#### OFFICIAL RECORD CITY SECRETARY FT. WORTH, TX

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages file	<sup>rd:</sup> 7				
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR Mr.	<sub>FIRST</sub> Alan	мі J	OFFICE	USE ONLY				
NAME	NICKNAME	LAST Blaylock	SUFFIX	Date Received					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY; STATE; ZIP CODE	CSC APR 3	) REC'D '25 PM2:06				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered					
6 CAMPAIGN TREASURER	MS / MRS / MR Mr.	FIRST Brian	MI	Receipt #	Amount \$				
NAME	NICKNAME	LAST	SUFFIX	Date Processed					
		Black		Date Imaged					
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	9136 Tate Ave Fort Worth, TX	9	SUITE #; CITY;	STATE;	ZIP CODE				
8 CAMPAIGN TREASURER PHONE	(817 )	938-3365	EXTENSION						
9 REPORT TYPE	January 15 July 15	30th day before	lection Exceeded Modified	treasurer ap (Officeholde					
			Reporting Limit						
10 PERIOD COVERED	Month 1	/ 1 / 25	THROUGH 3	Day Year  / 24 / 25					
11 ELECTION	ELECTION DA	TE	ELECTION TYPE						
	Month Day	Year Primary	Runoff Other Description						
	5 / 3 /	✓ 25 General							
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	n)					
	City Council	District 10	City Council Dist	rict 10					
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES,								
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME							
Additional Pages	GENERAL	COMMITTEE ADDRESS							
	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME						
		COMMITTEE CAMPAIGN TE	REASURER ADDRESS						
	GO TO PAGE 2								

#### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

	#31 55		
15 C/OH NAME Alan Blaylock		<b>16</b> Filer ID (I	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	<ol> <li>TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)</li> </ol>	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,052.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$	3,867.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$	78,821.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	25,000.00
rec	guired to be reported by me under Title 15, Election Code.  Signature of Car	Addate or Of	fficeholder
	Please complete either option below	:	
(1) Affidavit	CRISTIAN CHAVEZ Notary ID #135059068 My Commission Expires August 26, 2028		
NOTARY STAMP/SEA	1 1 7		4
Sworn to and subscribed		3 <u>d</u> da	y of <u>APril</u>
20 25 , to certify	which, witness my hand and seal of office.		Natery
Signature of officer administe		Title	of officer administering oath
(2) Unsworn Declarati	on on		
My name is	, and my date of birth is		
My address is			
Executed in	(street) (city) (s County, State of , on the day of (month)		code) (country) 0 (year)
	Signature of Candid	ate/Officeholo	der (Declarant)

#### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

	P FILER NAME Alan Blaylock 20 Filer ID (Ethics Com						
	EDULE SUBTOTALS IE OF SCHEDULE			SUBTOTAL AMOUNT			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS						
2.	SCHEDULEA2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.	SCHEDULE E: LOANS	\$					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	\$	3,867.41				
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD						
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	\$					
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER						

#### **MONETARY POLITICAL CONTRIBUTIONS**

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this fo	rm.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
(see attach	ed)		The second secon
4 Date	5 Full name of contributor out-of-state PAC (ID:	#:	7 Amount of contribution (\$)
	6 Contributor address; City;		
8 Principal occu	pation / Job title (See Instructions) 9	Employer (See Instruct	tions)
	Full name of contributor		
Date	Full name of contributor out-of-state PAC (ID	#:	Amount of contribution (\$)
	595   2007   3 200   2	State; Zip Code	
		VI	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC (ID	#:)	Amount of contribution (\$)
10710 P. 1072	and the state of t		Amount of contribution (a)
	Contributor address; City;	State; Zip Code	
Principal occur	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Fillicipal occu	Salott / 500 title (See Instructions)	Employer (See instruc	uons,
		1	
Date	Full name of contributor out-of-state PAC (ID	)#:)	Amount of contribution (\$)
07937-048-4500-21	The state of the s		en en Konstat Proposition (Langua Commission
	Contributor addrese: City		
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
	5 (5)		
	ATTACH ADDITIONAL COPIES OF		
	If contributor is out-of-state PAC, please see Instruct	ion guide for additional	reporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 8/17/2020

# Monetary Contributions

1/15/2025	1/29/2025	2/19/2025	2/21/2025	3/18/2025	3/21/2025	3/25/2025	Date
\$250.00 Jim	\$200.00 Travis	\$1.00	\$1.00 Bennie	\$1,000.00	\$100.00 Jim	\$500.00 JEFF	Amount First Name
Jim	Travis	Justin	Bennie	3/18/2025 \$1,000.00 Edwards Geren, Ltd	Jim	JEFF	First Name
Dunaway	Clegg	Epker	Shearer		DeLong	DAVIS	Last Name Address
500 Alta Drive	4020 volk cort	10907 Cinderella Lane	1401 Bassett Hound Drive Haslet	4200 S Hulen St	8704 Granite Court	2325 Mistletoe Drive	Address
Fort Worth TX	Fort Worth	Dallas	Haslet	Fort Worth TX	Fort Worth TX	Fort Worth TX	City
X	X	X	X	X	X	X	State Zip
76107 Retired R	76244 Westwood Professional Services C	75229 Retired R	76052 Retired R	76109 NA N	76179 Changing Your City F	76110 Republic Title m	Employer
Retired	Civil Engineer	Retired	Retired	Ā	Founder	manager	Occupation

### POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to d	complete this form.				
Total pages Schedule F1:	2 FILER NAME (see attached)	3 Filer ID (Ethics Commission Fi				
Date	5 Payee name			20		
Amount (\$)	7 Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
	(c) Check if travel outside of Texas. Complete Schedule T.	in, TX, officeholder livin	g expense			
Omplete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	e; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas. Complete Schedule T.	tin, TX, officeholder livin	g expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description				
	Check if travel outside of Texas, Complete Schedule T,	stin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	and the second s	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			

# Expenditures

3/24/2025	1/15/2025	1/8/2025	1/14/2025	1/22/2025	1/31/2025	2/10/2025	2/14/2025	3/3/2025	3/18/2025	3/24/2025	Date
\$84.18 Anedot	\$100.00	\$256.06	\$250.00	\$1,500.00	\$250.00	\$256.11	\$172.80	\$256.21	\$250.00	\$452.05	Amount Name
Anedot	City of Fort Worth	AT&T	Catalyst Advisors Group	Catalyst Advisors Group	Catalyst Advisors Group	AT&T	Catalyst Advisors Group	AT&T	Catalyst Advisors Group	Catalyst Advisors Group	Name
1240 Poydras St. Suite 177 New Orleans LA	100 Fort Worth Trail	8917 North Freeway	1108 Lavaca St. 110-506	1108 Lavaca St. 110-506	1108 Lavaca St. 110-506	8917 North Freeway	\$172.80 Catalyst Advisors Group 1108 Lavaca St. 110-506	8917 North Freeway	Catalyst Advisors Group 1108 Lavaca St. 110-506	\$452.05 Catalyst Advisors Group 1108 Lavaca St. 110-506	Addess
7 New Orleans	Fort Worth	Fort Worth	Austin	Austin	Austin	Fort Worth	Austin	Fort Worth	Austin	Austin	City
5	スス	X	X	X	X	X	×	X	X	X	State Zip
70122	76102	76177	78701	78701	78701	76177	78701	76177	78701	78701	Zip
70122 Fees CC Processing	76102 Filing Fee	76177 Office Expense	78701 Consulting Expense	78701 Campaign Signs	'8701 Consulting Expense	76177 Office Expense	78701 Office Expense	6177 Office Expense	8701 Consulting Expense	8701 Website Hosting	Category
CC Processing	Constituent Meeting		Consulting		Consulting				Consulting		Description