OFFICIAL RECORD
CITY SECRETARY

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FT. WORTH, TX FORM C/OH COVER SHEET PG 1

|   |  |                            | Tr sween   |  |                    |
|---|--|----------------------------|--|--|--------------------|
| The C/OH Instruction G  | uide explains how                        | to complete this form.     | 1 Filer ID (Ethics Commission Filers)  | 2 Total pages filed:                                     | 25                 |
| 3 CANDIDATE /<br>OFFICEHOLDER                                 | MS / MRS / MR                            | FIRST Mary                 | мі<br>К  | OFFICE US  | E ONLY             |
| NAME  | NICKNAME                                 | Kelleher                   | SUFFIX   | Date Received  |                    |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address | ADDRESS / PO BOX:                        |                            | CITY: STATE: ZIP CODE  Fort Worth, TX 76120  | CSO F<br>APR 3 '2  | REC'D<br>25 PM3:38 |
| 5 CANDIDATE/<br>OFFICEHOLDER<br>PHONE                         | ( 817 ) 8                                | PHONE NUMBER<br>80-5419    | EXTENSION  | Date Hand-delivered or I                                 |                    |
| 6 CAMPAIGN<br>TREASURER                                       | MS / MRS / MR                            | FIRST<br>Larry             | мі<br>D  | Receipt # A  | Amount \$          |
| NAME  | NICKNAME                                 | LAST                       | SUFFIX   | Date Processed   |                    |
|   |  | Langston                   |  | Date Imaged  |                    |
| 7 CAMPAIGN<br>TREASURER                                       | STREET ADDRESS (                         | NO PO BOX PLEASE). APT / S |  |  | ZIP CODE           |
| ADDRESS (Residence or Business)                               | 7901 Rando                               | ol Mill Rd                 | Fort Worth, T  | X 76120  |                    |
| 8 CAMPAIGN<br>TREASURER<br>PHONE                              | AREA CODE ( 817 ) 36                     | PHONE NUMBER               | EXTENSION  |  | ,                  |
| 9 REPORT TYPE   | January 15                               | 30lh day before o          | election Runoff  | 15th day after c<br>treasurer appoir<br>(Officeholder Or | ntment             |
|   | July 15                                  | 8th day before ele         | ection Exceeded Modified Reporting Limit   | Final Report (At   | ach C/OH - FR)     |
| 10 PERIOD<br>COVERED  | Month 1                                  | Day Year / 2025            | THROUGH 4  | Day Year 7   | ;                  |
| 11 ELECTION   | ELECTION DA                              | TE                         | ELECTION TYPE  | 0 0 0  |                    |
|   | Month Day                                | Year Primary               | Runoff Other   |  |                    |
|   | 5 / 3 /                                  | 2025 General               | Description Special  |  |                    |
| 12 OFFICE   | office HELD (if any)<br>ard Member, Tarr | ant Co. Regional Water     | District OFFICE SOUGHT (If known   |  |                    |
| 14 NOTICE FROM POLITICAL                                      | THE CANDIDATE / OFFIC                    | EHOLDER. THESE EXPENDITURE | ACCEPTED OR POLITICAL EXPENDITURES IN SEMAY HAVE BEEN MADE WITHOUT THE CAN INED TO REPORT THIS INFORMATION ONLY IF | DIDATE'S OR OFFICEHOLDER                                 | 'S KNOWLEDGE OR    |
| COMMITTEE(S)  | COMMITTEE TYPE                           | COMMITTEE NAME             |  |  |                    |
| Additional Pages  | GENERAL                                  | COMMITTEE ADDRESS          |  |  |                    |
|   | SPECIFIC                                 | COMMITTEE CAMPAIGN TRI     | EASURER NAME   |  |                    |
|   |  | COMMITTEE CAMPAIGN TR      | REASURER ADDRESS   |  |                    |
|   |  | GO TO                      | PAGE 2   |  |                    |

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

| OAIMI AICI                    |   |  |
|-------------------------------|---|--|
| 15 C/OH NAME                  | Mary Kelleher   | Filer ID (Ethics Commission Filers)                            |
| 17 CONTRIBUTION<br>TOTALS     | 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<br>TOTALS         | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 41,552.64   |
|                               | 4. TOTAL POLITICAL EXPENDITURES   | \$ 41,552.64   |
| CONTRIBUTION<br>BALANCE       | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D<br>OF REPORTING PERIOD   | AY \$  |
| OUTSTANDING<br>LOAN TOTALS    | <ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE<br/>LAST DAY OF THE REPORTING PERIOD</li> </ol>                            | \$ \$  |
| 18 SIGNATURE I s              | wear, or affirm, under penalty of perjury, that the accompanying report is true ar quired to be reported by me under Title 15, Election Code. | nd correct and includes all information                        |
|                               | Many Alle<br>Signature of Candi   | date or Officeholder   |
|                               | Please complete either option below:  |  |
| (1) Affidavit                 |   |  |
| NOTARY STAMP/SE               | AL.   |  |
| Sworn to and subscribed       | before me by this the<br>y which, witness my hand and seal of office.   | day of,  |
| Signature of officer administ | ering oath Printed name of officer administering oath   | Title of officer administering oath                            |
|                               | OR  |  |
| (2) Unsworn Declarate         | ion   | .11 11 12  |
| My name is 1901               | N Kelleher , and my date of birth is  | 412163<br>X 76120 USA  |
| Executed in Tarro             | (street) (state of Texas on the 3rd day of April (mouth)  Signature of Candida  | (zip code) (country)  2025 (year)  te/Officeholder (Declarant) |

### SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

| 19 FILER<br>Mary | NAME<br>Kelleher  | 20 Filer ID (Ethics Com | mission Filers | )     |
|------------------|---|-------------------------|----------------|-------|
|                  | OULE SUBTOTALS<br>OF SCHEDULE   |                         | SUBTOT         |       |
| 1.               | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                             |                         | \$ 25,166      | 3.70  |
| 2.               | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS               |                         |                |       |
| 3.               | 3. SCHEDULE B: PLEDGED CONTRIBUTIONS                                      |                         |                |       |
| 4.               | SCHEDULE E: LOANS   |                         |                |       |
| 5.               | 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS  |                         |                | 5.79  |
| 6.               | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                  |                         | \$ 19,53       | 36.85 |
| 7.               | 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS |                         |                |       |
| 8.               | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                             |                         | \$             |       |
| 9.               | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU                  | INDS                    | \$             |       |
| 10.              | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO                  | A BUSINESS OF C/OH      | \$             |       |
| 11.              | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO             | ONTRIBUTIONS            | \$             |       |
| 12.              | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER       | JTIONS RETURNED         | \$             |       |

### SCHEDULE A1

| The  | Instruction Guide explains how           | to complete this t    | form.                           | 1 Total pages Schedule A1 10          |
|--|--|-----------------------|---------------------------------|---------------------------------------|
| FILER NAME   | Mary Kelleher                            |                       |                                 | 3 Filer ID (Ethics Commission Filers) |
| Date   | 5 Full name of contributor ines Rosales  | out-of-state PAC      | (ID#)                           | 7 Amount of contribution (\$)         |
| 1/25/25  | 6 Contributor address;                   | city:<br>Fort Worth   | State: Zip Code                 | <b>\$25</b>                           |
| Principal occi   | apation / Job title (See Instructions)   |                       | 9 Employer (See Instruc         | tions)                                |
| Date   | Full name of contributor                 | Out-of-state PAC      | (ID#:)                          | Amount of contribution (\$)           |
| 1/28/25  | Contributor address:                     | city: Arlingtor       | State: Zip Code                 | \$191.70                              |
| Principal occupation / Job title (See Instructions) Employer |  | Emplayer (See Instruc | ee Instructions)                |                                       |
| Date   | Full name of contributor Wanda Conlin    | Out-of-state PAC      | (ID#:)                          | Amount of contribution (\$)           |
| 1/28/25  | Contributor address;                     | City:                 | State: Zip Code<br>th, TX 76103 | \$100                                 |
| Principal occ  | upation / Job title (See Instructions)   | )                     | Employer (See Instru            | ctions)                               |
| Date   | Full name of contributor  Donald J Klick | out-of-state PA       | C (ID#:)                        | Amount of contribution (\$)           |
| 1/28/25  | Contributor address;                     | City:<br>Fort Wo      | State: Zip Code                 | \$250                                 |
| Principal occ  | cupation / Job title (See Instructions   | 3)                    | Employer (See Instru            | uctions)                              |
|  |  |                       |                                 |                                       |

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Revised 11/15/2022

| The            | Instruction Guide explains how               | to complete this | form.                  | 1 Total pages Schedule A1:             |
|----------------|--|------------------|------------------------|--|
| FILER NAME     |  | 4,0 4            |                        | 3 Filer ID (Ethics Commission Filers)  |
| Date           | 5 Full name of contributor<br>Billy J Martin |                  | : (ID#)                | 7 Amount of contribution (\$)<br>\$100 |
| 2/7/25         | 6 Contributor address.                       | City;            | State: Zip Code        | \$100                                  |
|                |  | Arlingt          | on, TX 76017           |  |
| Principal occu | pation: Job title (See Instructions)         |                  | 9 Employer (See Instru | ctions)                                |
| Date           | Full name of contributor  Jennifer Frank     | Out-of-state PAG | C (ID#:)               | Amount of contribution (\$)            |
| 2/4/25         | Contributor address;                         | City;            | State, Zip Code        | \$200                                  |
|                |  | Fort Wo          | orth, TX 76133         |  |
| Principal occu | pation / Job title (See Instructions)        |                  | Employer (See Instru   | l ctions)                              |
| Date           | Full name of contributor                     | out-of-state PA  | C (ID#:)               | Amount of contribution (\$)            |
| 2/5/25         | Patricia Salinas                             |                  |                        | \$200                                  |
|                | Contributor address,                         | City:            | State: Zip Code        |  |
|                |  |                  | ton, TX 76016          |  |
| Principal occi | apation / Job title (See Instructions)       |                  | Employer (See Instru   | ictions)                               |
| Date           | Full name of contributor  Mark Kimball       |                  | AC (ID#:               | Amount of contribution (\$)            |
| 2/7/25         | Contributor address;                         | City;            | State: Zip Code        | \$100                                  |
|                |  | Fort Wo          | orth, TX 76135         |  |
| Principal occ  | upation / Job title (See Instructions)       | )                | Employer (See Instr    | uctions)                               |
|                |  |                  |                        |  |
|                |  |                  |                        |  |
|                |  |                  |                        |  |
|                |  |                  |                        |  |
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|         | If the requested information is not applicable, DO NOT include this page in the report. |  |                                   |                                       |  |  |
|---------|---|--|-----------------------------------|---------------------------------------|--|--|
| ******* | The   | Instruction Guide explains how to complete thi | s form.                           | 1 Total pages Schedule A1             |  |  |
| 2       | FILER NAME  | ,        | P. 84 4.44                        | 3 Filer ID (Ethics Commission Filers) |  |  |
| 4       | Date  | Roger L. Yandell                               | C (ID#)                           | 7 Amount of contribution (\$)         |  |  |
|         | 2/7/25  | 6 Contributor address. City; Fort Wo           | State: Zip Code<br>orth, TX 76123 | \$100                                 |  |  |
| 8       | Principal occu  | pation / Job title (See Instructions)          | 9 Employer (See Instruc           | tions)                                |  |  |
|         | Date  | Full name of contributor                       | IC (ID#:)                         | Amount of contribution (\$)           |  |  |
|         | 2/7/25  | Contributor address; City.                     | State. Zip Code                   | \$100                                 |  |  |
|         | Principal occup   | ation / Job title (See Instructions)           | Employer (See Instruc             | tions)                                |  |  |
|         | Date  | Full name of contributor                       | AC (ID#:)                         | Amount of contribution (\$)           |  |  |
|         | 2/10/25   | Contributor address; City;                     | State: Zip Code                   | \$1,000                               |  |  |
|         | Principal occu  | pation / Job title (See Instructions)          | Employer (See Instruc             | itions)                               |  |  |
|         | Date  | Full name of contributor                       | AC (ID#:)                         | Amount of contribution (\$)           |  |  |
|         | 2/12/25   | Contributor address; City; Azle, TX            | State; Zip Code<br>K 76020        | \$100                                 |  |  |
|         | Principal occu  | L  | Employer (See Instruc             | ctions)                               |  |  |
|         |   |  |                                   |                                       |  |  |
|         |   | ATTACH ADDITIONAL COPIES                       |                                   |                                       |  |  |

|     | The  | Instruction Guide explains how              | to complete this       | form.                    | 1 Total pages Schedule A1:            |
|-----|--|---|------------------------|--------------------------|---------------------------------------|
| FIL | ER NAME  |   |                        |                          | 3 Filer ID (Ethics Commission Filers) |
| Da  | 113/25   |   | .,,                    | (ID#I                    | 7 Amount of contribution (\$) \$100   |
|     | 10/20  | 6 Contributor address.                      | city:<br>Fort Wor      | th, TX 76102             |                                       |
| Pr  | incipal occu   | pation ! Job title (See Instructions)       |                        | 9 Employer (See Instruct | ions)                                 |
| Da  | ate  | Full name of contributor  David Mosby       | _                      | C (ID#:)                 | Amount of contribution (\$)           |
| 2/  | 13/25  | Contributor address:                        | City;                  | State; Zip Code          | \$50                                  |
|     |  |   | Arlingto               | n, TX 76015              |                                       |
| Pri | Principal occupation / Job title (See Instructions)  Employer (See Instructions) |   | Employer (See Instruct | ructions)                |                                       |
| D   | ate  | Full name of contributor Catherine Giardino |                        | C (ID#:                  | Amount of contribution (\$)           |
| 2/  | 14/25  | Contributor address,                        | City:                  | State: Zip Code          | \$200                                 |
|     |  |   | Fort Wo                | rth, TX 76102            |                                       |
| Pi  | nncipal occu   | pation / Job title (See Instructions)       |                        | Employer (See Instruc    | (enoits                               |
| D   | Pate   | Full name of contributor                    | Out-of-state PA        | AC (ID#:)                | Amount of contribution (\$)           |
| 2   | /14/25   | Wayne Arendsee  Contributor address;        | City;                  | State: Zip Code          | \$5,000                               |
|     |  |   | Fort W                 | orth, TX 76110           |                                       |
| Þ   | rincipal occi  | upation / Job title (See Instructions)      |                        | Employer (See Instru     | ctions)                               |
|     |  |   | ,                      |                          |                                       |
|     |  |   | ,                      |                          |                                       |
|     |  |   |                        |                          |                                       |
|     |  |   |                        |                          |                                       |
|     |  |   |                        |                          |                                       |

#### SCHEDULE A1

|    | The            | Instruction Guide explains how (           | to complete this  | form.                   | 1 Total pages Schedule A1             |
|----|----------------|--|-------------------|-------------------------|---------------------------------------|
| =1 | LER NAME       |  |                   |                         | 3 Filer ID (Ethics Commission Filers) |
| D: | ate            | Full name of contributor     Ramsey Shoufi | out-of-state PAC  | (ID#)                   | 7 Amount of contribution (\$)         |
| 2  | /15/25         | 6 Contributor address;                     | City:             | State; Zip Code         | \$300                                 |
| P  | rincipal occu  | pation / Job title (See Instructions)      | 7 577 77 51       | 9 Employer (See Instruc | tions)                                |
| D  | ate            | Full name of contributor                   | out-of-state PAC  | (ID#:)                  | Amount of contribution (\$)           |
| 2  | /16/25         | Stephanie Zanfino  Contributor address:    | City:             | State: Zip Code         | \$50                                  |
| P  | nncipal occu   | pation / Job title (See Instructions)      | Watauga           | Employer (See Instruc   | itions)                               |
| -  |                | 1  |                   |                         |                                       |
| C  | Date           | Full name of contributor                   | out-of-state PAC  | 3 (ID#:                 | Amount of contribution (\$)           |
| 2  | 2/19/25        | Layla Caraway  Contributor address;        | City;             | State: Zip Code         | \$25                                  |
| F  | Principal occu | pation / Job title (See Instructions)      | - FOIL VVC        | Employer (See Instru    | ctions)                               |
| -  | Date           | Full name of contributor                   | ☐ out-of-state PA | C (ID#:)                | Amount of contribution (\$)           |
| ;  | 2/25/25        | Donn Nelson Jr  Contributor address:       | City;             | State; Zip Code         | \$5,000                               |
|    |                |  | Frisco            | , TX 75034              |                                       |
|    |                | upation / Job title (See Instructions)     |                   | Employer (See Instru    | ictions)                              |

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#### SCHEDULE A1

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

| FILER NAME       |  | form.                             | 1 Total pages Schedule A1:            |
|------------------|--|-----------------------------------|---------------------------------------|
|                  |  |                                   | 3 Filer ID (Ethics Commission Filers) |
| Date (           | Full name of contributor   | ((D#)                             | 7 Amount of contribution (\$) \$100   |
| 2/27/25          | 6 Contributor address. City:   | State: Zip Code<br>th, TX 76103   | φισσ                                  |
| Principal occup  | ation / Job title (See Instructions)   | 9 Employer (See Instructi         | ons)                                  |
| Date             |  | C (ID#:)                          | Amount of contribution (\$)           |
| 2/27/25          | Susan Kennemer  Contributor address: City:   | State. Zip Code                   | \$100                                 |
| Principal occupa | tion / Job title (See Instructions)  | Employer (See Instruct            | ions)                                 |
| Date             | Full name of contributor   | C (ID#:)                          | Amount of contribution (\$)           |
| 3/5/25           | Contributor address; Crty:   | State: Zip Code  Dallas, TX 75254 | \$5,000                               |
| Principal occup  | ation / Job title (See Instructions)   | Employer (See Instruc             | tions)                                |
| Date             | Section acceptance and the section of the section o | AC (ID#:)                         | Amount of contribution (\$)           |
| 3/4/25           | Gary Cumbie  Contributor address; City;  | State: Zip Code                   | \$100                                 |
| Principal occur  | Fort Wo  | Employer (See Instruc             | ctions)                               |

|   | The  | instruction Guide explains how to complete this fo | erm.                    | 1 Total pages Schedule A1:            |
|---|--|--|-------------------------|---------------------------------------|
|   | FILER NAME   |  |                         | 3 Filer ID (Ethics Commission Filers) |
|   | Date   | 5 Full name of contributor                         | 坤1                      | 7 Amount of contribution (\$)         |
|   | 3/5/25   |  | State: Zip Code         | \$1,000                               |
|   |  | Keller, TX   | 76248                   |                                       |
|   | Principal occu   | pation / Job title (See Instructions)  9           | Employer (See Instructi | ons)                                  |
|   | Date   | Danielle Tucker                                    | D#:                     | Amount of contribution (\$)           |
|   | 3/6/25   | Contributor address; City;                         | State. Zip Code         | \$250                                 |
|   |  | Euless,  | TX 76040                |                                       |
|   | Principal occupation / Job title (See Instructions)  Employer (See Instructions) |  | Employer (See Instruct  | ions)                                 |
|   | Date   | Roy Willis   | D#:                     | Amount of contribution (\$)           |
|   | 3/8/25   | Contributor address; City;                         | State: Zip Code         | \$1,000                               |
|   |  | Fort Wor   | th, TX 76179            |                                       |
| - | Principal occu   | pation / Job title (See Instructions)              | Employer (See Instruc   | tions)                                |
| - | Date   | 37   | IO#:                    | Amount of contribution (\$)           |
|   | 3/10/25  | Cherri Henderson  Contributor address: City:       | State; Zip Code         | \$25                                  |
|   | 0/10/20  |  | th, TX 76120            |                                       |
|   | Principal occu   | pation / Job title (See Instructions)              | Employer (See Instruc   | ctions)                               |
| = |  |  |                         |                                       |
|   |  |  |                         |                                       |
|   |  |  |                         |                                       |
|   |  |  |                         |                                       |

### SCHEDULE A1

prested information is not applicable. DO NOT include this page in the report.

| The I          | nstruction Guide explains how to complete this form.   |                                       |
|----------------|--|---------------------------------------|
| FILER NAME     |  | 3 Filer ID (Ethics Commission Filers) |
| Date           | 5 Full name of contributor out-of-state PAC (ID#) Shelley Mayo  6 Contributor address: City: State; Zip Code | 7 Amount of contribution (\$)         |
| 3/10/25        | Fort Worth, TX 76120   |                                       |
| Principal occu | pation / Job title (See Instructions)  9 Employer (See Instruc   | ctions)                               |
| Date           | Full name of contributor   | Amount of contribution (\$)           |
| 3/10/25        | Carol Merchant  Contributor address: City: State. Zip Code  Fort Worth, TX 76120                             | <b>\$50</b>                           |
| Principal occu | pation / Job title (See Instructions) Employer (See Instru   | ictions)                              |
| Date           | Full name of contributor   |                                       |
| 3/12/25        | Contributor address, City: State: Zip Code Fort Worth, TX 76120  | \$2,000                               |
| Principal occi | upation / Job title (See Instructions) Employer (See Instructions)   | uctions)                              |
| Date           | Full name of contributor   | Amount of contribution (\$)           |
| 3/12/25        | Contributor address: City; State: Zip Code  Joshua, TX 76058   | \$500                                 |
| Principal occ  | upation / Job title (See Instructions) Employer (See Inst  | ructions)                             |
|                |  |                                       |

#### SCHEDULE A1

| ted information is not applicable, DO NOT include this pa |  |
|---|--|
| Instruction Guide explains how to complete this form.     | 1 Total pages Schedule A1:                                 |
|   | 3 Filer ID (Ethics Commission Filers)                      |
| 5 Full name of contributor                                | 7 Amount of contribution (\$)                              |
| 6 Contributor address; City; State; Zip                   |  |
| Arlington, TX 76010                                       | )  |
| pation / Job title (See Instructions)  9 Employer         | (See Instructions)   |
| Full name of contributor 📋 out-of-state PAC (ID#:         |  |
| Contributor address: City, State: Zip                     | 30-31311   |
| Fort Worth, TX  | 76179  |
| pation / Job title (See Instructions) Employer            | (See Instructions)   |
| Full name of contributor                                  | Amount of contribution (\$)                                |
| Susan Kennemer  |  |
| Contributor address; Crty: State: Zip Fort Worth, TX 761  | 120  |
| pation / Job title (See Instructions) Employer            | (See Instructions)   |
| Full name of contributor                                  | Amount of contribution (\$)                                |
| Daniel Fox Contributor address: City; State: Zip          | \$100  |
| Fort Worth, TX 76   | 112  |
| upation / Job title (See Instructions) Employer           | r (See Instructions)                                       |
|   |  |
|   | Instruction Guide explains how to complete this form.    5 |

if contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

| The            | Instruction Guide explains how to complete this i | form.                           | 1 Total pages Schedule A1:            |
|----------------|---|---------------------------------|---------------------------------------|
| FILER NAME     |   |                                 | 3 Filer ID (Ethics Commission Filers) |
| Date 3/20/25   | Mark Singletary  6 Contributor address, City:     | State: Zip Code<br>th, TX 76120 | 7 Amount of contribution (\$) \$400   |
| Principal occu | pation / Job title (See Instructions)             | 9 Employer (See Instruct        | ions)                                 |
| Date 3/22/25   | Julie Amendola                                    | (ID#:                           | Amount of contribution (\$)           |
| 3122123        | Contributor address: City,                        | State Tip Code                  |                                       |
| Principal occu | pation / Job title (See Instructions)             | Employer (See Instruc           | tions)                                |
| Date           | Ronda Canfield                                    | : (ID#:)                        | Amount of contribution (\$)           |
| 3/23/25        | Contributor address; City;                        | State: Zip Code<br>th, TX 76120 |                                       |
| Principal occ  | upation / Job title (See Instructions)            | Employer (See Instruc           | ctions)                               |
| Date           |   | C (ID#:)                        | Amount of contribution (\$)           |
| 3/24/25        | Contributor address; City;                        | State: Zip Code<br>th, TX 76120 | \$100                                 |
| Principal occ  | upation / Job title (See Instructions)            | Employer (See Instru            | ctions)                               |
|                |   |                                 |                                       |

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Solicitation/Fundraising Expense **Event Expense** Advertising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Polling Expense Travel In District Consulting Expense Contributions/Donations Made By Travel Out Of District Gift/Awards/Memorials Expense Printing Expense Salaries/Wages/Contract Labor Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Mary Kel Mary Kelleher 5 Payee name 4 Date 1/2/25 Bank of America Zip Code City; 7 Payee address; 6 Amount (\$) 100 North Tryon St Charlotte NC 28255 \$16 (a) Category. (See Categories listed at the top of this schedule) (b) Description 8 Bank Fees Accounting/Banking **PURPOSE** OF EXPENDITURE Check if Austin. TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Anedot 1/31/25 Zip Code State: City; Payee address; Amount (\$) 1340 Poydras St #1770 New Orleans LA 70112 \$9.60 Description Category (See Categories listed at the top of this schedule) PURPOSE Fees Solicitation/Fundraising Expense OF EXPENDITURE Check if Austin. TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/2/25 Bank of America Zip Code State; City; Payee address; Amount (\$) \$16 100 North Tryon St Charlotte NC 28255 Description Category (See Categories listed at the top of this schedule) PURPOSE Bank Fees Accounting/Banking OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH

### SCHEDULE F1

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

| II the requestion in   |             | Hot application 2 a trait  |   |                              |  |                         |
|--|-------------|--|---|------------------------------|--|-------------------------|
|  |             | EXPENDITURE CATE   | 30RIES F  | OR BOX 8(a)                  |  |                         |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Politica<br>Credit Card Payment |             | Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains | Office Over<br>Polling Exp<br>Printing Exp<br>Salaries/Wa | pense<br>ages/Contract Labor | Solicitation/Fundrais<br>Transportation Equij<br>Travel In District<br>Travel Out Of Distric<br>Other (enter a categ | oment & Related Expense |
| 1 Total pages Schedule F1:   | 2 FILER N   | AME  |   | ****                         | 3 Filer ID (Ethic  | s Commission Filers)    |
| 4 Data   | 5 Payee na  | 3me  |   |                              |  |                         |
| <sup>4 Date</sup> 2/3/25   | - ,         | Bivens   | - 110   |                              |  |                         |
| 6 Amount (\$)  | 7 Payee a   | ddress;  |   | City;                        | State;   | Zip Code                |
| \$100  | PO B        | SOX 8185 Fort Worth TX   | 76124   |                              |  |                         |
| 8  | (a) Categor | ry (See Categories listed at the top of this   | schedule)   | (b) Description              |  |                         |
| PURPOSE<br>OF<br>EXPENDITURE   | Even        | t Expense  |   | Admission                    | n Fee  |                         |
|  | (c)         | Check if travel outside of Texas. Complete S   | Schedule T.   | Check if Au                  | ıstin. TX, officeholder livin  | g expense               |
| 9 Complete ONLY if direct expenditure to benefit C/OF  |             | date / Officeholder name   | •   | Office sought                |  | Office held             |
| Date   | Payee n     | ame  | V   |                              |  |                         |
| 2/6/25   | North       | west Engravers   |   |                              |  |                         |
| Amount (\$)  | Payee a     | ddress;  |   | City;                        | State;   | Zip Code                |
| \$123.51   | 3300        | ) S Cherry Ln Fort Worth   | 1 TX 761  | 16                           |  |                         |
|  | Categor     | y (See Categories listed at the top of this  | schedule)   | Description                  |  |                         |
| PURPOSE<br>OF<br>EXPENDITURE   | Adv         | vertising Expense  |   | Name Ta                      | ag Engraving   |                         |
|  |             | Check if travel outside of Texas. Complete S   | Schedule T.   | Check if At                  | ustin, TX, officeholder livir  | ng expense              |
| Complete ONLY if direct expenditure to benefit C/OI  |             | date / Officeholder name   |   | Office sought                | ,  | Office held             |
| Date   | Payeer      | name   | - <del> </del>  |                              | ***************************************  |                         |
| 2/7/25   | Kwi         | ik Kopy  |   |                              |  |                         |
| Amount (\$)  | Payee a     | address;   |   | City;                        | State;   | Zip Code                |
| \$75.78  | 1850        | Handley Dr Fort Worth  | TX 7611   | 12                           |  |                         |
|  | Categor     | y (See Categories listed at the top of this  | schedule)   | Description                  |  |                         |
| PURPOSE<br>OF<br>EXPENDITURE   | Prin        | ting Expense   |   | Business                     | Cards  |                         |
|  |             | Check if travel outside of Texas. Complete   | Schedule T.   | Check if A                   | ustin. TX, officeholder livi   | ng expense              |
| Complete ONLY if direct expenditure to benefit C/O   |             | idate / Officeholder name  |   | Office sought                |  | Office held             |
|  | A           | TTACH ADDITIONAL COPIES  | S OF THIS   | SCHEDULE AS N                | EEDED  |                         |

#### SCHEDULE F1

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

#### EXPENDITURE CATEGORIES FOR BOX 8(a) Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Consulting Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Other (enter a category not listed above) Legal Services Candidate/Officeholder/Political Committee The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date **EFWBA** 2/7/25 Zip Code State; City; 7 Payee address; 6 Amount (\$) PO BOX 8861 Fort Worth TX 76124 \$15 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Lunch Fee PURPOSE **Event Expense** EXPENDITURE Check if Austin TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/18/25 QuickTrip Zip Code State; City; Payee address; Amount (\$) 1110 N Beltline Rd Grand Prairie TX 75050 \$70.20 Description Category (See Categories listed at the top of this schedule) Fuel PURPOSE Travel In-District OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name **HF Custom Solutions** 2/19/25 Zip Code State: City; Payee address: Amount (\$) 2612 Waggoman St Fort Worth TX 76110 \$62.23

PURPOSE

OF EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

Description

Office sought

**Embroidery Setup** 

Check if Austin. TX, officeholder living expense

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

Check if travel outside of Texas. Complete Schedule T.

Advertising Expense

Candidate / Officeholder name

Office held

#### SCHEDULE F1

#### If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Contributions/Donations Made By Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) <sup>4 Date</sup> 2/19/25 5 Payee name HF Custom Solutions 6 Amount (\$) 7 Payee address; City; State: Zip Code \$251.59 2612 Waggoman St Fort Worth TX 76110 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 **PURPOSE** Campaign Shirts and Embroidery Advertising Expense EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin TX. officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date K&R Graphics 2/20/25 Amount (\$) Zip Code City; State: Payee address; \$3718.39 3915 Main Street Dallas TX 75226 Category (See Categories listed at the top of this schedule) Description PURPOSE Signs Advertising Expense EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date 2/20/25 Primal Fundraising Amount (\$) Payee address: City: State: Zip Code 5706 E Mockingbird Ln Ste 115-382 Dallas TX 75206 \$1,170 Description Category (See Categories listed at the top of this schedule) PURPOSE Consulting Expense Campaign Services OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin. TX, officeholder living expense Office held Candidate / Officeholder name Office sought Complete ONLY if direct

expenditure to benefit C/OH

#### 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/Wades/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

| Contributions/Donations Made By<br>Candidate/Officeholder/Political<br>Credit Card Payment | Committee Legal Services Salaries/W.  The Instruction Guide explains how to be | ages/Contract Labor                              | Other (enter a catego        |                    |
|--|--|--|------------------------------|--------------------|
| Total pages Schedule F1:   |  |  | 3 Filer ID (Ethics           | Commission Filers) |
| Date 2/24/25   | 5 Payee name<br>FWRW   |  |                              |                    |
| Amount (\$)  | 7 Payee address;   | City;  | State;                       | Zip Code           |
| \$31.00  | PO BOX 101613 Fort Worth TX 76185  | 5  |                              |                    |
| 3  | (a) Category (See Categories listed at the top of this schedule)               | (b) Description                                  |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE   | POSE Event Expense Admission/Lunch Fe  |  | inch Fee                     |                    |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                     | Check if Aust                                    | in. TX. officeholder living  | expense            |
| Complete ONLY if direct expenditure to benefit C/OF  | Candidate / Officeholder name  | Office sought                                    |                              | Office held        |
| Date   | Payee name   |  |                              |                    |
| 2/24/25  | NextDay Flyers   | *  |                              |                    |
| Amount (\$)  | Payee address;   | City;  | State;                       | Zip Code           |
| \$268.89   | 1130 Ave H East Arlington TX 76011   |  |                              |                    |
|  | Category (See Categories listed at the top of this schedule)                   | Description                                      |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE   | Printing Expense   | Flyer Pri  | nting                        |                    |
|  | Check if travel outside of Texas. Complete Schedule T.                         | Check if Austin, TX, officeholder living expense |                              |                    |
| Complete <u>QNLY</u> if direct expenditure to benefit C/O                                  | Candidate / Officeholder name<br>H   | Office sought                                    | -11                          | Office held        |
| Date   | Payee name   |  |                              |                    |
| 2/2/25   | NextDay Flyers   |  |                              |                    |
| Amount (\$)  | Payee address;   | City;  | State:                       | Zip Code           |
| \$320.85   | 1130 Ave H East Arlington TX 760   | 011  |                              |                    |
|  | Category (See Categories listed at the top of this schedule)                   | Description                                      |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE   | Printing Expense   | Flyer Pri  | nting                        |                    |
|  | Check if travel outside of Texas. Complete Schedule T.                         | Check if Au                                      | stin. TX, officeholder livit | ng expense         |
| Complete ONLY if direct expenditure to benefit C/C   | Candidate / Officeholder name<br>DH  | Office sought                                    |                              | Office held        |
|  | ATTACH ADDITIONAL COPIES OF THIS   | S SCHEDULE AS N                                  | EEDED                        |                    |
|  | *** ** * * * * * * * * * * * * * * * * *                                       |  |                              | ~                  |

#### 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 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) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date 2/28/25 A21 Solutions Zip Code City; State: 7 Payee address; 6 Amount (\$) 750 Otay Lakes Rd. Ste 147 Chula Vista CA 91910 \$1,000.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Logo/Website/Design PURPOSE Advertising Expense OF EXPENDITURE Check if Austin TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date 2/28/25 Anedot Zip Code State; City; Payee address; Amount (\$) 1340 Poydras St #1770 New Orleans LA 70112 \$252.00 Description Category (See Categories listed at the top of this schedule) PURPOSE Solicitation/Fundraising Expense Fees EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date Bank of America 3/2/25 Zip Code State: City; Payee address; Amount (\$) 100 North Tryon St Charlotte NC 28255 \$16.00 Description Category (See Categories listed at the top of this schedule) Bank Fees PURPOSE Accounting/Banking EXPENDITURE Check if Austin. TX, officeholder living expense Check if travel outside of Texas, Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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
Gitt/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 co                         | implete this form.                               |                              |                    |
|---|--|--|------------------------------|--------------------|
| 1 Total pages Schedule F1: 2                          | FILER NAME   | ,  | 3 Filer ID (Ethics           | Commission Filers) |
| 4 Date 3/2/25 5                                       | Payee name<br>No Frills Grill                                    | 7  |                              |                    |
| 6 Amount (\$) 7                                       | Payee address;   | City;  | State;                       | Zip Code           |
| \$78.94   | 1550 Eastchas Pkwy #1200 Fort Worth TX 76120                     |  |                              |                    |
| 8 (   | (a) Category (See Categories listed at the top of this schedule) | (b) Description                                  |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                          | Food/Beverage  | Volunteer L                                      | unch                         |                    |
| (   | (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  | Payee name   |  |                              |                    |
| 3/3/25  | S2SS   |  |                              |                    |
| Amount (\$)   | Payee address;   | City;  | State;                       | Zip Code           |
| \$1,000.00  | 777 Main St. Fort Worth TX 76102                                 |  |                              |                    |
| 7.00  | Category (See Categories listed at the top of this schedule)     | Description                                      |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                          | Advertising Expense  | Advertising Expense Digital Advertising          |                              |                    |
|   | 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  | Payee name   |  |                              |                    |
| 3/4/25  | K&R Graphics   |  | T.                           |                    |
| Amount (\$)   | Payee address;   | City;  | State;                       | Zip Code           |
| \$2,489.75  | 3915 Main Street Dallas TX 75226                                 | 3  |                              |                    |
| 4   | Category (See Categories listed at the top of this schedule)     | Description                                      |                              |                    |
| PURPOSE<br>OF<br>EXPENDITURE                          | Advertising Expense  | Signs  |                              |                    |
|   | Check if travel outside of Texas, Complete Schedule T.           | Check if Aus                                     | stin, TX, officeholder livin | g expense          |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate / Officeholder name                                    | Office sought                                    | A la                         | Office held        |
|   | ATTACH ADDITIONAL COPIES OF THIS                                 | SCHEDULE AS NE                                   | EDED                         |                    |

#### 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 Git/Awards/Memorials Expense 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)

Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 4 Date 5 Payee name Primal Fundraising 3/12/25 Zip Code City; State; 7 Payee address; 6 Amount (\$) 5706 E Mockingbird Ln Ste 115-382 Dallas TX 75206 \$3,000.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Campaign Services PURPOSE Consulting Expense OF EXPENDITURE Check if Austin. TX. officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Clear Channel Outdoor 3/12/25 State: Zip Code City; Payee address; Amount (\$) PO BOX 847247 Dallas TX 75284 \$6,683.53 Description Category (See Categories listed at the top of this schedule) ill oard Printing/ nstall/Rental PURPOSE Advertising Expense OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Payee name Date 3/17/25 Racetrac Zip Code State; City; Payee address; Amount (\$) 5000 Davis Blvd N Richland Hills, TX 76180 \$70.07 Description Category (See Categories listed at the lop of this schedule) **PURPOSE** Fuel Travel In-District OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### 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

| Contributions/Donations Made B<br>Candidate/Officeholder/Politica<br>Credit Card Payment |  | ages/Contract Labor          | Travel Out Of Distric<br>Other (enter a catego |                                       |
|--|--|------------------------------|--|---------------------------------------|
| Total pages Schedule F1:   | 2 FILER NAME   |                              | 3 Filer ID (Ethics                             | Commission Filers)                    |
| <sup>Date</sup> 3/18/25  | 5 Payee name<br>Walmart  |                              |  |                                       |
| Amount (\$)  | 7 Payee address;   | City;                        | State;   | Zip Code                              |
| \$21.56  | 8401 Anderson Blvd Fort Worth TX 7                               | 6120                         |  |                                       |
|  | (a) Category (See Categories listed at the top of this schedule) | (b) Description              |  |                                       |
| PURPOSE<br>OF<br>EXPENDITURE   | Food/Beverage  | Water, Snacks for Volunteers |  |                                       |
|  | (c) Check if travel outside of Texas, Complete Schedule T.       | Check if Aus                 | tin. TX. officeholder living                   | expense                               |
| Complete ONLY if direct expenditure to benefit C/O                                       | Candidate / Officeholder name<br>H                               | Office sought                |  | Office held                           |
| Date   | Payee name   |                              |  |                                       |
| 3/24/25  | A21 Solutions  |                              |  |                                       |
| Amount (\$)  | Payee address;   | City;                        | State;   | Zip Code                              |
| \$1,000.00   | 750 Otay Lakes Rd. Ste 147 Chula                                 | Vista CA 91910               |  | · · · · · · · · · · · · · · · · · · · |
|  | Category (See Categories listed at the top of this schedule)     | Description                  |  |                                       |
| PURPOSE<br>OF<br>EXPENDITURE   | Advertising Expense  | Digital Ad                   | Design   |                                       |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if Au                  | stin, TX, officeholder livin                   | g expense                             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/C                                | Candidate / Officeholder name<br>H                               | Office sought                |  | Office held                           |
| Date   | Payee name   |                              |  |                                       |
| 3/24/25  | Anedot   |                              |  |                                       |
| Amount (\$)  | Payee address;   | City;                        | State;   | Zip Code                              |
| \$154.90   | 1340 Poydras St #1770 New Orlean                                 | s LA 70112                   |  |                                       |
|  | Category (See Categories listed at the top of this schedule)     | Description                  |  |                                       |
| PURPOSE<br>OF<br>EXPENDITURE   | Solicitation/Fundraising Expense                                 | Fees                         |  |                                       |
|  | Check if travel outside of Texas. Complete Schedule T.           | Check if A                   | ustin. TX, officeholder livi                   |                                       |
| Complete <u>ONLY</u> if direct expenditure to benefit C/A                                | Candidate / Officeholder name<br>OH                              | Office sought                |  | Office held                           |
|  | ATTACH ADDITIONAL COPIES OF THI                                  | S SCHEDULE AS N              | IEEDED   |                                       |
|  | AT IAVITABELLION E VO. 1.20                                      |                              |  |                                       |

#### **UNPAID INCURRED OBLIGATIONS**

#### SCHEDULE F2

| 0111.711511100  |  | SCHEDOLE I Z   |  |  |
|---|--|--|--|--|
| If the requested information is not applicable, DO NOT include this page in the report.   |  |  |  |  |
|   | EXPENDITURE CATEGORIES FOR   | BOX 10(a)  |  |  |
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Politica | Fees Office Overhead Food/Beverage Expense Polling Expense y Gift/Awards/Memonals Expense Printing Expense | e Travel Out Of District (Contract Labor Other (enter a category not listed above) |  |  |
| 1 Total pages Schedule F2:  | 2 FILER NAME Mary Kelleher  3 Filer ID (Ethics Commission Filers   |  |  |  |
| 4 TOTAL OF UNITER   | MIZED UNPAID INCURRED OBLIGATIONS  | \$ 19,536.85   |  |  |
| 5 Date<br>1/15/25   | 6 Payee name<br>S2SS   |  |  |  |
| 7 Amount (\$)   | 8 Payee address;   | City; State; Zip Code  |  |  |
| \$5,000.00  | 777 Main St. Fort Worth TX 76102   |  |  |  |
| 9 TYPE OF<br>EXPENDITURE  | Political Non-Political  |  |  |  |
| 10  | (a) Category (See Categories listed at the top of this schedule) (b)                                       | ) Description  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Consulting Expense   | General Consulting   |  |  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.   | Check if Austin, TX. officeholder living expense                                   |  |  |
| 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH                        |  |  |  |  |
| Date 2/15/25  | Payee name<br>S2SS   |  |  |  |
| Amount (\$)   | Payee address;   | City; State; Zip Code  |  |  |
| \$5,000.00  | 777 Main St. Fort Worth TX 76102   |  |  |  |
| TYPE OF<br>EXPENDITURE  | Political Non-Politica   | ı  |  |  |
|   | Category (See Categories listed at the top of this schedule)   | Description  |  |  |
| PURPOSE<br>OF<br>EXPENDITURE  | Consulting Expense   | General Consulting   |  |  |
|   | Check if travel outside of Texas. Complete Schedule T.   | Check if Austin. TX, officeholder living expense                                   |  |  |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH                           |  |  |  |  |
|   |  |  |  |  |
| 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 Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Consulting Expense Contributions/Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 6 Payee name 3/24/25 **\$2\$\$** 7 Amount (\$) 8 Payee address; City; State; Zip Code \$2,536.85 777 Main St. Fort Worth TX 76102 TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) (b) Description 10 PURPOSE Digital Advertising Advertising Expense OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date 3/15/25 Payee name S2SS City; State: Zip Code Payee address; Amount (\$) \$5,000.00 777 Main St. Fort Worth TX 76102 TYPE OF Non-Political Political EXPENDITURE Category (See Categories listed at the top of this schedule) Description PURPOSE General Consulting Consulting Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense Office held Office sought Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH 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 B Candidate/Officeholder/Politica | Fees Office O Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing |                     | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>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   | 6 Payee name   |                     |   |  |
| 3/24/25  | A21 Solutions  |                     |   |  |
| 7 Amount (\$)  | 8 Payee address;   | City;               | State; Zip Code   |  |
| \$2,000.00   | 750 Otay Lakes Rd. Ste 147 Chւ   | ıla Vista CA 919    | 910   |  |
| 9 TYPE OF<br>EXPENDITURE   | Political Non-P  | olitical            |   |  |
| 10   | (a) Category (See Categories listed at the top of this schedule)                       | (b) Description     |   |  |
| PURPOSE OF Advertising Expense Video/Digital/Print Design  |  |                     | ital/Print Design   |  |
|  | (c) Check if travel outside of Texas. Complete Schedule T.                             | Check if Aus        | stin, TX. officeholder living expense   |  |
| 11 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH           |  |                     |   |  |
| Date   | Payee name   |                     |   |  |
| Amount (\$)  | Payee address;   | City;               | State; Zíp Code   |  |
| TYPE OF<br>EXPENDITURE   | Political Non-F  | 'olitical           |   |  |
| PURPOSE<br>OF<br>EXPENDITURE   | Category (See Calegories listed at the top of this schedule)                           | Description         |   |  |
|  | Check if travel outside of Texas. Complete Schedule T.                                 | Check if Ai         | ustin, TX, officeholder living expense  |  |
| Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH              |  |                     |   |  |
|  |  |                     |   |  |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  |  |                     |   |  |