

OFFICIAL RECORD  
CITY SECRETARY  
FT. WORTH, TX

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM C/OH  
COVER SHEET PG 1**

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 25		
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mary K NICKNAME LAST SUFFIX Kelleher	<b>OFFICE USE ONLY</b>  Date Received  CSD REC'D APR 3 '25 PM3:38  Date Hand-delivered or Date Postmarked  Receipt # Amount \$  Date Processed  Date Imaged			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX: APT / SUITE #. CITY: STATE: ZIP CODE 7901 Randol Mill Rd Fort Worth, TX 76120				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 817 ) 880-5419				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Larry D NICKNAME LAST SUFFIX Langston				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE). APT / SUITE #. CITY: STATE: ZIP CODE 7901 Randol Mill Rd Fort Worth, TX 76120				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION ( 817 ) 360-0896				
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)				
10 PERIOD COVERED	Month Day Year Month Day Year 1 / 14 / 2025 THROUGH 4 / 3 / 2025				
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year 5 / 3 / 2025 <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (if any) Board Member, Tarrant Co. Regional Water District	13 OFFICE SOUGHT (if known) City Council, District 5			
14 NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. <table border="1"><tr><td>COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC</td><td>COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS</td></tr></table>			COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME  COMMITTEE ADDRESS  COMMITTEE CAMPAIGN TREASURER NAME  COMMITTEE CAMPAIGN TREASURER ADDRESS				
<b>GO TO PAGE 2</b>					

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME Mary Kelleher		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 21,166.70
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 21,166.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 41,552.64
	4. TOTAL POLITICAL EXPENDITURES	\$ 41,552.64
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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

*Mary Kelleher*  
Signature of Candidate or Officeholder

Please complete either option below:

## (1) Affidavit

NOTARY STAMP/SEAL

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

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

## (2) Unsworn Declaration

My name is Mary Kelleher, and my date of birth is 4/2/63.

My address is 7901 Randol Mill Road, Fort Worth, TX, 76120, USA.  
(street) (city) (state) (zip code) (country)

Executed in Tarrant County, State of Texas, on the 3rd day of April, 2025.  
(month) (year)

*Mary Kelleher*  
Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME**

Mary Kelleher

**20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 25,166.70
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 22,015.79
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 19,536.85
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	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 form.		1 Total pages Schedule A1 10
2 FILER NAME Mary Kelleher		3 Filer ID (Ethics Commission Filers)
4 Date 1/25/25	5 Full name of contributor Ines Rosales <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City: State: Zip Code Fort Worth, TX 76120	7 Amount of contribution (\$) \$25
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1/28/25	Full name of contributor Laurence Beaver <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City: State: Zip Code Arlington, TX 76016	Amount of contribution (\$) \$191.70
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/28/25	Full name of contributor Wanda Conlin <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City: State: Zip Code Fort Worth, TX 76103	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1/28/25	Full name of contributor Donald J Klick <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City: State: Zip Code Fort Worth, TX 76111	Amount of contribution (\$) \$250
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date  2/7/25	5 Full name of contributor Billy J Martin <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address, City: State: Zip Code [REDACTED] Arlington, TX 76017	7 Amount of contribution (\$) \$100  \$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  2/4/25	Full name of contributor Jennifer Frank <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address, City: State: Zip Code [REDACTED] Fort Worth, TX 76133	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  2/5/25	Full name of contributor Patricia Salinas <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address, City: State: Zip Code [REDACTED] Arlington, TX 76016	Amount of contribution (\$) \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  2/7/25	Full name of contributor Mark Kimball <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address, City: State: Zip Code [REDACTED] Fort Worth, TX 76135	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Roger L. Yandell	7 Amount of contribution (\$)
2/7/25	6 Contributor address: City: State: Zip Code [REDACTED] Fort Worth, TX 76123	\$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Dean	Amount of contribution (\$)
2/7/25	Contributor address: City: State: Zip Code [REDACTED] Fort Worth, TX 76120	\$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) David Fulson	Amount of contribution (\$)
2/10/25	Contributor address: City: State: Zip Code [REDACTED] Fort Worth, TX 76120	\$1,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Lee Sorrells	Amount of contribution (\$)
2/12/25	Contributor address: City: State: Zip Code [REDACTED] Azle, TX 76020	\$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1:	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date  2/13/25		5 Full name of contributor Timothy Nold <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address, City: State: Zip Code Fort Worth, TX 76102		7 Amount of contribution (\$)  \$100	
8 Principal occupation / Job title (See Instructions)				9 Employer (See Instructions)	
Date  2/13/25		Full name of contributor David Mosby <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address, City: State: Zip Code Arlington, TX 76015		Amount of contribution (\$)  \$50	
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date  2/14/25		Full name of contributor Catherine Giardino <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address, City: State: Zip Code Fort Worth, TX 76102		Amount of contribution (\$)  \$200	
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date  2/14/25		Full name of contributor Wayne Arendsee <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address, City: State: Zip Code Fort Worth, TX 76110		Amount of contribution (\$)  \$5,000	
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.					

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date  2/15/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Ramsey Shoufi 6 Contributor address: City: State: Zip Code Fort Worth, TX 76120	7 Amount of contribution (\$)  \$300
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  2/16/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Stephanie Zanfino Contributor address: City: State: Zip Code Watauga, TX 76148	Amount of contribution (\$)  \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  2/19/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Layla Caraway Contributor address: City: State: Zip Code Fort Worth, TX 76137	Amount of contribution (\$)  \$25
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  2/25/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Donn Nelson Jr Contributor address: City: State: Zip Code Frisco, TX 75034	Amount of contribution (\$)  \$5,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/25 2/27/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Cindy Boling 6 Contributor address: City: State: Zip Code [REDACTED] Fort Worth, TX 76103	7 Amount of contribution (\$) \$100
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/27/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Susan Kennemer Contributor address: City: State: Zip Code [REDACTED] Fort Worth, TX 76120	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/5/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Montgomery Bennett Contributor address: City: State: Zip Code [REDACTED] Dallas, TX 75254	Amount of contribution (\$) \$5,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/4/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Gary Cumbie Contributor address: City: State: Zip Code [REDACTED] Fort Worth, TX 76103	Amount of contribution (\$) \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

## SCHEDULE A1

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

Revised 11/15/2022

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 3/10/25	5 Full name of contributor Shelley Mayo <input type="checkbox"/> out-of-state PAC (ID#: 6 Contributor address: Fort Worth, TX 76120 City: State: Zip Code	7 Amount of contribution (\$) \$150
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/10/25	Full name of contributor Carol Merchant Contributor address: Fort Worth, TX 76120 <input type="checkbox"/> out-of-state PAC (ID#: City: State: Zip Code	Amount of contribution (\$) \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/25	Full name of contributor Mary Kelleher Contributor address: Fort Worth, TX 76120 <input type="checkbox"/> out-of-state PAC (ID#: City: State: Zip Code	Amount of contribution (\$) \$2,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/12/25	Full name of contributor Richard Delossantos Contributor address: Joshua, TX 76058 <input type="checkbox"/> out-of-state PAC (ID#: City: State: Zip Code	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**MONETARY POLITICAL CONTRIBUTIONS****SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date  3/12/25	5 Full name of contributor Lateph Adeniji <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address; City; State; Zip Code [REDACTED] Arlington, TX 76010	7 Amount of contribution (\$)  \$250
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  3/14/25	Full name of contributor Leigh Gilliland <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [REDACTED] Fort Worth, TX 76179	Amount of contribution (\$)  \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  3/17/25	Full name of contributor Susan Kennemer <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [REDACTED] Fort Worth, TX 76120	Amount of contribution (\$)  \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  3/17/25	Full name of contributor Daniel Fox <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code [REDACTED] Fort Worth, TX 76112	Amount of contribution (\$)  \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

**SCHEDULE A1**

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date  3/20/25	5 Full name of contributor Mark Singletary Contributor address: [REDACTED] City: Fort Worth, TX 76120 State: Zip Code <input type="checkbox"/> out-of-state PAC (ID#: )	7 Amount of contribution (\$)  \$400
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date  3/22/25	Full name of contributor Julie Amendola Contributor address: [REDACTED] City: Arlington, TX 77022 State: Zip Code <input type="checkbox"/> out-of-state PAC (ID#: )	Amount of contribution (\$)  \$50
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  3/23/25	Full name of contributor Ronda Canfield Contributor address: [REDACTED] City: Fort Worth, TX 76120 State: Zip Code <input type="checkbox"/> out-of-state PAC (ID#: )	Amount of contribution (\$)  \$200
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date  3/24/25	Full name of contributor Robin Sommerfeld Contributor address: [REDACTED] City: Fort Worth, TX 76120 State: Zip Code <input type="checkbox"/> out-of-state PAC (ID#: )	Amount of contribution (\$)  \$100
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

# 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <b>9</b>		<b>2</b> FILER NAME <b>Mary Kelleher</b>		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <b>1/2/25</b>		<b>5</b> Payee name <b>Bank of America</b>			
<b>6</b> Amount (\$) <b>\$16</b>		<b>7</b> Payee address; City; State; Zip Code <b>100 North Tryon St Charlotte NC 28255</b>			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>		(b) Description <b>Bank Fees</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>1/31/25</b>		Payee name <b>Anedot</b>			
Amount (\$) <b>\$9.60</b>		Payee address; City; State; Zip Code <b>1340 Poydras St #1770 New Orleans LA 70112</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		Description <b>Fees</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>2/2/25</b>		Payee name <b>Bank of America</b>			
Amount (\$) <b>\$16</b>		Payee address; City; State; Zip Code <b>100 North Tryon St Charlotte NC 28255</b>			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>		Description <b>Bank Fees</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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

# 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------	---------------------------------------

4 Date 2/3/25	5 Payee name Gyna Bivens
------------------	-----------------------------

6 Amount (\$) \$100	7 Payee address; PO BOX 8185 Fort Worth TX 76124	City;	State;	Zip Code
------------------------	---	-------	--------	----------

8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Admission Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2/6/25	Payee name Northwest Engravers
----------------	-----------------------------------

Amount (\$) \$123.51	Payee address; 3300 S Cherry Ln Fort Worth TX 76116	City;	State;	Zip Code
-------------------------	--	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Name Tag Engraving
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date 2/7/25	Payee name Kwik Kopy
----------------	-------------------------

Amount (\$) \$75.78	Payee address; 1850 Handley Dr Fort Worth TX 76112	City;	State;	Zip Code
------------------------	---	-------	--------	----------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Business Cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 2/7/25		5 Payee name EFWBA			
6 Amount (\$) \$15		7 Payee address; City; State; Zip Code PO BOX 8861 Fort Worth TX 76124			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Lunch Fee		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/18/25		Payee name QuickTrip			
Amount (\$) \$70.20		Payee address; City; State; Zip Code 1110 N Beltline Rd Grand Prairie TX 75050			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Travel In-District		Description Fuel		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 2/19/25		Payee name HF Custom Solutions			
Amount (\$) \$62.23		Payee address; City; State; Zip Code 2612 Waggoman St Fort Worth TX 76110			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Embroidery Setup		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 2/19/25		5 Payee name HF Custom Solutions			
6 Amount (\$) \$251.59		7 Payee address; City; State; Zip Code 2612 Waggoman St Fort Worth TX 76110			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Campaign Shirts and Embroidery		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/20/25		Payee name K&R Graphics			
Amount (\$) \$3718.39		Payee address; City; State; Zip Code 3915 Main Street Dallas TX 75226			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/20/25		Payee name Primal Fundraising			
Amount (\$) \$1,170		Payee address; City; State; Zip Code 5706 E Mockingbird Ln Ste 115-382 Dallas TX 75206			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense		Description Campaign Services		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 2/24/25		5 Payee name FWRW			
6 Amount (\$) \$31.00		7 Payee address; City; State; Zip Code PO BOX 101613 Fort Worth TX 76185			
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Admission/Lunch Fee		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/24/25		Payee name NextDay Flyers			
Amount (\$) \$268.89		Payee address; City; State; Zip Code 1130 Ave H East Arlington TX 76011			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Flyer Printing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2/2/25		Payee name NextDay Flyers			
Amount (\$) \$320.85		Payee address; City; State; Zip Code 1130 Ave H East Arlington TX 76011			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense		Description Flyer Printing		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date 2/28/25 5 Payee name A21 Solutions

6 Amount (\$) \$1,000.00 7 Payee address; City; State; Zip Code 750 Otay Lakes Rd. Ste 147 Chula Vista CA 91910

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Logo/Website/Design (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 2/28/25 Payee name Anedot

Amount (\$) \$252.00 Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans LA 70112

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense Description Fees (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 3/2/25 Payee name Bank of America

Amount (\$) \$16.00 Payee address; City; State; Zip Code 100 North Tryon St Charlotte NC 28255

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Accounting/Banking Description Bank Fees (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/2/25		<b>5</b> Payee name No Frills Grill			
<b>6</b> Amount (\$) \$78.94		<b>7</b> Payee address; City; State; Zip Code 1550 Eastchas Pkwy #1200 Fort Worth TX 76120			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule)  Food/Beverage		<b>(b)</b> Description  Volunteer Lunch		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/3/25		Payee name S2SS			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 777 Main St. Fort Worth TX 76102			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  Digital Advertising		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 3/4/25		Payee name K&R Graphics			
Amount (\$) \$2,489.75		Payee address; City; State; Zip Code 3915 Main Street Dallas TX 75226			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		Description  Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>					

# 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 Date 3/12/25 5 Payee name Primal Fundraising

6 Amount (\$) \$3,000.00 7 Payee address; City; State; Zip Code 5706 E Mockingbird Ln Ste 115-382 Dallas TX 75206

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Campaign Services (c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 3/12/25 Payee name Clear Channel Outdoor

Amount (\$) \$6,683.53 Payee address; City; State; Zip Code PO BOX 847247 Dallas TX 75284

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Expense Description ill oard Printing/ nstall/Rental ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date 3/17/25 Payee name Racetrac

Amount (\$) \$70.07 Payee address; City; State; Zip Code 5000 Davis Blvd N Richland Hills, TX 76180

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Travel In-District Description Fuel ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM 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  
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1:		<b>2</b> FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/18/25		<b>5</b> Payee name Walmart			
<b>6</b> Amount (\$) \$21.56		<b>7</b> Payee address; City; State; Zip Code 8401 Anderson Blvd Fort Worth TX 76120			
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage		<b>(b)</b> Description Water, Snacks for Volunteers		
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/24/25		Payee name A21 Solutions			
Amount (\$) \$1,000.00		Payee address; City; State; Zip Code 750 Otay Lakes Rd. Ste 147 Chula Vista CA 91910			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Digital Ad Design		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 3/24/25		Payee name Anedot			
Amount (\$) \$154.90		Payee address; City; State; Zip Code 1340 Poydras St #1770 New Orleans LA 70112			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense		Description Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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

**UNPAID INCURRED OBLIGATIONS****SCHEDULE F2**If the requested information is not applicable, **DO NOT** include this page in the report.**EXPENDITURE CATEGORIES FOR BOX 10(a)**Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political CommitteeEvent Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal ServicesLoan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract LaborSolicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F2: <b>3</b>	<b>2</b> FILER NAME <b>Mary Kelleher</b>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		<b>\$ 19,536.85</b>
<b>5</b> Date <b>1/15/25</b>	<b>6</b> Payee name <b>S2SS</b>	
<b>7</b> Amount (\$) <b>\$5,000.00</b>	<b>8</b> Payee address; City; State; Zip Code <b>777 Main St. Fort Worth TX 76102</b>	
<b>9</b> TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
<b>10</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description <b>General Consulting</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>11</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date <b>2/15/25</b>	Payee name <b>S2SS</b>	
Amount (\$) <b>\$5,000.00</b>	Payee address; City; State; Zip Code <b>777 Main St. Fort Worth TX 76102</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>General Consulting</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b>		

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
----------------------------	--------------	---------------------------------------

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
---	----

5 Date 3/24/25	6 Payee name S2SS
-------------------	----------------------

7 Amount (\$) \$2,536.85	8 Payee address; 777 Main St. Fort Worth TX 76102	City;	State;	Zip Code
-----------------------------	--	-------	--------	----------

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
-----------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Advertising
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
--	-------------------------------	---------------	-------------

Date 3/15/25	Payee name S2SS
-----------------	--------------------

Amount (\$) \$5,000.00	Payee address; 777 Main St. Fort Worth TX 76102	City;	State;	Zip Code
---------------------------	--	-------	--------	----------

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	---	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description General Consulting
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 2 FILER NAME 3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS

\$

5 Date

3/24/25

6 Payee name

A21 Solutions

7 Amount (\$)

\$2,000.00

8 Payee address;

City;

State;

Zip Code

750 Otoy Lakes Rd. Ste 147 Chula Vista CA 91910

9 TYPE OF EXPENDITURE



Political



Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

Advertising Expense

(b) Description

Video/Digital/Print Design

(c) ☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

Date

Payee name

Amount (\$)

Payee address;

City;

State;

Zip Code

TYPE OF EXPENDITURE



Political



Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Description

☐ Check if travel outside of Texas. Complete Schedule T.

☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED