

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Roy	H.
	NICKNAME	LAST	SUFFIX
	Williams		Jr.
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> change of address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE
	10455 N. Central Expressway #109-207 Dallas, Texas 75231		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 214 )	478-3113	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	Mr.	Roy	H.
	NICKNAME	LAST	SUFFIX
	Williams		Jr.
7 CAMPAIGN TREASURER ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY; STATE; ZIP CODE
	523 Palmino Way Grand Prairie, Texas 75052		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	( 214 )	478-3113	
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit
			<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)
			<input type="checkbox"/> Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day	Year
	12	01	2017
	THROUGH		Month Day Year
			12 / 30 / 2017
11 ELECTION	ELECTION DATE	ELECTION TYPE	
	Month Day Year	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special
	03 / 06 / 2018		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)	
		Sheriff	
<b>GO TO PAGE 2</b>			

## OFFICE USE ONLY

Date Received  
COUNTY ELECTIONS  
2018 JAN 11 09:12 AM  
RECEIVED DALLAS

Date Hand-delivered or Postmarked

Receipt # Amount

Date Processed

Date Imaged

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

14 C/OH NAME

Williams, Roy Jr.

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

GENERAL

SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

additional pages

17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED \$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 5,800.00

EXPENDITURE  
TOTALS

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

4. TOTAL POLITICAL EXPENDITURES \$ 4,665.24

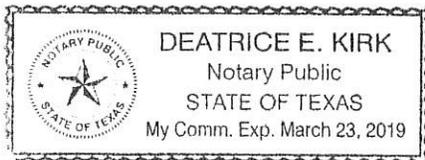
CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD \$ 6,279.18

OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0.00

18 AFFIDAVIT



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

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

Signature of officer administering oath

Chief Clerk, Pct. 4

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME <b>Williams, Jr. Roy H.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date 12/12/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Charles Bailey	7 Amount of contribution (\$) \$2,500.00	8 In-kind contribution description (if applicable)
	6 Contributor address; City; State; Zip Code 1811 Meadow Valley Dallas, texas 75232	(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions) Deputy Chief- Precinct 4		10 Employer (See Instructions) Dallas County	
Date 12/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martha Rand	Amount of contribution (\$) \$2,500.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1790 Indain Ridge Trail Oak Leaf, Texas 75154	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Deputy Assistant Chief-Pct. 4		Employer (See Instructions) Dallas County	
Date 12/13/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katy Hubener	Amount of contribution (\$) \$ 250.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 1110 Wellington Dr. Duncanville, Texas 75137	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Justice of the Peace 4-2		Employer (See Instructions) Dallas County	
Date 11/20/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenneth Murray	Amount of contribution (\$) 200.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code 2733 Conflans Rd. irving, Texas 75061	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Murray Air Condition Services		Employer (See Instructions) Self Employed	
Date 12/09/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tonnette Byrd	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code	(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions) Private Citizen		Employer (See Instructions)	
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME  <b>Williams, Jr. Roy H.</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date  12/18/2017	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Jennifer Devaney</b> 6 Contributor address; City; State; Zip Code  <b>On-line Contribution</b>	7 Amount of contribution (\$)  <b>\$25.00</b>  (If travel outside of Texas, complete Schedule T)	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions) <b>Private Citizen</b>		10 Employer (See Instructions)	
Date  12/12/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Clinton Fitch</b> Contributor address; City; State; Zip Code  <b>613 Edelweiss Grand Prairie, Texas 75052</b>	Amount of contribution (\$)  <b>200.00</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Private Citizen</b>		Employer (See Instructions)	
Date  12/09/2017	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>John Langley</b> Contributor address; City; State; Zip Code  <b>309 Crest Hill Mesquite, Texas 75149</b>	Amount of contribution (\$)  <b>25.00</b>  (If travel outside of Texas, complete Schedule T)	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions) <b>Private Citizen</b>		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 (\$)	In-kind contribution description (if applicable)
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 (\$)	In-kind contribution description (if applicable)
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.

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Williams, Jr. Roy H.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
<b>4</b> Date 12/29/2017	<b>5</b> Payee name Delta SigmaTheta	
<b>6</b> Amount (\$) \$250.00	<b>7</b> Payee address; City; State; Zip Code P.O.Box 2110 Arlington, Texas 76004	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) Handing out Literature for Election
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/27/2017	Payee name City of Dallas	
Amount (\$) \$75.00	Payee address; City; State; Zip Code 2922 MLK blvd. Dallas, Texas 75215	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Event expense	Description (If travel outside of Texas, complete Schedule T) Parade Entry Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 10/20/17	Payee name Skyline Printers	
Amount (\$) \$1,082.50	Payee address; City; State; Zip Code 3405 Main St. Dallas, Texas 75226	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Printing Expense	Description (If travel outside of Texas, complete Schedule T) Printing of Campaign Literature
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 12/26/2017	Payee name John Adams	
Amount (\$) \$150.00	Payee address; City; State; Zip Code 1327 Gregory Dr. Dallas, Texas 75232	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Advertising Expense	Description (If travel outside of Texas, complete Schedule T) Campaign Literature
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# POLITICAL EXPENDITURES

# SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F:	<b>2</b> FILER NAME Williams, Jr. Roy H.	<b>3</b> ACCOUNT # (Ethics Commission Filers)
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<b>4</b> Date 12/26/2017	<b>5</b> Payee name K&R Screen Graphics
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<b>6</b> Amount (\$) \$2,607.74	<b>7</b> Payee address; City; State; Zip Code 3915 Main st. Dallas, Texas 75226
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<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) Advertising Expense	(b) Description (If travel outside of Texas, complete Schedule T) Signage for the Camapign
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/28/2017	Payee name Campaign Techniques Inc.
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 400 N. Ervay St., Ste. 150 Dallas, Texas 75313-0318
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) Consulting Expense	Description (If travel outside of Texas, complete Schedule T) Finance Chairman
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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