Supplement Officeholder	al Report		FOR Cover She	MSR	
1. CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MI Gay D	2. Total Pages Filed: 8		
	NICKNAME	LAST SUFFIX Willis	3. Office Held City Council		
4. SUPPLEMENTAL REPORT TYPE	c January 15	c 30th day before election c Runoff	c 15th day after camp treasurer appointmer (officeholder only)		
	🗙 July 15	c 8th day before election c Exceeded \$500 limit	c Final Report		
5. PERIOD / COVERED		1/1/2024 THROUGH 6/30/2024			
6. ELECTION	Month Day Year				
	5/6/2023	c Primary c Runoff $oldsymbol{X}$ (Seneral c Spe	cial c N/A	
7. OFFICE- HOLDER	CONTRIBUTION TOTALS	1. TOTAL OFFICEHOLDER CONTRIBUTIONS OF \$50 OR LE PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS	\$ 0.00		
		2. TOTAL OFFICEHOLDER CONTRIBUTIONS OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$200.00	
	EXPENDITURE	3. TOTAL OFFICEHOLDER EXPENDITURES OF \$100 OR LE	ESS, UNLESS ITEMIZED	\$ 0.00	
	TOTALS	4. TOTAL OFFICEHOLDER EXPENDITURES \$ 8,432.72			
8. POLITICAL	CONTRIBUTION TOTALS	TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED		\$0.00	
(Campaign)		6. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LC	DANS)	\$ 1,000.00	
	EXPENDITURE	7. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS U	INLESS ITEMIZED	\$ 0.00	
	TOTALS		\$ 225.00		
9. OFFICEHOLDER FUN FOR CAMPAIGN PURF		9. TOTAL DOLLAR AMOUNT OF OFFICEHOLDER CONTRIB CAMPAIGN EXPENDITURES DURING THE REPORTING PER		\$0.00	
10. AFFIDAVIT		I swear, or affirm, under penalty of perju is true and correct and includes all inforr me under Title 15, Election code.			
		ELECTRONICALLY CE	ERTIFIED		
AFFIX NOTARY STAMP / SEAL ABOVE ———————————————————————————————————					
Sworn to and subscribed before me, by the said Gay D Willis , this the 14th day			day		
of July , 20	24 , to certify which,	witness my hand and seal of office.			
Signature of officer add	ministering oath	Printed name of officer administering oath	Title of officer adr	ninistering oath	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1110	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1:
2 FILER NAME Gay D Willis			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state if	PAC (ID#:)	7 Amount of contribution (\$)
02/08/2024	Vin Hoey		50.00
Officeholder Contribution	6 Contributor address; City; 7819 Caruth Court Dall:	State; Zip Code as, TX 75225	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
04/19/2024	Anne Harding		100.00
Officeholder Contribution	Contributor address; City; 3031 Timberview Rd Dalla	State; Zip Code as, TX 75229	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
04/25/2024	Charles Vandersypen		50.00
Officeholder Contribution	Contributor address; City; 3240 Timberview Rd Dalla	State; Zip Code as, TX 75229	
Principal occu	oation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 04/01/2024	Full name of contributor out-of-state F Southwest Airlines Co. PAC	PAC (ID#:)	Amount of contribution (\$) 1000.00
		State: Zip Code as, TX 75235	
Campaign Contribution	Contributor address; City; 2702 Love Field Rd Dalla	us, 171 /3255	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.		,	
1 Total pages Schedule F1: 1 of 4	2 FILER NAME Gay D Willis		3 Filer ID (Ethics	s Commission Filers)	
4 Date	5 Payee name		1		
05/07/2024	Muse Communication				
6 Amount (\$) 225.00 Campaign Funds for Campaign Expenditures	7 Payee address; 10615 Royal Club Lane Dallas, TX 75230	City;	State;	Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	1 A Total State St				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	g expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
06/30/2024	Public Storage				
Amount (\$) 1390.00	Payee address; 12075 Denton Drive Dallas, TX 75234	City;	State;	Zip Code	
Officeholder Funds for Officeholder Expenditures					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Fees			
	Check if travel outside of Texas. Complete Schedule T.	le T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
06/30/2024	Mailchimp				
Amount (\$) 479.70	Payee address; 675 Ponce de Leon Ave NE Suite 5000	City;	State;	Zip Code	
Officeholder Funds for Officeholder Expenditures	Atlanta, GA 30308				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Fees	Fees			
EXPENDITORE	Charlist travel authority of Travel Countries College		TV -#:! !! !!		
0 1. 0	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living		
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 NEE	EDED		

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1: 2 of 4	2 FILER NAME Gay D Willis		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
06/30/2024	Anedot				
6 Amount (\$) 8.90 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1340 Poydras Street Suite 1770 New Orleans, LA 70112	City;	State; Zip Code		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Fees	Fees			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
02/02/2024	Gay Willis				
Amount (\$) 3658.23	Payee address; 4728 Mill Run Road Dallas, TX 75244	City;	State; Zip Code		
Officeholder Funds for Officeholder Expenditures					
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Loan Repayment/Reimbursement			
	Check if travel outside of Texas. Complete Schedule T.	dule T. Check if Austin, TX, officeholder living expen			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
04/16/2024	Staples				
Amount (\$) 165.59	Payee address; 4400 Beltline Addison, TX 75001	City;	State; Zip Code		
Officeholder Funds for Officeholder Expenditures	4400 Bettille Addisoli, 1A 75001				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Printing Expense	Printing Expense			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1: 3 of 4	2 FILER NAME Gay D Willis		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Payee name			
01/24/2024	Roaring Fork			
6 Amount (\$) 43.81 Officeholder Funds for Officeholder Expenditures	7 Payee address; 701 Congress Ave Austin, TX 78701	City;	State; Zip Code	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Food/Beverage Expe	ense	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05/20/2024	Gay Willis			
Amount (\$) 2042.81	Payee address; 4728 Mill Run Road Dallas, TX 75244	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures				
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Loan Repayment/Reimbursement	Loan Repayment/Reimbursement		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
01/11/2024	Rockow Catering			
Amount (\$) 323.94	Payee address; 7423 Wentwood Dallas, TX 75224-4528	City;	State; Zip Code	
Officeholder Funds for Officeholder Expenditures	7425 Welltwood Ballas, 17/3224-4326			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Gift/Award/Memorials Expense	Gift/Award/Memorials Expense		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED	

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

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

Credit Card Payment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1: 4 of 4	2 FILER NAME Gay D Willis		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
06/30/2024	Linked In Premium		
6 Amount (\$) 259.74 Officeholder Funds for Officeholder Expenditures	7 Payee address; 1000 W Maude Ave Sunnyvale, CA 94085-2810	City;	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fees	Fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
06/30/2024	Veritex Community Bank		
Amount (\$) 60.00 Officeholder Funds for	Payee address; 8214 Westchester Suite 800	City;	State; Zip Code
Officeholder Expenditures	Dallas, TX 75225		
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Fees	Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Gay Donnell Willis	Council District 13	City Council
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	EDED

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

Solicitation/Fundraising Expense

Transportation Equipment & Related Expense

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 Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Polling Expense Printing Expense Salaries/Wages/Contract Labor		Travel 0	Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Payment		The Instruction Guide explain	ns how to	complete this for	m.		
1 Total pages Schedule G: 1 of 2	2 FILER NA Gay D Wi				3 Filer	TID (Ethics	Commission Filers)
4 Date	5 Payee nar	me			I		
06/30/2024	Public Sto	rage					
6 Amount (\$) 576.00 Officeholder Funds for Officeholder Expenditures Reimbursement from political contributions intended	7 Payee add		4	City	·;	State;	Zip Code
8 PURPOSE OF	(a) Category Fees	(See Categories listed at the top of this se	chedule)	(b) Description Fees	1		
EXPENDITURE	(c) (c)	Check if travel outside of Texas. Complete Scl	hedule T.	Check i	f Austin, TX, office	holder living ex	pense
9	Candid	ate / Officeholder name		Office sought			Office held
Complete ONLY if direct expenditure to benefit C/OH	Gay Donn	ell Willis		CD13	City Counci	il	
Date	Payee nar	ne					
06/30/2024	Mailchimp)					
Amount (\$) 319.80	Payee add	dress;		City	·;	State;	Zip Code
Officeholder Funds for Officeholder Expenditures Eximplifies mentifrom political contributions intended	675 Ponce	de Leon Ave NE Suite 5000 Atlanta, GA 3030)8				
PURPOSE OF EXPENDITURE	Category Fees	(See Categories listed at the top of this s	chedule)	Description Fees	ו		
	Check if travel outside of Texas. Complete Schedule T.		Check	if Austin, TX, office	eholder living ex	pense	
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought			Office held
expenditure to benefit C/C	OH Gay Donn	ell Willis		CD13	City Counci	il	
Date	Payee nar	ne					
06/30/2024	LinkedIn I	Premium					
Amount (\$) 43.29	Payee add	dress;		City;		State;	Zip Code
Officeholder Funds for Officeholder Fyndrightures from political contributions intended	1000 W M	aude Ave Sunnyvale, CA 9	4085-2810	0			
PURPOSE OF EXPENDITURE	Category Fees	(See Categories listed at the top of this se	chedule)	Descriptior Fees	1		
		Check if travel outside of Texas. Complete Sci	hedule T.	Check i	f Austin, TX, office	holder living ex	pense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought			Office held
expenditure to benefit C/OH	Gay Donn	ell Willis		CD13	City Counci	il	
	ATTA	CH ADDITIONAL COPIES O	F THIS S	CHEDULE AS I	NEEDED		

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

Solicitation/Fundraising Expense

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Food/Beverage Expense Polling Ex eBy Gift/Awards/Memorials Expense Printing E.		Expense Travel In Distric Expense Travel Out Of D		District ut Of District		
Credit Card Payment	g .	nstruction Guide expla				ter a category	not listed above)
1 Total pages Schedule G: 2 of 2	2 FILER NAME Gay D Willis				3 Filer	ID (Ethics C	Commission Filers)
4 Date	5 Payee name				·		
04/16/2024	Staples						
6 Amount (\$) 165.59	7 Payee address;			City;		State;	Zip Code
Officeholder Funds for Officeholder Expenditures Keimbürsement from Dolltical contributions intended	4400 Beltline Addison, TX 75001						
8 PURPOSE OF EXPENDITURE	(a) Category (See Cate Printing Expense	gories listed at the top of this	schedule)	(b) Description Printing Expense			
	(c) Check if trav	el outside of Texas. Complete S	Schedule T.	Check if A	Austin, TX, officeho	older living exp	ense
9	Candidate / Off	iceholder name		Office sought		C	Office held
Complete ONLY if direct expenditure to benefit C/OH	Gay Donnell Willis	3		CD13	City Council		
Date	Payee name						
Amount (\$)	Payee address;			City;		State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF	Category (See Cate	gories listed at the top of this	schedule)	Description			
EXPENDITURE							
	Check if travel outside of Texas. Complete Schedule T. Check if Austin			Austin, TX, officeho	n, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/0		iceholder name		Office sought		C	Office held
Date	Payee name						
Amount (\$)	Payee address;			City;		State;	Zip Code
Reimbursement from political contributions intended							
PURPOSE OF EXPENDITURE	Category (See Cate	gories listed at the top of this	schedule)	Description			
	Check if trav	el outside of Texas. Complete S	Schedule T.	Check if A	Austin, TX, officeho	older living exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Off	iceholder name		Office sought		C	Office held
	ATTACH ADI	DITIONAL COPIES (OF THIS S	CHEDULE AS N	EEDED		