

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: **7**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY						
	Mr.	Alan								
	NICKNAME	LAST	SUFFIX	Date Received						
		Blaylock		CSO REC'D JUL 15 '24 PM 12:57						
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY;				STATE;	ZIP CODE		
Change of Address	[REDACTED]									
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked						
	[REDACTED]									
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$					
	Mr.	Brian		Date Processed						
	NICKNAME	LAST	SUFFIX	Date Imaged						
		Black								
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE				
(Residence or Business)	9136 Tate Ave Fort Worth, TX 76244									
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION							
	(817)	938-3365								
9 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)						
	<input checked="" 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	THROUGH	Month	Day	Year			
	1	/	1	/	24	6	/	30	/	24
11 ELECTION	ELECTION DATE			ELECTION TYPE						
	Month	Day	Year	Primary	Runoff	Other Description				
	/	/		General	Special					
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)						
	City Council District 10									
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. 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.									
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME								
	GENERAL	COMMITTEE ADDRESS								
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITTEE CAMPAIGN TREASURER ADDRESS								

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

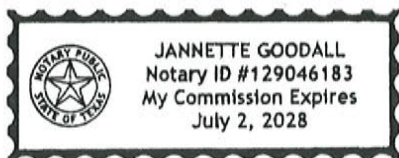
15 C/OH NAME Alan Blaylock		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 23,050.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,053.67
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 48,688.89
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 25,000.00

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.


Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Alan Blaylock this the 15 day of July, 2024, to certify which, witness my hand and seal of office.

Jannette S Goodall Signature of officer administering oath
Jannette S Goodall Printed name of officer administering oath
Notary Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
 (street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Alan Blaylock		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 23,050.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,053.67
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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 FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME (see attached)		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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 Contributions

Date	Amount	First Name	Last Name	Address	City	State	Zip	Employer	Occupation
3/31/2024	\$250.00	Jim	Dunaway	500 Alta Dr	Fort Worth	TX	76107	Retired	Retired
3/28/2024	\$50.00	Richard	Andreski	1408 Danbury Parks Drive	Keller	TX	76248	Trinity Metro	Administration
3/28/2024	\$150.00	William	Burgan	9341 Sundial Drive	Fort Worth	TX	76244	E William Burgan, Auctions	Auctioneer
3/27/2024	\$5,000.00	Fort Worth	Firefighters	3855 Tulsa Way	Fort Worth	TX	76107	Local 440	Firefighter
3/18/2024	\$1,000.00	Rosa Linda	Navejar	7400 Sand St	Fort Worth	TX	76111	The Rios Group, Inc.	President
3/17/2024	\$100.00	Mark	Faber	10 Reading Court	Trophy Club	TX	76262	TMS	GM
3/16/2024	\$250.00	Robert	Benda	608 Paint Pony Trl N	Fort Worth	TX	76108	Retired	Retired
3/13/2024	\$1,000.00	Steve	Montgomery	500 Throckmorton Street	Fort Worth	TX	76102	Fort Worth Chamber	President
1/5/2024	\$1,500.00	Mike	Berry	6217 Genoa Road	Fort Worth	TX	76116	Hillwood	President
3/28/2024	\$ 250.00	Alex	Jiminez	245 Willow Ridge Rd.	Fort Worth	TX	76103	Retired	
6/26/2024	\$ 2,500.00	Kim	Gill	706 Cinnabar Ct.	Westworth Village	TX	76114		
6/20/2024	\$ 5,000.00	Accountable Government Fund		430 Old Fitzhugh #7	Dripping Springs	TX	78620		
6/19/2024	\$ 2,500.00	S.J.	Hurley	2227 Vantage St.	Dallas	TX	75207		
7/1/2024	\$ 2,500.00	Timothy	Fleet	3045 Lackland Rd.	Fort Worth	TX	76116		
5/7/2024	\$ 1,000.00	Good Government Fund			Fort Worth	TX	76102		

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | 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 (see attached)	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. 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

Expenditures

Date	Amount	Name	Address	City	State	Zip	Category	Description
6/30/2024	\$ 314.40	Anedot Fee	1240 Poydras St, Suite 177	New Orleans	LA	70122	Fees	CC Processing
6/7/2024	\$ 102.68	Café Republic	8640 N Beach St	Fort Worth	TX	76244	Food/Beverage Expense	Consultant Meeting
5/6/2024	\$ 250.00	Murphy Nassocia & Associates	PO BOX 1648	Austin	TX	78767	Consulting Expense	Consulting
3/14/2024	\$ 250.00	Murphy Nassocia & Associates	PO BOX 1649	Austin	TX	78768	Consulting Expense	Consulting
3/14/2024	\$ 250.00	Murphy Nassocia & Associates	PO BOX 1650	Austin	TX	78769	Consulting Expense	Consulting
4/12/2024	\$ 250.00	Murphy Nassocia & Associates	PO BOX 1651	Austin	TX	78770	Consulting Expense	Consulting
2/1/2024	\$ 358.40	AT&T	8917 North Freeway	Fort Worth	TX	76177	Office Expense	
3/1/2024	\$ 216.29	AT&T	8918 North Freeway	Fort Worth	TX	76178	Office Expense	
4/1/2024	\$ 215.56	AT&T	8919 North Freeway	Fort Worth	TX	76179	Office Expense	
5/1/2024	\$ 216.22	AT&T	8920 North Freeway	Fort Worth	TX	76180	Office Expense	
6/3/2024	\$ 216.22	AT&T	8921 North Freeway	Fort Worth	TX	76181	Office Expense	
7/1/2024	\$ 216.22	AT&T	8922 North Freeway	Fort Worth	TX	76182	Office Expense	
1/2/2024	\$ 109.00	AT&T	8923 North Freeway	Fort Worth	TX	76183	Office Expense	
1/2/2024	\$ 88.68	GoDaddy.com	2150 E Warner Rd	Tempe	AZ	85284	Office Expense	