

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC COVER SHEET PG 1

The SPAC INSTRUCTION GUIDE explains how to complete this form.		1 ACCOUNT # (Ethics Commission filers) 00051245		2 PAGE # 1 of 53	
3 COMMITTEE NAME Friends of Michael Williams				OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P. O. Box 717 Austin, TX 78767			
5 CAMPAIGN TREASURER NAME		MS / MRS / MR FIRST MI Robert V. NICKNAME LAST SUFFIX Rendall Jr.			
6 CAMPAIGN TREASURER'S STREET ADDRESS (Residence or business)		STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 3107 Gulf Midland, TX 79701			
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address		STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 3107 Gulf Midland, TX 79701			
8 CAMPAIGN TREASURER PHONE		AREA CODE PHONE NUMBER EXTENSION (432) 682-1616			
9 REPORT TYPE		<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input type="checkbox"/> Runoff <input type="checkbox"/> 10th day after campaign treasurer termination			
10 PERIOD COVERED		Month Day Year Month Day Year 10/26/2008 THROUGH 12/31/2008			
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special			

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE & TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME Friends of Michael Williams	ACCOUNT # (Ethics Commission filers) 00051245
--	---

13 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder only)	<input checked="" type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME Michael Williams
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) Railroad Commissioner
	<input type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # ELECTION DATE Month Day Year
		DESCRIPTION

14 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)	\$ 99,135.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 49.95
	4. TOTAL POLITICAL EXPENDITURES	\$ 131,727.91
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 183,744.80
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

15 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.

Robert Rendall Jr.

Signature of Campaign Treasurer

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

Print 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 PAGE #

Schedule: 1/12 Report: 3/53

2 FILER NAME Friends of Michael Williams

3 ACCOUNT # (Ethics Commission filers)
00051245

4 Date

12/12/2008

5 Full name of contributor ☒ out-of-state PAC (ID# C00127258)
Air Products Political Alliance

6 Contributor address; City; State; Zip Code
Trexlerstown, PA 18087

7 Amount of contribution (\$)

\$750.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)
Blackmon, Jim

10/27/2008

Contributor address; City; State; Zip Code
Arlington, TX 76001

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Pilot

Employer (See Instructions)
American Airlines

Date

Full name of contributor ☐ out-of-state PAC (ID#)
Boehl, Barry D.

10/28/2008

Contributor address; City; State; Zip Code
Bastrop, TX 78602-0677

Amount of contribution (\$)

\$20.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)
Borman, Nicholas

12/12/2008

Contributor address; City; State; Zip Code
Omaha, NE 68124

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
VP Engineering

Employer (See Instructions)
Tenaska Inc.

Date

Full name of contributor ☐ out-of-state PAC (ID#)
Brown, Jack E.

12/10/2008

Contributor address; City; State; Zip Code
Midland, TX 79702

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Oil & Gas

Employer (See Instructions)
Wagner & Brown Ltd.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.			1 PAGE # Schedule: 2/12 Report: 4/53	
2 FILER NAME Friends of Michael Williams			3 ACCOUNT # (Ethics Commission filers) 00051245	
4 Date 11/25/2008	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Canyon Lake Republican Women's PAC 6 Contributor address; City; State; Zip Code Canyon Lake, TX 78133	7 Amount of contribution (\$) \$150.00	8 In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
9 Principal occupation / Job title (See Instructions)			10 Employer (See Instructions)	
Date 11/03/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carpenter, D. Contributor address; City; State; Zip Code Gladewater, TX 75647	Amount of contribution (\$) \$500.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions) Executive			Employer (See Instructions) Carpco Efficient Energy LLC	
Date 10/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Carter, Evelyn H. Contributor address; City; State; Zip Code Corpus Christi, TX 78413	Amount of contribution (\$) \$25.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 11/12/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Centerpoint Energy Inc. PAC Contributor address; City; State; Zip Code Houston, TX 77210-4567	Amount of contribution (\$) \$5,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	
Date 10/28/2008	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Chesapeake Energy for Texans PAC Contributor address; City; State; Zip Code Fort Worth, TX 76101	Amount of contribution (\$) \$1,000.00	In-kind contribution description (if applicable) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)	

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 3/12 Report: 5/53

2 FILER NAME Friends of Michael Williams

3 ACCOUNT # (Ethics Commission filers)

00051245

4 Date

12/12/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Collins, Richard H. (Mr.)

6 Contributor address; City; State; Zip Code
Dallas, TX 75204

7 Amount of contribution (\$)

\$5,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
CEO

10 Employer (See Instructions)
Today's Companies

Date

10/30/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Corn, John M.

Contributor address; City; State; Zip Code
Grand Prairie, TX 75050

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Lab Director

Employer (See Instructions)
Armstrong Forensic Laboratory

Date

12/12/2008

Full name of contributor ☒ out-of-state PAC (ID# C00354753)
Devon Energy Corporation Political Action Committee

Contributor address; City; State; Zip Code
Oklahoma City, OK 73102-8260

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Easter, William H. III (Mr.)

Contributor address; City; State; Zip Code
Houston, TX 77024

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Retired

Employer (See Instructions)
Retired

Date

10/28/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Fadrique & Co.

Contributor address; City; State; Zip Code
Houston, TX 77227-2147

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 4/12 Report: 6/53

2 FILER NAME Friends of Michael Williams

3 ACCOUNT # (Ethics Commission filers)

00051245

4 Date

10/30/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Fetterman, Phillip S.

6 Contributor address; City; State; Zip Code
Baton Rouge, LA 70815

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Finley, Joe B. Jr.

10/28/2008

Contributor address; City; State; Zip Code
Encinal, TX 78019

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Livestock Rancher

Employer (See Instructions)
Callaghan Ranch Ltd

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Greene, Michael Smith

11/03/2008

Contributor address; City; State; Zip Code
Fort Worth, TX 76179

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Engineer

Employer (See Instructions)
Luminant

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Griffin, Debbie

11/18/2008

Contributor address; City; State; Zip Code
Kilgore, TX 75662

Amount of contribution (\$)

\$300.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Geovest

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Harper, John

10/29/2008

Contributor address; City; State; Zip Code
Midland, TX 79705

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Self-Employed

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 5/12 Report: 7/53

2 FILER NAME Friends of Michael Williams

3 ACCOUNT # (Ethics Commission filers)
00051245

4 Date

11/18/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Henry, James C.

6 Contributor address; City; State; Zip Code
Midland, TX 79703

7 Amount of contribution (\$)

\$5,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
CEO

10 Employer (See Instructions)
Henry Petroleum

Date

11/03/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Hopkins, Tom

Contributor address; City; State; Zip Code
Kilgore, TX 75663

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Owner

Employer (See Instructions)
T. M. Hopkins Inc.

Date

10/30/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kaspar, Don G.

Contributor address; City; State; Zip Code
Shiner, TX 77984

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Kaspar Wine Works Inc.

Date

12/11/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Keller, Steven L.

Contributor address; City; State; Zip Code
New Braunfels, TX 78132

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
CFO

Employer (See Instructions)
Rush Enterprises

Date

10/26/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Kelton, Katherine

Contributor address; City; State; Zip Code
Monahans, TX 79756

Amount of contribution (\$)

\$25.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)
Monahans ISD

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 6/12 Report: 8/53

2 FILER NAME Friends of Michael Williams

3 ACCOUNT # (Ethics Commission filers)

00051245

4 Date

11/03/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
King, Frank

6 Contributor address; City; State; Zip Code
Dallas, TX 75205

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Executive

10 Employer (See Instructions)
King Capital Partners

Date

10/27/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Larsen, Patti

Contributor address; City; State; Zip Code
San Antonio, TX 78209

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Communications

Employer (See Instructions)
CE Group

Date

12/11/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Lowe, James M Jr.

Contributor address; City; State; Zip Code
McQueeney, TX 78123

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Senior VP

Employer (See Instructions)
Rush Enterprises

Date

11/03/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
LP Gas Industries

Contributor address; City; State; Zip Code
Austin, TX 78753

Amount of contribution (\$)

\$2,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Luke, J. G.

Contributor address; City; State; Zip Code
Arlington, TX 76004-1024

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 7/12 Report: 9/53

2 FILER NAME Friends of Michael Williams

3 ACCOUNT # (Ethics Commission filers)
00051245

4 Date

11/03/2008

5 Full name of contributor ☒ out-of-state PAC (ID# C00040568)
Marathon Oil Company Employees PAC

6 Contributor address; City; State; Zip Code
Findlay, OH 45840

7 Amount of contribution (\$)

\$2,500.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)
McCall, Mike

11/03/2008

Contributor address; City; State; Zip Code
Southlake, TX 76052

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President

Employer (See Instructions)
Luminant

Date

Full name of contributor ☐ out-of-state PAC (ID#)
McElroy, Michael E.

11/03/2008

Contributor address; City; State; Zip Code
Austin, TX 78711

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
McElroy Sullivan & Miller LLP

Date

Full name of contributor ☐ out-of-state PAC (ID#)
Naegelin, Martin A. Jr.

12/11/2008

Contributor address; City; State; Zip Code
San Antonio, TX 78248

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Rush Enterprises

Date

Full name of contributor ☐ out-of-state PAC (ID#)
Oliver, R. Leigh

10/30/2008

Contributor address; City; State; Zip Code
Stephenville, TX 76401

Amount of contribution (\$)

\$50.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 8/12 Report: 10/53

2 FILER NAME Friends of Michael Williams

3 ACCOUNT # (Ethics Commission filers)

00051245

4 Date

10/30/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Penson, John G.

6 Contributor address; City; State; Zip Code
Dallas, TX 75270

7 Amount of contribution (\$)

\$200.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
Investor

10 Employer (See Instructions)
Penson Properties

Date

11/12/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Perry, Bob J.

Contributor address; City; State; Zip Code
Houston, TX 77234

Amount of contribution (\$)

\$12,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
President/CEO

Employer (See Instructions)
Perry Homes

Date

11/12/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Perry, Doyleene

Contributor address; City; State; Zip Code
Houston, TX 77058

Amount of contribution (\$)

\$12,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Homemaker

Employer (See Instructions)
N/A

Date

10/30/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Pitcock, James D. Jr.

Contributor address; City; State; Zip Code
Houston, TX 77260

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Chairman/Owner

Employer (See Instructions)
Williams Brothers Construction Co. Inc.

Date

10/27/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Plaeger, Frederick J. II

Contributor address; City; State; Zip Code
Houston, TX 77056

Amount of contribution (\$)

\$250.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Exec VP

Employer (See Instructions)
EOG Resources Inc.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 9/12 Report: 11/53

2 FILER NAME Friends of Michael Williams

3 ACCOUNT # (Ethics Commission filers)
00051245

4 Date
10/30/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Prideaux, Barton

6 Contributor address; City; State; Zip Code
Austin, TX 78709

7 Amount of contribution (\$) | **8** In-kind contribution description (if applicable)

\$2,500.00

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)
President

10 Employer (See Instructions)
Texas Community Propane Ltd.

Date
10/28/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rendall, Robert V.

Contributor address; City; State; Zip Code
Midland, TX 79705-8206

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$1,000.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Attorney

Employer (See Instructions)
Stubbeman McRae Sealy Laughlin & Browder

Date
10/30/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Robinson, C C

Contributor address; City; State; Zip Code
Tomball, TX 77377

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$15.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
12/11/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rush, W M Rusty

Contributor address; City; State; Zip Code
San Antonio, TX 78265

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$2,500.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Rush Enterprises

Date
12/11/2008

Full name of contributor ☐ out-of-state PAC (ID# _____)
Rush, W Marvin

Contributor address; City; State; Zip Code
San Antonio, TX 78265

Amount of contribution (\$) | In-kind contribution description (if applicable)

\$5,000.00

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Chairman

Employer (See Instructions)
Rush Enterprises

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 10/12 Report: 12/53

2 FILER NAME Friends of Michael Williams

3 ACCOUNT # (Ethics Commission filers)
00051245

4 Date

12/12/2008

5 Full name of contributor ☒ out-of-state PAC (ID# C00008748)
Sempra Energy Employees PAC

6 Contributor address; City; State; Zip Code
San Diego, CA 92101

7 Amount of contribution (\$)

\$1,000.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)
Stewart, Jennifer H.

11/03/2008

Contributor address; City; State; Zip Code
Montgomery, TX 77896

Amount of contribution (\$)

\$100.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID#)
Strake, George W. Jr.

10/28/2008

Contributor address; City; State; Zip Code
Houston, TX 77002-3291

Amount of contribution (\$)

\$200.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Executive

Employer (See Instructions)
Strake Oil

Date

Full name of contributor ☐ out-of-state PAC (ID#)
Sullivan, Brian R.

11/03/2008

Contributor address; City; State; Zip Code
Austin, TX 78711

Amount of contribution (\$)

\$500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Petroleum Engineer/Attorney

Employer (See Instructions)
McElroy Sullivan Ryan & Miller LLP

Date

Full name of contributor ☐ out-of-state PAC (ID#)
Texas Employee PAC of TXU Corp.

11/03/2008

Contributor address; City; State; Zip Code
Dallas, TX 75201

Amount of contribution (\$)

\$5,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #

Schedule: 11/12 Report: 13/53

2 FILER NAME Friends of Michael Williams

3 ACCOUNT # (Ethics Commission filers)

00051245

4 Date

10/28/2008

5 Full name of contributor ☐ out-of-state PAC (ID# _____)
Texas Tea Party Republican Women

6 Contributor address; City; State; Zip Code
Spring, TX 77379

7 Amount of contribution (\$)

\$100.00

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
The North American Coal Corporation PAC

12/10/2008

Contributor address; City; State; Zip Code
Dallas, TX 76254

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
TREPAC/Texas Assoc of REALTORS Political Action Committee

12/12/2008

Contributor address; City; State; Zip Code
Austin, TX 78768

Amount of contribution (\$)

\$2,500.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Usener, Patrick

10/30/2008

Contributor address; City; State; Zip Code
Austin, TX 78748

Amount of contribution (\$)

\$1,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)
Vice-President - Operations

Employer (See Instructions)
Texas Community Propane Ltd

Date

Full name of contributor ☐ out-of-state PAC (ID# _____)
Vinson & Elkins Texas PAC

11/03/2008

Contributor address; City; State; Zip Code
Houston, TX 77002-6760

Amount of contribution (\$)

\$2,000.00

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T) ☐

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS****SCHEDULE A****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #

Schedule: 12/12 Report: 14/53

2 FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)

00051245

4 Date

12/10/2008

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

Wagner, Cyril Jr.

6 Contributor address; City; State; Zip Code

Midland, TX 79702

7 Amount of
contribution (\$)

\$2,500.00

8 In-kind contribution
description (if applicable)(If travel outside of Texas, complete Schedule T) ☐**9** Principal occupation / Job title (See Instructions)
Oil & Gas**10** Employer (See Instructions)
Wagner & Brown Ltd.

LOANS		SCHEDULE E	
The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 1/1 Report: 15/53	
2 FILER NAME Friends of Michael Williams		3 ACCOUNT # (Ethics Commission filers) 00051245	
4 TOTAL OF UNITEMIZED LOANS: ⇌⇌⇌⇌⇌⇌		\$	
5 Date of loan 12/15/2008	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Casteel, Corbin (Mr.)		9 Loan Amount (\$) \$5,303.50
6 Is lender a financial Institution? No	8 Lender address; City; State; Zip Code Austin, TX 78757		10 Interest rate 0
			11 Maturity date 12/15/2008
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	16 Name of guarantor 17 Guarantor address; City; State; Zip Code		18 Amount Guaranteed (\$)
19 Principal Occupation		20 Employer	
Date of loan 12/31/2008	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) Casteel, Corbin (Mr.)		Loan Amount (\$) \$3,125.32
Is lender a financial Institution? No	Lender address; City; State; Zip Code Austin, TX 78757		Interest rate 0
			Maturity date 01/12/2009
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> none			
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
Principal Occupation		Employer	

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #

Schedule: 1/36 Report: 16/53

2 FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245**4** Date

12/15/2008

5 Payee name

2nd Street Market

7 Amount
(\$)

\$56.25

6 Payee address; City; State; Zip Code200 San Jacinto Blvd
Austin, TX 78701**8** Purpose of payment (See instructions regarding type of information required.)

Meeting expense (reimburse C. Casteel loan 12/15/08)

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/13/2008

Payee name

Apple Online Store

Amount
(\$)

\$74.69

Payee address; City; State; Zip Code

1 Infinite Loop
Cupertino, CA 95014

Purpose of payment (See instructions regarding type of information required.)

Supplies (reimburse C. Casteel loan 12/31/08)

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/29/2008

Payee name

AT&T

Amount
(\$)

\$211.26

Payee address; City; State; Zip Code

P. O. Box 630047
Dallas, TX 75263-0047

Purpose of payment (See instructions regarding type of information required.)

Telephone expense (reimburse C. Casteel loan 12/31/08)

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/15/2008

Payee name

AT&T

Amount
(\$)

\$43.27

Payee address; City; State; Zip Code

907 W 5th Street
Suite 103
Austin, TX 78703

Purpose of payment (See instructions regarding type of information required.)

Telephone Expense (reimburse C. Casteel loan 12/15/08)

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 2/36 Report: 17/53	
2 FILER NAME Friends of Michael Williams		3 ACCOUNT # (Ethics Commission filers) 00051245	
4 Date 12/30/2008	5 Payee name AT&T 6 Payee address; City; State; Zip Code P. O. Box 630047 Dallas, TX 75263-0047	7 Amount (\$) \$208.74	
8 Purpose of payment (See instructions regarding type of information required.) Telephone expense (reimburse C. Casteel loan 12/31/08) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 11/13/2008	Payee name AT&T Wireless Payee address; City; State; Zip Code P. O. Box 650054 Dallas, TX 75265-0054	Amount (\$) \$56.35	
Purpose of payment (See instructions regarding type of information required.) Telephone Expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 11/13/2008	Payee name AT&T Wireless Payee address; City; State; Zip Code P. O. Box 650054 Dallas, TX 75265-0054	Amount (\$) \$61.50	
Purpose of payment (See instructions regarding type of information required.) Telephone Expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 11/29/2008	Payee name AT&T Wireless Payee address; City; State; Zip Code P. O. Box 650054 Dallas, TX 75265-0054	Amount (\$) \$379.48	
Purpose of payment (See instructions regarding type of information required.) Telephone Expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 3/36 Report: 18/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 12/12/2008	5 Payee name AT&T Wireless 6 Payee address; City; State; Zip Code P. O. Box 650054 Dallas, TX 75265-0054	7 Amount (\$) \$375.00
---------------------------------	--	---

8 Purpose of payment (See instructions regarding type of information required.)
Telephone Expense**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/15/2008	Payee name AT&T Wireless Payee address; City; State; Zip Code P. O. Box 650054 Dallas, TX 75265-0054	Amount (\$) \$210.23
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Telephone Expense (reimburse C. Casteel loan 12/15/08)** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/15/2008	Payee name AT&T Wireless Payee address; City; State; Zip Code P. O. Box 650054 Dallas, TX 75265-0054	Amount (\$) \$56.36
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
Telephone Expense** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/15/2008	Payee name AT&T Wireless Payee address; City; State; Zip Code P. O. Box 650054 Dallas, TX 75265-0054	Amount (\$) \$56.41
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
Telephone Expense** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 4/36 Report: 19/53	
2 FILER NAME Friends of Michael Williams		3 ACCOUNT # (Ethics Commission filers) 00051245	
4 Date 11/14/2008	5 Payee name Austin Bergstrom International Airport 6 Payee address; City; State; Zip Code 3600 Presidential Blvd. Austin, TX 78719	7 Amount (\$) \$20.00	
8 Purpose of payment (See instructions regarding type of information required.) Parking (reimbursed to William Fullerton) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 12/12/2008	Payee name Austin Bergstrom International Airport Payee address; City; State; Zip Code 3600 Presidential Blvd. Austin, TX 78719	Amount (\$) \$20.00	
Purpose of payment (See instructions regarding type of information required.) Parking (reimbursed to Jennifer Harris) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 12/15/2008	Payee name Austin Bergstrom International Airport Payee address; City; State; Zip Code 3600 Presidential Blvd. Austin, TX 78719	Amount (\$) \$20.00	
Purpose of payment (See instructions regarding type of information required.) Parking (reimburse C. Casteel loan 12/15/08) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 11/25/2008	Payee name Austin Club Payee address; City; State; Zip Code 110 East 9th Street Austin, TX 78701	Amount (\$) \$656.20	
Purpose of payment (See instructions regarding type of information required.) Event Expense (reimburse Casteel Consultants) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 5/36 Report: 20/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 11/04/2008	5 Payee name Authorize.net 6 Payee address; City; State; Zip Code 915 South 500 East Suite 200 American Fork, UT 84003	7 Amount (\$) \$33.50
---------------------------------	--	--

8 Purpose of payment (See instructions regarding type of information required.)
Service charge**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/02/2008	Payee name Authorize.net Payee address; City; State; Zip Code 915 South 500 East Suite 200 American Fork, UT 84003	Amount (\$) \$30.30
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
Service charge** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/14/2008	Payee name Baygas Propane Inc. Payee address; City; State; Zip Code 2694 Calder Dr. League City, TX 77573	Amount (\$) \$70.00
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
Propane for bus tour (reimbursed to William Fullerton)** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/12/2008	Payee name Bookstop #2526 Payee address; City; State; Zip Code 4001 N Lamar #300 Austin, TX 78756	Amount (\$) \$64.73
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
Gifts (Reimbursed to Jennifer Harris)** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 6/36 Report: 21/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245**4** Date**5** Payee name

Cafepress.com

7Amount
(\$)

12/12/2008

6 Payee address; City; State; Zip Code1850 Gateway Drive Ste. 300
San Mateo, CA 94404

\$521.07

8 Purpose of payment (See instructions regarding type of information required.)

Campaign collateral

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Casteel, Corbin

Amount
(\$)

11/07/2008

Payee address; City; State; Zip Code

3205 Silverleaf Dr.
Austin, TX 78757

\$2,718.60

Purpose of payment (See instructions regarding type of information required.)

Payroll

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Casteel, Corbin

Amount
(\$)

11/21/2008

Payee address; City; State; Zip Code

3205 Silverleaf Dr.
Austin, TX 78757

\$2,718.60

Purpose of payment (See instructions regarding type of information required.)

Payroll

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

Date

Payee name

Casteel, Corbin

Amount
(\$)

12/05/2008

Payee address; City; State; Zip Code

3205 Silverleaf Dr.
Austin, TX 78757

\$2,718.60

Purpose of payment (See instructions regarding type of information required.)

Payroll

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 7/36 Report: 22/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 12/15/2008	5 Payee name Casteel, Corbin 6 Payee address; City; State; Zip Code 3205 Silverleaf Dr. Austin, TX 78757	7 Amount (\$) \$5,305.50
---------------------------------	--	--

8 Purpose of payment (See instructions regarding type of information required.) Reimbursement of staff member to repay loan (see Schedule E) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date 12/15/2008	Payee name Casteel, Corbin Payee address; City; State; Zip Code 3205 Silverleaf Dr. Austin, TX 78757	Amount (\$) \$634.25
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Campaign Mileage (reimbursed to Corbin Casteel 12/15/08 loan) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date 12/19/2008	Payee name Casteel, Corbin Payee address; City; State; Zip Code 3205 Silverleaf Dr. Austin, TX 78757	Amount (\$) \$2,718.60
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Payroll (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date 12/19/2008	Payee name Casteel, Corbin Payee address; City; State; Zip Code 3205 Silverleaf Dr. Austin, TX 78757	Amount (\$) \$9,092.25
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Payroll (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 8/36 Report: 23/53	
2 FILER NAME Friends of Michael Williams		3 ACCOUNT # (Ethics Commission filers) 00051245	
4 Date 11/14/2008	5 Payee name Casteel Consultants Inc. 6 Payee address; City; State; Zip Code P.O. Box 1153 Austin, TX 78767	7 Amount (\$) \$12,159.67	
8 Purpose of payment (See instructions regarding type of information required.) Consulting Fee & Commission (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 12/31/2008	Payee name Casteel Consultants Inc. Payee address; City; State; Zip Code P.O. Box 1153 Austin, TX 78767	Amount (\$) \$13,385.00	
Purpose of payment (See instructions regarding type of information required.) Consulting Fee & Commission (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 12/31/2008	Payee name CFT Dispensers Inc. Payee address; City; State; Zip Code 1104 S Church Street Georgetown, TX 78626	Amount (\$) \$6,062.84	
Purpose of payment (See instructions regarding type of information required.) Shuttle Bus Rental (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	
Date 10/31/2008	Payee name Chase Bank Payee address; City; State; Zip Code Austin Region 700 Lavaca Austin, TX 78701	Amount (\$) \$4.50	
Purpose of payment (See instructions regarding type of information required.) Bank Service Charge (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>		** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:	

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 9/36 Report: 24/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 11/03/2008	5 Payee name Chase Bank 6 Payee address; City; State; Zip Code Austin Region 700 Lavaca Austin, TX 78701	7 Amount (\$) \$22.87
---------------------------------	---	-------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Bank Service Charge (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	---

Date 11/04/2008	Payee name Chase Bank Payee address; City; State; Zip Code Austin Region 700 Lavaca Austin, TX 78701	Amount (\$) \$205.54
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Bank Service Charge (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date 12/02/2008	Payee name Chase Bank Payee address; City; State; Zip Code Austin Region 700 Lavaca Austin, TX 78701	Amount (\$) \$4.50
------------------------	---	---------------------------

Purpose of payment (See instructions regarding type of information required.) Bank Service Charge (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date 12/02/2008	Payee name Chase Bank Payee address; City; State; Zip Code Austin Region 700 Lavaca Austin, TX 78701	Amount (\$) \$47.05
------------------------	---	----------------------------

Purpose of payment (See instructions regarding type of information required.) Bank Service Charge (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 10/36 Report: 25/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 12/03/2008	5 Payee name Chase Bank	7 Amount (\$) \$8.12
6 Payee address; City; State; Zip Code Austin Region 700 Lavaca Austin, TX 78701		

8 Purpose of payment (See instructions regarding type of information required.) Bank Service Charge	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date 12/15/2008	Payee name Chevron Food Mart	Amount (\$) \$36.67
Payee address; City; State; Zip Code 3612 Bellmeade Dr Bellmeade, TX 76705		

Purpose of payment (See instructions regarding type of information required.) Travel expense (reimburse C. Casteel loan 12/15/08)	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date 11/14/2008	Payee name Chili's Too	Amount (\$) \$35.50
Payee address; City; State; Zip Code Love Field Airport Dallas, TX 75235		

Purpose of payment (See instructions regarding type of information required.) Travel (reimbursed to William Fullerton)	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date 12/12/2008	Payee name Continental Airlines	Amount (\$) \$131.00
Payee address; City; State; Zip Code 1600 Smith Street Houston, TX 77002		

Purpose of payment (See instructions regarding type of information required.) Travel expense	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #

Schedule: 11/36 Report: 26/53

2 FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245**4** Date

11/05/2008

5 Payee name

Creative Plant Designs

7Amount
(\$)

\$175.92

6 Payee address; City; State; Zip Code5613 Adams Ave.
Austin, TX 78756**8** Purpose of payment (See instructions regarding type of information required.)

Office Expense

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/03/2008

Payee name

Creative Plant Designs

Amount
(\$)

\$175.92

Payee address; City; State; Zip Code

5613 Adams Ave.
Austin, TX 78756

Purpose of payment (See instructions regarding type of information required.)

Office Expense

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

11/14/2008

Payee name

Cy-Fair Propane Co

Amount
(\$)

\$73.80

Payee address; City; State; Zip Code

23248 NW Freeway
Cypress, TX 77429

Purpose of payment (See instructions regarding type of information required.)

Propane for bus tour (reimbursed to William Fullerton)

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/15/2008

Payee name

Dallas Love Field

Amount
(\$)

\$25.87

Payee address; City; State; Zip Code

8008 Cedar Springs Road
Dallas, TX 75235-2852

Purpose of payment (See instructions regarding type of information required.)

Travel Expense (reimburse C. Casteel loan 12/15/08)

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #

Schedule: 12/36 Report: 27/53

2 FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245**4** Date

11/14/2008

5 Payee name

Directory Publishing Ltd.

7Amount
(\$)

\$514.19

6 Payee address; City; State; Zip Code3112 Windsor Rd. Suite A 123
Austin, TX 78703**8** Purpose of payment (See instructions regarding type of information required.)

Media Directory

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/12/2008

Payee name

Don's Flowers

Amount
(\$)

\$52.50

Payee address; City; State; Zip Code

2245 34th St
Lubbock, TX 79411

Purpose of payment (See instructions regarding type of information required.)

Flowers

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/31/2008

Payee name

Fax Broadcast Service

Amount
(\$)

\$50.00

Payee address; City; State; Zip Code

6922 Hollywood Blvd Ste 500
Los Angeles, CA 90028

Purpose of payment (See instructions regarding type of information required.)

Fax service (reimburse Casteel Consultants)

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/15/2008

Payee name

FedEx Kinko's #1256

Amount
(\$)

\$2,722.43

Payee address; City; State; Zip Code

9222 Burnet Road Ste. 103
Austin, TX 78758

Purpose of payment (See instructions regarding type of information required.)

Printing expense (reimburse C. Casteel loan 12/15/08)

**** Complete if direct expenditure to benefit Candidate/Officeholder ****
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 13/36 Report: 28/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245**4** Date

12/12/2008**5** Payee name
Flying J Travel Plaza**6** Payee address; City; State; Zip Code
204 Waller Ave
Brookshire, TX 77423**7** Amount
(\$)

\$100.13**8** Purpose of payment (See instructions regarding type of information required.)
Travel(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Flying J Travel PlazaAmount
(\$)

12/12/2008

Payee address; City; State; Zip Code
1815 N Foster Rd
San Antonio, TX 78244

\$91.49

Purpose of payment (See instructions regarding type of information required.)
Travel(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Four Seasons HotelAmount
(\$)

11/13/2008

Payee address; City; State; Zip Code
98 San Jacinto Blvd.
Austin, TX 78701

\$346.15

Purpose of payment (See instructions regarding type of information required.)
Event expense(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date

Payee name
Four Seasons HotelAmount
(\$)

12/04/2008

Payee address; City; State; Zip Code
98 San Jacinto Blvd.
Austin, TX 78701

\$4,689.58

Purpose of payment (See instructions regarding type of information required.)
Event expense(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #

Schedule: 14/36 Report: 29/53

2 FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245**4** Date

11/07/2008

5 Payee name

Fullerton, William (Mr.)

7 Amount
(\$)

\$1,261.77

6 Payee address; City; State; Zip Code2301 S Mo Pac Apt. 924
Austin, TX 78746**8** Purpose of payment (See instructions regarding type of information required.)

Payroll

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

11/21/2008

Payee name

Fullerton, William (Mr.)

Amount
(\$)

\$1,261.77

Payee address; City; State; Zip Code

2301 S Mo Pac Apt. 924
Austin, TX 78746

Purpose of payment (See instructions regarding type of information required.)

Payroll

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/05/2008

Payee name

Fullerton, William (Mr.)

Amount
(\$)

\$1,261.77

Payee address; City; State; Zip Code

2301 S Mo Pac Apt. 924
Austin, TX 78746

Purpose of payment (See instructions regarding type of information required.)

Payroll

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/12/2008

Payee name

Fullerton, William (Mr.)

Amount
(\$)

\$93.02

Payee address; City; State; Zip Code

2301 S Mo Pac Apt. 924
Austin, TX 78746

Purpose of payment (See instructions regarding type of information required.)

Reimburse campaign mileage

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 15/36 Report: 30/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 12/19/2008	5 Payee name Fullerton, William (Mr.) 6 Payee address; City; State; Zip Code 2301 S Mo Pac Apt. 924 Austin, TX 78746	7 Amount (\$) \$1,261.77
---------------------------------	--	---

8 Purpose of payment (See instructions regarding type of information required.)
Payroll**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/19/2008	Payee name Fullerton, William (Mr.) Payee address; City; State; Zip Code 2301 S Mo Pac Apt. 924 Austin, TX 78746	Amount (\$) \$1,347.00
------------------------	--	----------------------------------

Purpose of payment (See instructions regarding type of information required.)
Payroll** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/07/2008	Payee name Harris, Jennifer Payee address; City; State; Zip Code 13005 Heinemann Drive #313 Austin, TX 78727	Amount (\$) \$922.57
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Payroll** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/21/2008	Payee name Harris, Jennifer Payee address; City; State; Zip Code 13005 Heinemann Drive #313 Austin, TX 78727	Amount (\$) \$922.57
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Payroll** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 16/36 Report: 31/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 12/05/2008	5 Payee name Harris, Jennifer	7 Amount (\$) \$922.57
	6 Payee address; City; State; Zip Code 13005 Heinemann Drive #313 Austin, TX 78727	

8 Purpose of payment (See instructions regarding type of information required.)
Payroll**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/19/2008	Payee name Harris, Jennifer	Amount (\$) \$922.57
	Payee address; City; State; Zip Code 13005 Heinemann Drive #313 Austin, TX 78727	

Purpose of payment (See instructions regarding type of information required.)
Payroll** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/19/2008	Payee name Harris, Jennifer	Amount (\$) \$673.50
	Payee address; City; State; Zip Code 13005 Heinemann Drive #313 Austin, TX 78727	

Purpose of payment (See instructions regarding type of information required.)
Payroll** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 10/29/2008	Payee name Hatchett, Dennis M.	Amount (\$) \$500.00
	Payee address; City; State; Zip Code 11429 Pepperdine Lane Houston, TX 77071	

Purpose of payment (See instructions regarding type of information required.)
Contribution refund** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.		1 PAGE # Schedule: 17/36 Report: 32/53	
2 FILER NAME Friends of Michael Williams		3 ACCOUNT # (Ethics Commission filers) 00051245	

4 Date	5 Payee name Hickory Street Austin	7 Amount (\$)
12/15/2008	6 Payee address; City; State; Zip Code 800 Congress Austin, TX 78701	\$33.51

8 Purpose of payment (See instructions regarding type of information required.) Staff Lunch Meeting (reimbursed to Corbin Casteel 12/15/08 loan) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date	Payee name Hilton Anatole	Amount (\$)
12/12/2008	Payee address; City; State; Zip Code 2201 N Stemmons Fwy Dallas, TX 75207	\$274.85

Purpose of payment (See instructions regarding type of information required.) Travel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date	Payee name Hilton Dallas/Park Cities	Amount (\$)
12/15/2008	Payee address; City; State; Zip Code 5954 Luther Ln Dallas, TX 75225	\$281.19

Purpose of payment (See instructions regarding type of information required.) Travel expense (reimburse C. Casteel loan 12/15/08) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date	Payee name Hilton Garden Inn	Amount (\$)
12/12/2008	Payee address; City; State; Zip Code 7979 Willow Chase Blvd Houston, TX 77070	\$232.83

Purpose of payment (See instructions regarding type of information required.) Travel Expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #

Schedule: 18/36 Report: 33/53

2 FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245**4** Date

12/15/2008

5 Payee name

Hilton Garden Inn

7 Amount
(\$)

\$255.68

6 Payee address; City; State; Zip Code7979 Willow Chase Blvd
Houston, TX 77070**8** Purpose of payment (See instructions regarding type of information required.)

Travel Expense (reimburse C. Casteel loan 12/15/08)

(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/15/2008

Payee name

Hilton Garden Inn

Amount
(\$)

\$232.83

Payee address; City; State; Zip Code

7979 Willow Chase Blvd
Houston, TX 77070

Purpose of payment (See instructions regarding type of information required.)

Travel Expense (reimburse C. Casteel loan 12/15/08)

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/15/2008

Payee name

Hilton Garden Inn

Amount
(\$)

\$232.83

Payee address; City; State; Zip Code

7979 Willow Chase Blvd
Houston, TX 77070

Purpose of payment (See instructions regarding type of information required.)

Travel Expense (reimburse C. Casteel loan 12/15/08)

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

Date

12/12/2008

Payee name

Hilton Nassau Bay & Marina

Amount
(\$)

\$188.37

Payee address; City; State; Zip Code

3000 Nasa Pkwy
Houston, TX 77057

Purpose of payment (See instructions regarding type of information required.)

Travel Expense

(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 19/36 Report: 34/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 12/12/2008	5 Payee name Hilton Nassau Bay & Marina 6 Payee address; City; State; Zip Code 3000 Nasa Pkwy Houston, TX 77057	7 Amount (\$) \$188.37
---------------------------------	---	---

8 Purpose of payment (See instructions regarding type of information required.)
Travel Expense**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/12/2008	Payee name Hilton Nassau Bay & Marina Payee address; City; State; Zip Code 3000 Nasa Pkwy Houston, TX 77057	Amount (\$) \$188.37
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Travel Expense** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/12/2008	Payee name Hilton Nassau Bay & Marina Payee address; City; State; Zip Code 3000 Nasa Pkwy Houston, TX 77057	Amount (\$) \$230.17
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Travel Expense** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/12/2008	Payee name Holiday Inn Stonebriar Payee address; City; State; Zip Code 3400 Parkwood Blvd. Frisco, TX 75034	Amount (\$) \$342.62
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Travel expense** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 20/36 Report: 35/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 12/19/2008	5 Payee name Hoover's Cooking 6 Payee address; City; State; Zip Code 2002 Manor Rd. Austin, TX 78722	7 Amount (\$) \$50.00
---------------------------------	--	-------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Reimburse Carol Treadway for RRC holiday lunch (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date 11/07/2008	Payee name Internal Revenue Service Payee address; City; State; Zip Code Ogden, UT 84201	Amount (\$) \$1,827.17
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Payroll Taxes (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date 11/21/2008	Payee name Internal Revenue Service Payee address; City; State; Zip Code Ogden, UT 84201	Amount (\$) \$1,721.67
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Payroll Taxes (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date 12/05/2008	Payee name Internal Revenue Service Payee address; City; State; Zip Code Ogden, UT 84201	Amount (\$) \$1,827.17
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Payroll Taxes (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 21/36 Report: 36/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 12/19/2008	5 Payee name Internal Revenue Service 6 Payee address; City; State; Zip Code Ogden, UT 84201	7 Amount (\$) \$8,371.17
---------------------------------	---	---

8 Purpose of payment (See instructions regarding type of information required.)
Payroll Taxes**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/14/2008	Payee name Lockart Atchley & Associates LLP Payee address; City; State; Zip Code 6850 Austin Center Blvd. Suite 180 Austin, TX 78731-3129	Amount (\$) \$4,572.87
------------------------	---	----------------------------------

Purpose of payment (See instructions regarding type of information required.)
Accounting Fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/12/2008	Payee name Lockart Atchley & Associates LLP Payee address; City; State; Zip Code 6850 Austin Center Blvd. Suite 180 Austin, TX 78731-3129	Amount (\$) \$2,729.30
------------------------	---	----------------------------------

Purpose of payment (See instructions regarding type of information required.)
Accounting Fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/17/2008	Payee name Lockart Atchley & Associates LLP Payee address; City; State; Zip Code 6850 Austin Center Blvd. Suite 180 Austin, TX 78731-3129	Amount (\$) \$786.80
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Accounting Fees** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 22/36 Report: 37/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 12/15/2008	5 Payee name Martin LP Gas Inc. 6 Payee address; City; State; Zip Code 1202 FM 1845 S Longview, TX 75604	7 Amount (\$) \$96.90
---------------------------------	--	--

8 Purpose of payment (See instructions regarding type of information required.)
Travel expense (reimburse C. Casteel loan 12/15/08)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/05/2008	Payee name McAfee Payee address; City; State; Zip Code 3965 Freedom Circle Santa Clara, CA 95054	Amount (\$) \$75.76
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
Supplies** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/12/2008	Payee name Nelda Wells Spears Tax Collector Payee address; City; State; Zip Code P. O. Box 149328 Austin, TX 78714	Amount (\$) \$360.79
------------------------	--	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Personal Property Taxes** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/15/2008	Payee name Northwest Propane Gas Co. Payee address; City; State; Zip Code 11551 Harry Hines Blvd Dallas, TX 75229	Amount (\$) \$80.19
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
Travel expense (reimburse C. Casteel loan 12/15/08)** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 23/36 Report: 38/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 12/15/2008	5 Payee name Norton's Texas Grill & Pub 6 Payee address; City; State; Zip Code 7787 Willow Chase Blvd @249 Houston, TX 77077	7 Amount (\$) \$107.14
---------------------------------	--	--------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
Travel (reimburse C. Casteel loan 12/15/08)**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 11/11/2008	Payee name Office Max Payee address; City; State; Zip Code 907 W. Fifth Austin, TX 78703	Amount (\$) \$133.67
------------------------	--	-----------------------------

Purpose of payment (See instructions regarding type of information required.)
Office supplies (reimburse C. Casteel loan 12/31/08)** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/11/2008	Payee name Office Max Payee address; City; State; Zip Code 907 W. Fifth Austin, TX 78703	Amount (\$) \$19.46
------------------------	--	----------------------------

Purpose of payment (See instructions regarding type of information required.)
Office supplies (reimburse C. Casteel loan 12/31/08)** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/31/2008	Payee name Office Max Payee address; City; State; Zip Code 907 W. Fifth Austin, TX 78703	Amount (\$) \$85.35
------------------------	--	----------------------------

Purpose of payment (See instructions regarding type of information required.)
Office supplies (reimburse Casteel Consultants)** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 24/36 Report: 39/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 11/07/2008	5 Payee name Perez, Veronica 6 Payee address; City; State; Zip Code 10403 Firethorn Lane Austin, TX 78750	7 Amount (\$) \$432.75
---------------------------------	---	---

8 Purpose of payment (See instructions regarding type of information required.)
Payroll**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date 12/05/2008	Payee name Perez, Veronica Payee address; City; State; Zip Code 10403 Firethorn Lane Austin, TX 78750	Amount (\$) \$432.75
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Payroll** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date 12/15/2008	Payee name Perry Propane and Appliance Payee address; City; State; Zip Code 6500 Franklin Dr Nacogdoches, TX 75961	Amount (\$) \$52.25
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.)
Travel expense (reimburse C. Casteel loan 12/15/08)** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

Date 12/02/2008	Payee name Reallinx Inc. Payee address; City; State; Zip Code P.O. Box 840527 Dallas, TX 75284-0527	Amount (\$) \$607.96
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Telephone/Internet** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 25/36 Report: 40/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245**4** Date

12/12/2008**5** Payee name
Reallinx Inc.

6 Payee address; City; State; Zip Code
P.O. Box 840527
Dallas, TX 75284-0527**7** Amount
(\$)

\$607.96**8** Purpose of payment (See instructions regarding type of information required.)
Telephone/Internet**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:Date

11/13/2008Payee name
Register.com

Payee address; City; State; Zip Code
General P. O. Box 26775
New York, NY 10087-6775Amount
(\$)

\$70.00Purpose of payment (See instructions regarding type of information required.)
Website Expense (reimburse C. Casteel loan 12/31/08)** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:Date

12/15/2008Payee name
Roaring Fork

Payee address; City; State; Zip Code
701 Congress Ave.
Austin, TX 78701Amount
(\$)

\$41.38Purpose of payment (See instructions regarding type of information required.)
Meeting expense (reimburse C. Casteel loan 12/15/08)** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:Date

12/15/2008Payee name
Shell

Payee address; City; State; Zip Code
11603 N.W. Freeway
Houston, TX 77092Amount
(\$)

\$49.86Purpose of payment (See instructions regarding type of information required.)
Travel Expense (reimburse C. Casteel loan 12/15/08)** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 26/36 Report: 41/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 11/14/2008	5 Payee name Sir Speedy	7 Amount (\$) \$814.10
6 Payee address; City; State; Zip Code 211 E 7th Street Ste 100 Austin, TX 78701		

8 Purpose of payment (See instructions regarding type of information required.) Printing/ Copying	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date 12/11/2008	Payee name Sir Speedy	Amount (\$) \$143.90
Payee address; City; State; Zip Code 211 E 7th Street Ste 100 Austin, TX 78701		

Purpose of payment (See instructions regarding type of information required.) Printing/ Copying	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date 12/15/2008	Payee name Skeeter's Mesquite Grill	Amount (\$) \$43.68
Payee address; City; State; Zip Code 19710 Northeast Fwy Houston, TX 77065		

Purpose of payment (See instructions regarding type of information required.) Travel (reimburse C. Casteel loan 12/15/08)	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

Date 11/10/2008	Payee name Southwest Airlines	Amount (\$) \$292.50
Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235		

Purpose of payment (See instructions regarding type of information required.) Travel expense	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
(If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #

Schedule: 27/36 Report: 42/53

2 FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245**4** Date

11/10/2008

5 Payee name

Southwest Airlines

7

Amount

(\$)

\$703.50

6 Payee address; City; State; Zip Code2702 Love Field
Dallas, TX 75235**8** Purpose of payment (See instructions regarding type of information required.)

Travel

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/07/2008

Payee name

Southwest Airlines

Amount

(\$)

\$219.00

Payee address; City; State; Zip Code

2702 Love Field
Dallas, TX 75235

Purpose of payment (See instructions regarding type of information required.)

(See travel info on Schedule T)

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☒

Date

12/12/2008

Payee name

Southwest Airlines

Amount

(\$)

\$277.00

Payee address; City; State; Zip Code

2702 Love Field
Dallas, TX 75235

Purpose of payment (See instructions regarding type of information required.)

Travel expense

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/12/2008

Payee name

Southwest Airlines

Amount

(\$)

\$307.50

Payee address; City; State; Zip Code

2702 Love Field
Dallas, TX 75235

Purpose of payment (See instructions regarding type of information required.)

Travel expense

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 28/36 Report: 43/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 12/12/2008	5 Payee name Southwest Airlines 6 Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	7 Amount (\$) \$703.50
---------------------------------	---	---

8 Purpose of payment (See instructions regarding type of information required.) Travel (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date 12/12/2008	Payee name Southwest Airlines Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	Amount (\$) \$151.00
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) Travel expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 12/12/2008	Payee name Southwest Airlines Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	Amount (\$) \$297.50
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) Travel expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 12/12/2008	Payee name Southwest Airlines Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	Amount (\$) \$267.50
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) Travel expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 29/36 Report: 44/53

2 FILER NAME Friends of Michael Williams

3 ACCOUNT # (Ethics Commission filers)
00051245

4 Date 12/12/2008	5 Payee name Southwest Airlines 6 Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	7 Amount (\$) \$267.50
---------------------------------	---	--------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Travel expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date 12/12/2008	Payee name Southwest Airlines Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	Amount (\$) \$124.50
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Travel expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 12/12/2008	Payee name Southwest Airlines Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	Amount (\$) \$134.50
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Travel expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 12/12/2008	Payee name Southwest Airlines Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	Amount (\$) \$148.00
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Travel expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

POLITICAL EXPENDITURES**SCHEDULE F**

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 30/36 Report: 45/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 12/12/2008	5 Payee name Southwest Airlines 6 Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	7 Amount (\$) \$1.50
---------------------------------	---	---------------------------------------

8 Purpose of payment (See instructions regarding type of information required.)
Travel expense**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/12/2008	Payee name Southwest Airlines Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	Amount (\$) \$148.00
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Travel expense** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/12/2008	Payee name Southwest Airlines Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	Amount (\$) \$133.00
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Travel expense** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

Date 12/12/2008	Payee name Southwest Airlines Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	Amount (\$) \$133.00
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.)
Travel expense** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:(If travel outside of Texas, complete Schedule T) ☐Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 31/36 Report: 46/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 12/12/2008	5 Payee name Southwest Airlines 6 Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	7 Amount (\$) \$141.00
---------------------------------	---	---

8 Purpose of payment (See instructions regarding type of information required.) Travel expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date 12/15/2008	Payee name Southwest Airlines Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	Amount (\$) \$10.00
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Travel expense (reimburse C. Casteel loan 12/15/08) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date 12/15/2008	Payee name Southwest Airlines Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	Amount (\$) \$10.00
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Travel expense (reimburse C. Casteel loan 12/15/08) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date 12/26/2008	Payee name Southwest Airlines Payee address; City; State; Zip Code 2702 Love Field Dallas, TX 75235	Amount (\$) \$307.50
------------------------	---	--------------------------------

Purpose of payment (See instructions regarding type of information required.) Travel expense (reimburse C. Casteel loan 12/31/08) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 32/36 Report: 47/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 11/19/2008	5 Payee name Texas State Society of Washington DC 6 Payee address; City; State; Zip Code P O Box 1368 Bowie, MD 20718-1368	7 Amount (\$) \$840.00
---------------------------------	--	---

8 Purpose of payment (See instructions regarding type of information required.)
Black Tie & Boots Event Tickets (reimburse C. Casteel loan 12/31/08)(If travel outside of Texas, complete Schedule T) ☐**9** ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date 12/29/2008	Payee name Texas State Society of Washington DC Payee address; City; State; Zip Code P O Box 1368 Bowie, MD 20718-1368	Amount (\$) \$2,500.00
------------------------	--	----------------------------------

Purpose of payment (See instructions regarding type of information required.)
Black Tie & Boots Event Tickets(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date 11/14/2008	Payee name The Vaughn Building Payee address; City; State; Zip Code 807 Brazos Street Suite 1010 P. O. Box 357 Austin, TX 78767	Amount (\$) \$1,350.53
------------------------	--	----------------------------------

Purpose of payment (See instructions regarding type of information required.)
Office Rent and Parking(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

Date 12/12/2008	Payee name The Vaughn Building Payee address; City; State; Zip Code 807 Brazos Street Suite 1010 P. O. Box 357 Austin, TX 78767	Amount (\$) \$1,350.53
------------------------	--	----------------------------------

Purpose of payment (See instructions regarding type of information required.)
Office Rent and Parking(If travel outside of Texas, complete Schedule T) ☐** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:Office sought:
Office held:

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #

Schedule: 33/36 Report: 48/53

2 FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245**4** Date

11/14/2008

5 Payee name

Thrifty Airport Parking

7

Amount

(\$)

\$12.99

6 Payee address; City; State; Zip Code3127 W Mockingbird Ln
Dallas, TX 75235**8** Purpose of payment (See instructions regarding type of information required.)

Parking (reimbursed to William Fullerton)

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

11/19/2008

Payee name

Time Warner Cable

Amount

(\$)

\$154.08

Payee address; City; State; Zip Code

P. O. Box 660097
Dallas, TX 75266-0097

Purpose of payment (See instructions regarding type of information required.)

Office Expense

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/19/2008

Payee name

Time Warner Cable

Amount

(\$)

\$95.31

Payee address; City; State; Zip Code

P. O. Box 660097
Dallas, TX 75266-0097

Purpose of payment (See instructions regarding type of information required.)

Office Expense

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

Date

12/19/2008

Payee name

Time Warner Cable

Amount

(\$)

\$58.77

Payee address; City; State; Zip Code

P. O. Box 660097
Dallas, TX 75266-0097

Purpose of payment (See instructions regarding type of information required.)

Office Expense

** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

Office sought:

Office held:

(If travel outside of Texas, complete Schedule T) ☐

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 34/36 Report: 49/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 11/14/2008	5 Payee name U-Haul Center 6 Payee address; City; State; Zip Code 2936 S Freeway Fort Worth, TX 76104	7 Amount (\$) \$94.12
---------------------------------	---	-------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Propane for bus tour (reimbursed to William Fullerton) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date 12/15/2008	Payee name U-Haul Rental Payee address; City; State; Zip Code 304 E Ben White Blvd Austin, TX 78704	Amount (\$) \$27.09
------------------------	---	----------------------------

Purpose of payment (See instructions regarding type of information required.) Travel expense (reimburse C. Casteel loan 12/15/08) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date 11/12/2008	Payee name U.S. Postal Service Payee address; City; State; Zip Code 510 Guadalupe St. Austin, TX 78701	Amount (\$) \$1,260.00
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Postage (reimburse C. Casteel loan 12/31/08)\n (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 11/14/2008	Payee name UPS Store #233 Payee address; City; State; Zip Code 815 Brazos Ste A Austin, TX 78701	Amount (\$) \$17.21
------------------------	--	----------------------------

Purpose of payment (See instructions regarding type of information required.) Postage & Delivery (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

POLITICAL EXPENDITURES**SCHEDULE F****The INSTRUCTION GUIDE explains how to complete this form.****1** PAGE #
Schedule: 35/36 Report: 50/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245

4 Date 12/12/2008	5 Payee name UPS Store #233 6 Payee address; City; State; Zip Code 815 Brazos Ste A Austin, TX 78701	7 Amount (\$) \$27.18
---------------------------------	--	-------------------------------------

8 Purpose of payment (See instructions regarding type of information required.) Postage & Delivery (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	9 ** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	---

Date 12/31/2008	Payee name Upstream Communications Payee address; City; State; Zip Code 1609 Shoal Creek #203 Austin, TX 78701	Amount (\$) \$5,602.48
------------------------	--	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Email & Web Services (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
---	--

Date 12/31/2008	Payee name USPS - San Antonio Payee address; City; State; Zip Code 1 Post Office Dr. San Antonio, TX 78284-8401	Amount (\$) \$836.00
------------------------	---	-----------------------------

Purpose of payment (See instructions regarding type of information required.) Postage (reimburse Casteel Consultants) (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

Date 11/14/2008	Payee name Weeks & Co. L.L.P. Payee address; City; State; Zip Code 823 Congress Ave. Ste. 1330 Austin, TX 78701	Amount (\$) \$2,211.34
------------------------	---	-------------------------------

Purpose of payment (See instructions regarding type of information required.) Media expense (If travel outside of Texas, complete Schedule T) <input type="checkbox"/>	** Complete if direct expenditure to benefit Candidate/Officeholder ** Candidate / Officeholder name: Office sought: Office held:
--	--

POLITICAL EXPENDITURES

SCHEDULE F

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 36/36 Report: 51/53

2 FILER NAME Friends of Michael Williams

3 ACCOUNT # (Ethics Commission filers)
00051245

4 Date

12/12/2008

5 Payee name
Yellow Cab

6 Payee address; City; State; Zip Code
2363 E. Ledbetter
Dallas, TX 75216

7 Amount
(\$)

\$35.35

8 Purpose of payment (See instructions regarding type of information required.)
Travel Expense (reimbursed to Jennifer Harris)

9 ** Complete if direct expenditure to benefit Candidate/Officeholder **
Candidate / Officeholder name:

(If travel outside of Texas, complete Schedule T) ☐

Office sought:
Office held:

CREDITS (optional)

SCHEDULE K

The INSTRUCTION GUIDE explains how to complete this form.

1 PAGE #
Schedule: 1/1 Report: 52/53

2 FILER NAME Friends of Michael Williams

3 ACCOUNT # (Ethics Commission filers)
00051245

4 Date 10/31/2008	5 Payor name Park Cities Bank 6 Payor address; City; State; Zip Code 5307 E. Mockingbird Lane Suite 200 Dallas, TX 75206 7 Reason for credit Interest	8 Amount (\$) \$116.03
Date 11/28/2008	Payor name Park Cities Bank Payor address; City; State; Zip Code 5307 E. Mockingbird Lane Suite 200 Dallas, TX 75206 Reason for credit Interest	Amount (\$) \$105.11
Date 12/31/2008	Payor name Park Cities Bank Payor address; City; State; Zip Code 5307 E. Mockingbird Lane Suite 200 Dallas, TX 75206 Reason for credit Interest	Amount (\$) \$113.88

**IN-KIND CONTRIBUTION OR POLITICAL EXPENDITURE
FOR TRAVEL OUTSIDE OF TEXAS****SCHEDULE T****The I NSTRUCTION G U I D E explains how to complete this form.****1** PAGE #
Schedule: 1/1 Report: 53/53**2** FILER NAME Friends of Michael Williams**3** ACCOUNT # (Ethics Commission filers)
00051245**4** Name of Contributor / Corporation or Labor Organization / Pledgor / Payee
Southwest Airlines**5** Contribution / Expenditure reported on:

☐ Schedule A ☐ Schedule B ☐ Schedule C ☐ Schedule D ☒ Schedule F ☐ Schedule G
☐ Schedule H ☐ Schedule N ☐ COH-UC ☐ COH-T ☐ PAC-C ☐ PAC-E

6 Dates of travel**7** Name of person(s) traveling

Casteel, Corbin

01/28/2009

8 Departure city or name of departure location

Austin TX

01/28/2009

9 Destination city or name of destination location

Baltimore MD

10 Means of transportation
Airline**11** Purpose of travel (including name of conference, seminar, or other event)
RNC Winter Meeting