 Amount (\$) 16507.30	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) Advertising	(b) Description Advertising
	(c) <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 Candidate / Officeholder name Office sought Office held		
Date 04/11/2023	Payee name Graphics Management	
Amount (\$) 11714.42	Payee address; City; State; Zip Code 9322 Moss Trail Dallas, TX 75231	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/14/2023	Payee name Adrian Bakke	
Amount (\$) 3500.00	Payee address; City; State; Zip Code 11223 Wonderland Trail Dallas, TX 75229	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 11	2 FILER NAME Gay Willis	3 Filer ID (Ethics Commission Filers)
4 Date 04/14/2023	5 Payee name Linda Rogers	
6 Amount (\$) 500.00	7 Payee address; City; State; Zip Code 11008 Rosser Road Dallas, TX 75229	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Consulting
	(c) <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	Candidate / Officeholder name	Office sought Office held
Date 04/25/2023	Payee name Office Depot	
Amount (\$) 466.52	Payee address; City; State; Zip Code 8317 Westchester Dr Dallas, TX 75225	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Supplies	Description Supplies
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 04/26/2023	Payee name Anedot	
Amount (\$) 28.60	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1700 New Orleans, L 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 F1: 3 of 11	2 FILER NAME Gay Willis	3 Filer ID (Ethics Commission Filers)
4 Date 04/25/2023	5 Payee name Anedot	
6 Amount (\$) 2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770, New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) <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 Candidate / Officeholder name Office sought Office held		
Date 04/24/2023	Payee name Anedot	
Amount (\$) 122.80	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770, New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/23/2023	Payee name Anedot	
Amount (\$) 10.30	Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770, New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 F1: 4 of 11	2 FILER NAME Gay Willis	3 Filer ID (Ethics Commission Filers)
4 Date 04/22/2023	5 Payee name Anedot	
6 Amount (\$) 30.30	7 Payee address; 1340 Poydras Street Suite 1770, New Orleans, LA 70112 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) <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 Candidate / Officeholder name Office sought Office held		
Date 04/21/2023	Payee name Anedot	
Amount (\$) 20.30	Payee address; 1340 Poydras Street Suite 1770, New Orleans, L 70112 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/20/2023	Payee name Anedot	
Amount (\$) 27.60	Payee address; 1340 Poydras Street Suite 1770, New Orleans, LA 70112 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5 of 11	2 FILER NAME Gay Willis	3 Filer ID (Ethics Commission Filers)
4 Date 04/19/2023	5 Payee name Anedot	
6 Amount (\$) 10.60	7 Payee address; 1340 Poydras Street Suite 1770 City; State; Zip Code New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) <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 Candidate / Officeholder name Office sought Office held		
Date 04/18/2023	Payee name Anedot	
Amount (\$) 79.60	Payee address; 1340 Poydras Street Suite 1770 City; State; Zip Code New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/17/2023	Payee name Anedot	
Amount (\$) 11.60	Payee address; 1340 Poydras Street Suite 1770 City; State; Zip Code New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 F1: 6 of 11	2 FILER NAME Gay Willis	3 Filer ID (Ethics Commission Filers)
4 Date 04/16/2023	5 Payee name Anedot	
6 Amount (\$) 40.30	7 Payee address; 1340 Poydras Street Suite 1470, New Orleans, LA 70112 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) <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 Candidate / Officeholder name Office sought Office held		
Date 04/15/2023	Payee name Anedot	
Amount (\$) 40.30	Payee address; 1340 Poydras Street Suite 1470, New Orleans, LA 70112 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/14/2023	Payee name Anedot	
Amount (\$) 34.90	Payee address; 1340 Poydras Street Suite 1470, New Orleans, LA 70112 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 F1: 7 of 11	2 FILER NAME Gay Willis	3 Filer ID (Ethics Commission Filers)
4 Date 04/12/2023	5 Payee name Anedot	
6 Amount (\$) 40.30	7 Payee address; 1340 Poydras Street Suite 1770, New Orleans, LA 70112 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) <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 Candidate / Officeholder name Office sought Office held		
Date 04/11/2023	Payee name Anedot	
Amount (\$) 8.60	Payee address; 1340 Poydras Street Suite 1770, New Orleans, LA 70112 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/10/2023	Payee name Anedot	
Amount (\$) 71.20	Payee address; 1340 Poydras Street Suite 1770, New Orleans, L 70112 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 F1: 8 of 11	2 FILER NAME Gay Willis	3 Filer ID (Ethics Commission Filers)
4 Date 04/09/2023	5 Payee name Anedot	
6 Amount (\$) 90.60	7 Payee address; 1340 Poydras Street Suite 1770, New Orleans, LA 70112 City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) <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 Candidate / Officeholder name Office sought Office held		
Date 04/08/2023	Payee name Anedot	
Amount (\$) 25.20	Payee address; 1340 Poydras Street Suite 1770, New Orleans, LA 70112 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/07/2023	Payee name Anedot	
Amount (\$) 10.30	Payee address; 1340 Poydras Street Suite 1770, New Orleans, L 70112 City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 9 of 11	2 FILER NAME Gay Willis	3 Filer ID (Ethics Commission Filers)
4 Date 04/06/2023	5 Payee name Anedot	
6 Amount (\$) 85.90	7 Payee address; 1340 Poydras Street Suite 1770 City; State; Zip Code New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Fees
	(c) <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 Candidate / Officeholder name Office sought Office held		
Date 04/05/2023	Payee name Anedot	
Amount (\$) 14.90	Payee address; 1340 Poydras Street Suite 1770 City; State; Zip Code New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date 04/04/2023	Payee name Anedot	
Amount (\$) 48.20	Payee address; 1340 Poydras Street Suite 1770 City; State; Zip Code New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	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 F1: 10 of 11		2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)	
4 Date 04/03/2023		5 Payee name Anedot			
6 Amount (\$) 19.30		7 Payee address; 1340 Poydras Street Suite 1770, New Orleans, LA 70112 City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Fees		
	(c) <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 Candidate / Officeholder name Office sought Office held					
Date 03/30/2023		Payee name Anedot			
Amount (\$) 8.30		Payee address; 1340 Poydras Street Suite 1770, New Orleans, L 70112 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 03/29/2023		Payee name Anedot			
Amount (\$) 84.90		Payee address; 1340 Poydras Street Suite 1770, New Orleans, LA 70112 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11 of 11		2 FILER NAME Gay Willis		3 Filer ID (Ethics Commission Filers)	
4 Date 03/28/2023		5 Payee name Anedot			
6 Amount (\$) 10.90		7 Payee address; 1340 Poydras Street Suite 1770, New Orleans, LA 70112 City; State; Zip Code			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Fees		
	<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 Candidate / Officeholder name Office sought Office held					
Date 03/28/2023		Payee name ViaSat			
Amount (\$) 19.00		Payee address; 6155 El Camino Real Carlsbad, CA, CA 92009 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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 F4: 1 of 2	2 FILER NAME Gay Willis	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 04/11/2023	6 Payee name Apple	
7 Amount (\$) 43.29	8 Payee address; City; State; Zip Code 1 Apple Park Way Cupertino, CA 95014	
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 Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Council District 13	Office sought Council District 13 Office held Council District 13
Date 03/28/2023	Payee name Viasat	
Amount (\$) 19.00	Payee address; City; State; Zip Code 6155 El Camino Real Carlsbad, CA 92009	
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 Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name Council District 13	Office sought Council District 13 Office held Council District 13
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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 F4:
2 of 2

2 FILER NAME
Gay Willis

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD

\$

5 Date
04/25/2023

6 Payee name
Office Depot

7 Amount (\$)
466.52

8 Payee address; City; State; Zip Code
8317 Westchester Dallas, TX 75225

9 TYPE OF EXPENDITURE

☒ Political

☐ Non-Political

10 PURPOSE OF EXPENDITURE

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

(b) Description
Supplies

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name
Dallas City Council D13

Office sought
Council District 13

Office held
Council District 13

Date

Payee name

Amount (\$)

Payee address; City; State; Zip Code

TYPE OF EXPENDITURE

☐ Political

☐ Non-Political

PURPOSE OF EXPENDITURE

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

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED