

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: 7																
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: 8pt;">MS / MRS / MR</td> <td style="width: 40%; font-size: 8pt;">FIRST</td> <td style="width: 40%; font-size: 8pt;">MI</td> </tr> <tr> <td></td> <td>Mr.</td> <td>Alan</td> </tr> <tr> <td colspan="3" style="border-top: 1px dotted black;"></td> </tr> <tr> <td style="font-size: 8pt;">NICKNAME</td> <td style="font-size: 8pt;">LAST</td> <td style="font-size: 8pt;">SUFFIX</td> </tr> <tr> <td></td> <td>Blaylock</td> <td></td> </tr> </table>	MS / MRS / MR	FIRST	MI		Mr.	Alan				NICKNAME	LAST	SUFFIX		Blaylock		OFFICE USE ONLY <div style="border: 1px solid black; padding: 5px; margin: 5px 0;"> Date Received CSO REC'D JUL 17 '23 PM4:38 </div>		
MS / MRS / MR	FIRST	MI																	
	Mr.	Alan																	
NICKNAME	LAST	SUFFIX																	
	Blaylock																		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; font-size: 8pt;">ADDRESS / PO BOX;</td> <td style="width: 15%; font-size: 8pt;">APT / SUITE #;</td> <td style="width: 15%; font-size: 8pt;">CITY;</td> <td style="width: 15%; font-size: 8pt;">STATE;</td> <td style="width: 25%; font-size: 8pt;">ZIP CODE</td> </tr> <tr> <td colspan="5" style="background-color: black; height: 30px;"></td> </tr> </table>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE						Date Hand-delivered or Date Postmarked							
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5 CANDIDATE / OFFICEHOLDER PHONE	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: 8pt;">AREA CODE</td> <td style="width: 40%; font-size: 8pt;">PHONE NUMBER</td> <td style="width: 40%; font-size: 8pt;">EXTENSION</td> </tr> <tr> <td>(469)</td> <td>363-9485</td> <td></td> </tr> </table>	AREA CODE	PHONE NUMBER	EXTENSION	(469)	363-9485		<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; font-size: 8pt;">Receipt #</td> <td style="width: 30%; font-size: 8pt;">Amount \$</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black;">Date Processed</td> </tr> <tr> <td colspan="2" style="border-top: 1px solid black;">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged						
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4	/	27	/		6	/	30 / 23												
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14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	<p style="font-size: 8pt; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; font-size: 8pt;">COMMITTEE TYPE</td> <td style="font-size: 8pt;">COMMITTEE NAME</td> </tr> <tr> <td style="font-size: 8pt;">GENERAL</td> <td style="font-size: 8pt;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="font-size: 8pt;">SPECIFIC</td> <td style="font-size: 8pt;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td style="font-size: 8pt;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	GENERAL	COMMITTEE ADDRESS	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS								
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

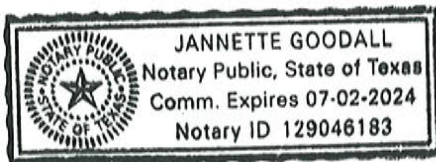
15 C/OH NAME Alan Blaylock		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,300.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 28,530.07
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 30,155.04
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 17 day of July, 2023, to certify which, witness my hand and seal of office.

Jannette Goodall
Signature of officer administering oath

Jannette 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. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,300.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 28,530.07
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 (\$)
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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.

Political Expenditures

Date	Amount	Name	Address	City	State	Zip	Category	Description
04/27/23	\$ 50.00	Murphy Nassica & Associates	PO BOX 1648	Austin	TX	78767	Advertising Expense	Signs
04/27/23	\$ 175.00	Murphy Nassica & Associates	PO BOX 1648	Austin	TX	78767	Advertising Expense	Signs
05/02/23	\$ 7,291.71	Murphy Nassica & Associates	PO BOX 1648	Austin	TX	78767	Advertising Expense	Mailer
05/03/23	\$ 2,308.63	Murphy Nassica & Associates	PO BOX 1648	Austin	TX	78767	Advertising Expense	Digital
05/04/23	\$ 473.16	Murphy Nassica & Associates	PO BOX 1648	Austin	TX	78767	Printing Expense	Cards
05/05/23	\$ 3,371.38	Murphy Nassica & Associates	PO BOX 1648	Austin	TX	78767	Advertising Expense	GOTV
05/08/23	\$ 444.19	Total Wine	3101 Texas Sage Tr.	Fort Worth	TX	76244	Food/Beverage Expense	watch party
05/09/23	\$ 2,500.00	Murphy Nassica & Associates	PO BOX 1648	Austin	TX	78767	Consulting Expense	Consulting
05/09/23	\$ 1,700.39	Murphy Nassica & Associates	PO BOX 1648	Austin	TX	78767	Advertising Expense	GOTV
06/08/23	\$ 191.01	AT&T	8917 N Fwy	Fort Worth	TX	76177	Office Expense	
06/30/23	\$ 24.60	Anedot	1340 Poydras St. Suite 1770	New Orleans	LA	70122	Fees	CC Processing
06/30/23	\$ 10,000.00	Blaylock					Loan Repayment	

Monetary Political Contributions

Date	Amount	First Name	Last Name	Address	City	State	Zip	Employer	Occupation
5/1/23	\$500.00	David	Poole	1660 Trace Bella	Westlake	TX	76262	Retired	Retired
5/7/23	\$100.00	Scott	Graham	6400 Stone Creek Canyon Ct	Fort Worth	TX	76137	Self	Business
6/15/23	\$1,700.00	Gezim	Polozani	8640 N Beach St.	Fort Worth	TX	76244	Self	Restaurantuer

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	
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