



**CANDIDATE / OFFICEHOLDER REPORT:  
SUPPORT & TOTALS**

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

**ORIGINAL**

**15 C/OH NAME**  
Cheryl Williams

**16 ACCOUNT # (Ethics Commission Filers)**

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

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. --

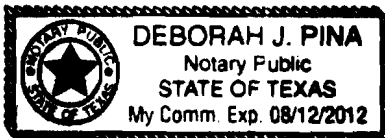
<b>COMMITTEE TYPE</b>	<b>COMMITTEE NAME</b>
<input type="checkbox"/> GENERAL	
<input type="checkbox"/> SPECIFIC	
	<b>COMMITTEE ADDRESS</b>
	<b>COMMITTEE CAMPAIGN TREASURER NAME</b>
	<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b>

10 FEB 22 PM 2:04  
COUNTY ELECTIONS ADMINISTRATION

<b>18 CONTRIBUTION TOTALS</b>	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 450.00
<b>EXPENDITURE TOTALS</b>	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 65.15
	4. TOTAL POLITICAL EXPENDITURES	\$ 18,647.28
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 0
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 27,500

**19 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.



*Cheryl Williams*  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Cheryl Williams, this the 22nd day of February, 20 10, to certify which, witness my hand and seal of office.

*Deborah J. Pina*      Deborah Pina      Notary Public  
Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath

**POLITICAL CONTRIBUTIONS  
OTHER THAN PLEDGES OR LOANS**

**SCHEDULE A**  
**ORIGINAL**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:	
2 FILER NAME Cheryl D. Williams		3 ACCOUNT # (Ethics Commission filers)	
4 Date 01/31/2010	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steve and Donna Blair 6 Contributor address; City; State; Zip Code 602 Naples Dr. Allen, TX 75013	7 Amount of contribution (\$) 100.00	8 In-kind contribution description (if applicable)
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 01/21/10	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ed Cloutman Contributor address; City; State; Zip Code 618 Largent Ave. Dallas, TX 75214	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff and Joni McPeters Contributor address; City; State; Zip Code 3507 Deerwood Ct. Richardson, TX 75082	Amount of contribution (\$) 150.00	In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 01/31/2010	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Murphy Contributor address; City; State; Zip Code 6700 Magnum Plano, TX 75024	Amount of contribution (\$) 100.00	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)	

RECEIVED  
 10 FEB 22 PM 2 04  
 TEXAS ETHICS COMMISSION

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

**ORIGINAL**

**LOANS**

**SCHEDULE E**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME <b>Cheryl D. Williams</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:    →    →    →    →    →    →		\$
<b>5</b> Date of loan <b>01/22/2010</b>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don A. Williams</b>	<b>9</b> Loan Amount (\$) <b>5,500.00</b>
<b>6</b> Is lender a financial Institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	<b>8</b> Lender address;    City;    State;    Zip Code <b>2611 Forest Grove Dr. Richardson, TX 75080</b>	<b>10</b> Interest rate <b>8.00%</b>
		<b>11</b> Maturity date <b>12/31/2011</b>
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>16</b> Name of guarantor  <b>17</b> Guarantor address;    City;    State;    Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> Employer
Date of loan <b>02/02/2010</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don A. Williams</b>	Loan Amount (\$) <b>6,000.00</b>
Is lender a financial Institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Lender address;    City;    State;    Zip Code <b>2611 Forest Grove Dr. Richardson, TX 75080</b>	Interest rate <b>8.00%</b>
		Maturity date <b>12/31/2011</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	Name of guarantor  <b>17</b> Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer

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 COLLIN COUNTY  
 ELECTIONS ADMINISTRATION

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**POLITICAL EXPENDITURES**

**ORIGINAL** SCHEDULE F

The Instruction Guide explains how to complete this form.		1 Total pages Schedule F:
2 FILER NAME Cheryl Williams		3 ACCOUNT # (Ethics Commission filers)
4 Date 01/25/2010	5 Payee name KC Strategies 6 Payee address; City; State; Zip Code 614 S. First St. Ste. 261 Austin, TX 78704	7 Amount (\$) 5925.00
8 Purpose of payment (See instructions regarding type of information required.) Campaign Mailer (If travel outside of Texas, complete Schedule T)		9 ** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/03/2010	Payee name Campaign Site Manager Payee address; City; State; Zip Code Box 9525 Amarillo, TX 79105	Amount (\$) 54.13
Purpose of payment (See instructions regarding type of information required.) Website Maintenance (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/03/2010	Payee name KC Strategies Payee address; City; State; Zip Code 614 S. First, Ste. 261 Austin, TX 78704	Amount (\$) 6678.00
Purpose of payment (See instructions regarding type of information required.) Campaign Mailers and Phone Calls (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held
Date 02/11/2010	Payee name KC Strategies Payee address; City; State; Zip Code 614 S. First Ste. 261 Austin, TX 78704	Amount (\$) 5925.00
Purpose of payment (See instructions regarding type of information required.) Campaign Mailer (If travel outside of Texas, complete Schedule T)		** Complete if direct expenditure to benefit C/OH ** Candidate / Officeholder name Office sought Office held

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ELECTORAL ADMINISTRATION

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**ORIGINAL**

**POLITICAL EXPENDITURES  
MADE FROM PERSONAL FUNDS**

**SCHEDULE G**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule G:
<b>2</b> FILER NAME <b>Cheryl Williams</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> Date	<b>5</b> Payee name <b>Plano Type and Graphics</b>	<b>8</b> Amount (\$)
02/12/2010	<b>6</b> Payee address; City; State; Zip Code <b>1804 G Ave. Plano, TX 75074</b>	129.90
	<b>7</b> Purpose of expenditure (See instructions regarding type of information required.) <b>Magnetic Signs</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <b>Office Max</b>	Amount (\$)
02/12/2010	Payee address; City; State; Zip Code <b>110 W. Campbell Rd. Richardson, TX 75080</b>	17.84
	Purpose of expenditure (See instructions regarding type of information required.) <b>Office Supplies</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <b>Office Max</b>	Amount (\$)
02/02/2010	Payee address; City; State; Zip Code <b>110 W. Campbell Rd. Richardson, TX 75080</b>	47.60
	Purpose of expenditure (See instructions regarding type of information required.) <b>Office Supplies</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name <b>FedEx</b>	Amount (\$)
02/17/2010	Payee address; City; State; Zip Code <b>1200 Capital Ave. Plano, TX 75074</b>	6.33
	Purpose of expenditure (See instructions regarding type of information required.) <b>Postage</b> <small>(If travel outside of Texas, complete Schedule T)</small>	<input checked="" type="checkbox"/> Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Payee address; City; State; Zip Code	
	Purpose of expenditure (See instructions regarding type of information required.)  <small>(If travel outside of Texas, complete Schedule T)</small>	<input type="checkbox"/> Reimbursement from political contributions intended

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 TARRANT COUNTY  
 CLERK'S ADMINISTRATION

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**LOANS**

**SCHEDULE E**

**ORIGINAL**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E:
<b>2</b> FILER NAME <b>Cheryl D. Williams</b>		<b>3</b> ACCOUNT # (Ethics Commission filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS:    ⇨   ⇨   ⇨   ⇨   ⇨   ⇨   \$		
<b>5</b> Date of loan <b>02/09/2010</b>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don A. Williams</b>	<b>9</b> Loan Amount (\$) <b>6,000</b>
<b>6</b> Is lender a financial Institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	<b>8</b> Lender address;    City;    State;    Zip Code <b>2611 Forest Grove Dr. Richardson, TX 75080</b>	<b>10</b> interest rate <b>8.00%</b>
		<b>11</b> Maturity date <b>12/31/2012</b>
<b>12</b> Principal occupation / Job title (See Instructions)		<b>13</b> Employer (See Instructions)
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		
<b>15</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>16</b> Name of guarantor  <b>17</b> Guarantor address;    City;    State;    Zip Code	<b>18</b> Amount Guaranteed (\$)
<b>19</b> Principal Occupation		<b>20</b> Employer
Date of loan <b>02/17/2010</b>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Don A. Williams</b>	Loan Amount (\$) <b>10,000.00</b>
Is lender a financial Institution? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	Lender address;    City;    State;    Zip Code <b>2611 Forest Grove Dr. Richardson, TX 75080</b>	Interest rate <b>8.00%</b>
		Maturity date <b>12/31/2013</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		
<b>GUARANTOR INFORMATION</b>  <input checked="" type="checkbox"/> not applicable	Name of guarantor  <b>17</b> Guarantor address;    City;    State;    Zip Code	Amount Guaranteed (\$)
Principal Occupation		Employer
<b>ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED</b> If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.		

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 COLLIN COUNTY  
 ELECTIONS ADMINISTRATION