

# 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:

23

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI

Mrs Atalia

NICKNAME LAST SUFFIX

Garcia Williams

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE  
P.O.BOX 851271 MESQUITE TX 75185

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

(972 ) 996-1136

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI

Mrs Maria

NICKNAME LAST SUFFIX

Espinosa

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #, CITY, STATE, ZIP CODE  
P.O.Box 851936 MESQUITE TX 75185

(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(469 ) 644-5903

9 REPORT TYPE

January 15  30th day before election  Runoff  15th day after campaign treasurer appointment (Officeholder Only)  
 July 15  8th day before election  Exceeded Modified Reporting Limit  Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year  
11 / 3 / 21 THROUGH 12 / 31 / 21

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary Runoff Other Description  
3 / 1 / 22 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

JUSTICE OF THE PEACE 2-1

14 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	COMMITTEE NAME
GENERAL	COMMITTEE ADDRESS
SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

**OFFICE USE ONLY**

Date Received

Date Hand-delivered for Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

2022 JAN 18 PM 3:52

JOHN F. WATKIN  
COUNTY CLERK  
DALLAS COUNTY

BY \_\_\_\_\_ Deputy

**FILED**

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

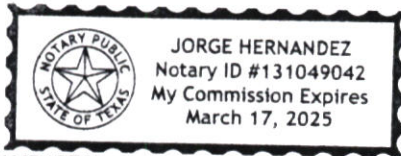
<b>15 C/OH NAME</b> ATALIA GARCIA WILLIAMS		<b>16 Filer ID</b> (Ethics Commission Filers)
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,594.65
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,558.65
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 8,036.00
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 6,000.00

**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.

*Atalia Garcia Williams*  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Atalia A. Garcia Williams this the 18 day of January, 2022, to certify which, witness my hand and seal of office.

*Jorge Hernandez* Signature of officer administering oath  
Jorge Hernandez Printed name of officer administering oath  
Notary Public, TX 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 <b>Atalia Garcia Williams</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 5,594.65
2. ■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 620.00
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4. ■ SCHEDULE E: LOANS		\$ 6,000.00
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 3,558.65
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 0.00
9. ■ SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$ 4,896.38
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$ 0.00
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 0.00
12. 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 7

**2** FILER NAME

Atalia Garcia Williams

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

11/23/2020

**5** Full name of contributor

Moises Medina

out-of-state PAC (ID#: \_\_\_\_\_)

**6** Contributor address;

City;

State;

Zip Code

1533 Mapleton Dr Dallas TX 75228

**7** Amount of contribution (\$)

1,000.00

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

Attorney

**9** Employer (See Instructions)

Law office of Moises A. Medina PLLC

Date

11/23/2021

Full name of contributor

Robert Hernandez

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

13601 Preston Road Ste 420E Dallas TX 75240

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Hernandez and Baggett

Date

12/01/2021

Full name of contributor

Rafael Valbuena

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

5037 Bridge Creek Drive Plano TX 75093

Amount of contribution (\$)

104.15

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Valbuena Law Firm

Date

12/10/2021

Full name of contributor

Machell C. Williams

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

417 San Gabriel Way Sunnyvale TX 75182

Amount of contribution (\$)

500.00

Principal occupation / Job title (See Instructions)

Attorney

Employer (See Instructions)

Law office of Machell C. Williams PLLC

**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: 2 of 7
2 FILER NAME <b>Atalia Garcia Williams</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/17/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Alfred Lagos</b> 6 Contributor address; City; State; Zip Code <b>131 N Montclair Ave, Dallas, TX, 75208</b>	7 Amount of contribution (\$) <b>52.23</b>
8 Principal occupation / Job title (See Instructions) <b>Bus driver</b>		9 Employer (See Instructions) <b>Grand Prairie Independent School District</b>
Date <b>12/19/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Demoya Williams</b> Contributor address; City; State; Zip Code <b>2402 Solo Ridge Drive, Spring, TX, 77373</b>	Amount of contribution (\$) <b>519.52</b>
Principal occupation / Job title (See Instructions) <b>Probation Officer</b>		Employer (See Instructions) <b>Harris County</b>
Date <b>12/21/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Estella Granado</b> Contributor address; City; State; Zip Code <b>P.O. Box 1734, Midlothian, TX 76065</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Owner</b>		Employer (See Instructions) <b>RELO Properties</b>
Date <b>12/21/2021</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Alberto Pina</b> Contributor address; City; State; Zip Code <b>8111 Goldfield Drive, Dallas, TX, 75217</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Customer Service</b>		Employer (See Instructions) <b>Toyota Motors North America</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 3 of 7
2 FILER NAME <b>Atalia Garcia Williams</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/22/2021</b>	5 Full name of contributor <b>Moises Medina</b> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code <b>1533 Mapleton Dr, Dallas, TX, 75228</b>	7 Amount of contribution (\$) <b>100.00</b>
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Law Office of Moises A. Medina PLLC</b>
Date <b>12/22/2021</b>	Full name of contributor <b>Delando Lewis</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>5179 Meadow Court, Fort Worth, TX, 76112</b>	Amount of contribution (\$) <b>104.15</b>
Principal occupation / Job title (See Instructions) <b>Baseball Umpire</b>		Employer (See Instructions) <b>Self Employed</b>
Date <b>12/22/2021</b>	Full name of contributor <b>Roman Hernandez</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>8105 Woodhue Road, Dallas, TX, United States, 75228</b>	Amount of contribution (\$) <b>104.15</b>
Principal occupation / Job title (See Instructions) <b>Photographer</b>		Employer (See Instructions) <b>Roman Photography</b>
Date <b>12/22/2021</b>	Full name of contributor <b>Joseph Rayburn</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>7866 Querida Lane, Dallas, TX, 75248</b>	Amount of contribution (\$) <b>208.00</b>
Principal occupation / Job title (See Instructions) <b>Director</b>		Employer (See Instructions) <b>Building Solutions</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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: 4 of 7
2 FILER NAME <b>Atalia Garcia Williams</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/22/2021</b>	5 Full name of contributor <b>Guillermo Ramos</b> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code <b>2606 Dixiana Dr Farmers Branch TX 75234</b>	7 Amount of contribution (\$) <b>500.00</b>
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Ramos Law Firm PLLC</b>
Date <b>12/22/2021</b>	Full name of contributor <b>Ara Grimaldi</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>1012 Intrepid Court, DeSoto, TX, 75115</b>	Amount of contribution (\$) <b>125.00</b>
Principal occupation / Job title (See Instructions) <b>Executive Director</b>		Employer (See Instructions) <b>After8toeeducate</b>
Date <b>12/22/2021</b>	Full name of contributor <b>Glenn Williams</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>3241 Buckner Boulevard, Dallas, TX, United States, 75227</b>	Amount of contribution (\$) <b>50.00</b>
Principal occupation / Job title (See Instructions) <b>manager</b>		Employer (See Instructions) <b>Access Self Storage</b>
Date <b>12/22/2021</b>	Full name of contributor <b>Yuri Moreno</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>2313 Greenhill Drive, Carrollton, TX, 75006</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions) <b>Office and Outreach Coordinator</b>		Employer (See Instructions) <b>Readers 2 leaders</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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:

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**2** FILER NAME

Atalia Garcia Williams

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

12/22/2021

**5** Full name of contributor

Danice Serna

out-of-state PAC (ID#: \_\_\_\_\_)

**7** Amount of contribution (\$)**25.00****6** Contributor address; City; State; Zip Code

6738 Meadowcrest Drive, Arlington, TX, 76002

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

unemployed

**9** Employer (See Instructions)

Unemployed

Date

12/28/2021

Full name of contributor

Ricardo Rodriguez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**52.23**

Contributor address; City; State; Zip Code

6031 Greenmere Pl, Dallas, TX, 75227

Principal occupation / Job title (See Instructions)

Administrator

Employer (See Instructions)

Dallas College

Date

12/29/2021

Full name of contributor

Kristen Medina

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**100.00**

Contributor address; City; State; Zip Code

1533 Mapleton, Dallas, TX, 75228

Principal occupation / Job title (See Instructions)

Psychologist

Employer (See Instructions)

VA

Date

12/30/2021

Full name of contributor

Bernardo Sanchez

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**600.00**

Contributor address; City; State; Zip Code

1231 Cabot Dr Dallas TX 75217

Principal occupation / Job title (See Instructions)

owner

Employer (See Instructions)

B.Sanchez Construction LLC

**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 7

2 FILER NAME

**Atalia Garcia Williams**

3 Filer ID (Ethics Commission Filers)

4 Date

12/30/2021

5 Full name of contributor

**Monica Tomlinson**

out-of-state PAC (ID#: \_\_\_\_\_)

6 Contributor address;

City;

State;

Zip Code

10 Sands Light Rd, Port Washington, NY, 11050

7 Amount of contribution (\$)

**519.52**

8 Principal occupation / Job title (See Instructions)

**Nanny**

9 Employer (See Instructions)

**Don Vultaggio**

Date

12/31/2021

Full name of contributor

**Valentino Torres**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

1203 South Marsalis Avenue, Dallas, TX, 75216

Amount of contribution (\$)

**100.00**

Principal occupation / Job title (See Instructions)

**Owner**

Employer (See Instructions)

**VF Beauty Lounge**

Date

12/31/2021

Full name of contributor

**Tristeza Ordex**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

5533 Crosscreek Lane apt 2091, Benbrook, TX, 76109

Amount of contribution (\$)

**10.00**

Principal occupation / Job title (See Instructions)

**National Organizer**

Employer (See Instructions)

**Working Families Party**

Date

12/30/2021

Full name of contributor

**Misael Mendez**

out-of-state PAC (ID#: \_\_\_\_\_)

Contributor address;

City;

State;

Zip Code

10343 Whitingham Drive, Dallas, TX, United States, 75227

Amount of contribution (\$)

**10.00**

Principal occupation / Job title (See Instructions)

**sales Associate**

Employer (See Instructions)

**Zara**

**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 7
2 FILER NAME <b>Atalia Garcia Williams</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>12/31/2021</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Tannya Benavides</b>	7 Amount of contribution (\$)  <b>10.70</b>
6 Contributor address; City; State; Zip Code <b>112 W Locust St, Laredo, TX, 78040</b>		
8 Principal occupation / Job title (See Instructions) <b>Unemployed</b>		9 Employer (See Instructions) <b>Unemployed</b>
Date	Full name of contributor 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 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 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.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: <b>1 of 1</b>	
2 FILER NAME <b>Atalia Garcia Williams</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date  11/13/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Yado print and Design</b> ..... 7 Contributor address; City; State; Zip Code <b>3222 S Buckner, Dallas TX 75227</b>	8 Amount of Contribution \$  <b>620.00</b>	9 In-kind contribution description  <b>campaign supplies</b>  <small>Check if travel outside of Texas. Complete Schedule T.</small>
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Graphic Designer</b>		11 Employer (FOR NON-JUDICIAL)(See Instructions) <b>Yado Print and Design</b>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ..... Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**LOANS**

**SCHEDULE E**

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 E: <b>1 of 1</b>
2 FILER NAME <b>Atalia Garcia Williams</b>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <b>12/01/2021</b>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <b>Atalia Garcia Williams</b>	9 Loan Amount (\$) <b>6,000.00</b>
6 Is lender a financial Institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	8 Lender address; City; State; Zip Code <b>P.O. BOX 851271 MESQUITE, TEXAS 75185</b>	10 Interest rate <b>0.00</b>
		11 Maturity date <b>N/A</b>
12 Principal occupation / Job title (See Instructions) <b>Attorney</b>		13 Employer (See Instructions) <b>Garcia Legal Group PC</b>
14 Description of Collateral <b>none</b>		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION  <b>not applicable</b>	17 Name of guarantor  ..... 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ )	Loan Amount (\$)
Is lender a financial Institution? <input type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <b>none</b>		Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION  <b>not applicable</b>	Name of guarantor  ..... Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 5	<b>2</b> FILER NAME Atalia Garcia Williams	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 11/19/2021	<b>5</b> Payee name Kenny Products LLC	
<b>6</b> Amount (\$) 44.16	<b>7</b> Payee address; City; State; Zip Code 22889 Lockness Ave Torrance CA 90501	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description Campaign products
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 11/22/2021	Payee name Palomino Studios LLC	
Amount (\$) 200.00	Payee address; City; State; Zip Code 3501 Orchard Dr. Mesquite TX 75181	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Graphic Design and printing
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date 11/24/2021	Payee name Sticker Mule LLC	
Amount (\$) 122.04	Payee address; City; State; Zip Code 336 Forest Ave, Amsterdam NY 12010	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign Products
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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.

<b>1</b> Total pages Schedule F1: <b>2 of 5</b>	<b>2</b> FILER NAME <b>Atalia Garcia Williams</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/24/2021</b>	<b>5</b> Payee name <b>Dos Banderas Restaurant</b>	
<b>6</b> Amount (\$) <b>46.33</b>	<b>7</b> Payee address; City; State; Zip Code <b>614 Main St, Garland, TX 75040</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Food/ Beverage Expense</b>	<b>(b)</b> Description <b>Campaign lunch</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>11/30/2021</b>	Payee name <b>Kyle Towb</b>	
Amount (\$) <b>730.00</b>	Payee address; City; State; Zip Code <b>11930 Brook Meadow Ln Dallas TX 752018</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>Graphic design and web</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>12/02/2021</b>	Payee name <b>Palomina Studios LLC</b>	
Amount (\$) <b>220.00</b>	Payee address; City; State; Zip Code <b>3501 Orchard Dr, Mesquite, TX 75181</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising expense</b>	Description <b>Graphic design and printing</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 Expense   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>3 of 5</b>	<b>2</b> FILER NAME <b>Atalia Garcia Williams</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/08/2021</b>	<b>5</b> Payee name <b>Mail Chimp LLC</b>	
<b>6</b> Amount (\$) <b>33.04</b>	<b>7</b> Payee address; City; State; Zip Code <b>675 Ponce De Leon Ave NE suite 500, Atlanta GA 30308</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	<b>(b)</b> Description <b>News letter service</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date <b>12/31/2021</b>	Payee name <b>Donorbox</b>	
Amount (\$) <b>195.26</b>	Payee address; City; State; Zip Code <b>601 King St. Suite 200, Alexandria, VA 22314</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Online Donation Fees</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

Date <b>12/12/2021</b>	Payee name <b>Starbucks</b>	
Amount (\$) <b>32.37</b>	Payee address; City; State; Zip Code <b>124 US Highway 80 E suite 100, Mesquite TX 75149</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Campaign lunch</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <input type="checkbox"/> Office held <input type="checkbox"/>

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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 Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out Of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | Other (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 4 of 5	<b>2</b> FILER NAME Atalia Garcia Williams	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 12/15/2021	<b>5</b> Payee name Simply Delicious Catering
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<b>6</b> Amount (\$) 200.00	<b>7</b> Payee address; 2606 Chesapeake dr Garland TX 75043	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description Food trays for Campaign launch
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<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 12/20/2021	Payee name Hernandez & Associates LLC
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Amount (\$) 799.00	Payee address; 2320 W Davis St, Dallas, TX 75208	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Internet Radio advertisement
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/21/2021	Payee name Feel Da Flow Productions
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Amount (\$) 150.00	Payee address; Feeldaflow.com	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertizing Expense	Description Campaign photograpy
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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

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### 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.

<b>1</b> Total pages Schedule F1: <b>5 of 5</b>	<b>2</b> FILER NAME <b>Atalia Garcia Williams</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/21/2021</b>	<b>5</b> Payee name <b>Go Union Printing</b>	
<b>6</b> Amount (\$) <b>186.45</b>	<b>7</b> Payee address; City; State; Zip Code <b>2600 9th Street North Suite 302 St. Petersburg FL 33704</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	<b>(b)</b> Description <b>Business cards</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>12/21/2021</b>	Payee name <b>Carmen Gonzalez</b>	
Amount (\$) <b>100.00</b>	Payee address; City; State; Zip Code <b>via Zelle</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Food/Beverage Expense</b>	Description <b>Campaign launch party food</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>12/24/2021</b>	Payee name <b>Dallas County Democratic Party</b>	
Amount (\$) <b>500.00</b>	Payee address; City; State; Zip Code <b>1414 N Washington Ave, Dallas, TX 75204</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Contributions/donations made</b>	Description <b>Vote by mail programdonation</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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 PERSONAL FUNDS

## SCHEDULE G

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.

<b>1</b> Total pages Schedule G: 1 of 6	<b>2</b> FILER NAME <b>Atalia Garcia Williams</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>11/09/2021</b>	<b>5</b> Payee name <b>Dallas County Democratic Party</b>	
<b>6</b> Amount (\$) <b>1,000.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>1414 N. Washington Ave Dallas, TX 75024</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Fees</b>	<b>(b)</b> Description <b>Filing fees</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>11/09/2021</b>	Payee name <b>Texas Democratic Party</b>	
Amount (\$) <b>460.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>PO Box 15707, Austin, TX 78761</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Polling Expense</b>	Description <b>Voter Access Network account</b>
	Check if travel outside of Texas. Complete Schedule T. 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 <b>11/09/2021</b>	Payee name <b>IPostal LLC</b>	
Amount (\$) <b>34.99</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>400 Rella Blvd. Suite 123 Montebello, NY 1090</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>business mailbox rental</b>
	Check if travel outside of Texas. Complete Schedule T. 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 PERSONAL FUNDS

SCHEDULE G

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2 of 6	2 FILER NAME <b>Atalia Garcia Williams</b>	3 Filer ID (Ethics Commission Filers) 1
4 Date <b>11/12/2021</b>	5 Payee name <b>Informate DFW</b>	
6 Amount (\$) <b>1,200.00</b> <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code <b>P Box 4773 Dallas, TX 75208</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertisement Expense</b>	(b) Description <b>magazine article</b>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>11/30/2021</b>	Payee name <b>Kyle Towb</b>	
Amount (\$) <b>400.00</b> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <b>11930 Brook Meadow Ln Dallas TX 75218</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>	Description <b>push cards</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>12/15/2021</b>	Payee name <b>Palomino Studios LLC</b>	
Amount (\$) <b>200.00</b> <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <b>3501 Orchard Dr. Mesquite TX 75181</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>Graphic design and printing</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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### 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.

<b>1</b> Total pages Schedule G: <b>3 of 6</b>	<b>2</b> FILER NAME <b>Atalia Garcia Williams</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/15/2021</b>	<b>5</b> Payee name <b>Executive Press Inc</b>	
<b>6</b> Amount (\$) <b>299.85</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>1400 Presidential Dr, Ste 110, Richardson, TX 75081</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Printing expense</b>	<b>(b)</b> Description <b>campaign literature</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense.	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>12/21/2021</b>	Payee name <b>Costco Wholesale</b>	
Amount (\$) <b>33.94</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>8282 Park Ln Dallas, TX 75231</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>campaign launch party decoration expense</b>
	<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 <b>12/15/2021</b>	Payee name <b>Party City</b>	
Amount (\$) <b>7.04</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1340 N. Town East Blvd suite A, Mesquite TX 75150</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Campaign Launch party decoration expense</b>
	<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 PERSONAL FUNDS

## SCHEDULE G

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### 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.

<b>1</b> Total pages Schedule G: <b>4 of 6</b>	<b>2</b> FILER NAME <b>Atalia Garcia Williams</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/22/2021</b>	<b>5</b> Payee name <b>Lakewood Brewing Company</b>	
<b>6</b> Amount (\$) <b>921.31</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>2302 Executive Dr, Garland, TX 75041</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Event expense</b>	<b>(b)</b> Description <b>Campaign launch party event rental</b>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>12/23/2021</b>	Payee name <b>Office Depot</b>	
Amount (\$) <b>89.25</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>1665 N Town East Blvd, #200, Mesquite, TX 75050</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising Expense</b>	Description <b>campaign literature</b>
	<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 <b>12/23/2021</b>	Payee name <b>IPostal LLC</b>	
Amount (\$) <b>20.00</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <b>400 Rella Blvd Suite 123 Montebello NY 10901</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Other</b>	Description <b>Business Mailbox rental</b>
	<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 PERSONAL FUNDS

SCHEDULE G

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## 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	Legal Services	Salaries/Wages/Contract Labor	Other(enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 5 of 6	2 FILER NAME <b>Atalia Garcia Williams</b>	3 Filer ID (Ethics Commission Filers) 1
4 Date <b>12/01/2021</b>	5 Payee name <b>Annie's List</b>	
6 Amount (\$) <b>500.00</b> <small>= Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code <b>P.O. Box 303277 Austin, TX 78703</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations made by a Candidate	(b) Description <b>Luncheon tickets</b>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>12/05/2021</b>	Payee name <b>Stonewall Democrats</b>	
Amount (\$) <b>250.00</b> <small>= Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <b>P.O. Box 192305 Dallas, Texas 75219</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations made by a Candidate	Description <b>Contribution to holiday party</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <b>01/17/2022</b>	Payee name <b>Young Latino Democrats</b>	
Amount (\$) <b>250.00</b> <small>= Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code <b>2727 Lyndon B Johnson Fwy Suite 304 Dallas TX 75234</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contributions/Donations made by a Candidate	Description <b>Contribution to Toy Drive</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> 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

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

## SCHEDULE G

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.

<b>1</b> Total pages Schedule G: 6	<b>2</b> FILER NAME <b>Atalia Garcia Williams</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <b>12/22/2021</b>	<b>5</b> Payee name <b>Lakewood Brewing Co</b>	
<b>6</b> Amount (\$) 250.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <b>2302 Executive Dr. Garland TX 75041</b>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	<b>(b)</b> Description <b>Event rental</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>M2141118, State of Texas v. Jesus Mendez</b>	Office sought <span style="float:right">Office held</span>
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>
Date	Payee name	
Amount (\$)  Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought <span style="float:right">Office held</span>

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**