OFFICIAL RECORD CITY SECRETARY

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

			valida
The C/OH Instruction G	cuide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 25
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST Mary	мі К	OFFICE USE ONLY
NAME	NICKNAME LAST Kelleher	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX: APT / SUITE #. 7901 Randol Mill Rd	Fort Worth, TX 76120	CSO REC'D APR 3 '25 PM3:38
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 880-5419	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST Larry	мі D	Receipt # Amount \$
NAME	NICKNAME LAST	SUFFIX	Date Processed
	Langston	SUPPIA	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE). APT / S	SUITE #: CITY: Fort Worth, T	STATE; ZIP CODE X 76120
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 360-0896	EXTENSION	
9 REPORT TYPE	January 15 30lh day before		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 1 / 14 / 2025	THROUGH 4	Day Year / 3 / 2025
11 ELECTION	ELECTION DATE Month Day Year □ Primary 5 / 3 /2025 □ General	Description	10A+1303A
12 OFFICE	office HELD (if any) ard Member, Tarrant Co. Regional Water	District City Council, Dis	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURS CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQU COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS	ES MAY HAVE BEEN MADE WITHOUT THE CAN	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TR	EASURER NAME	
	COMMITTEE CAMPAIGN TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	A FINANCE REPORT	
15 C/OH NAME	Mary Kelleher	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION 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 TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 41,552.64
	4. TOTAL POLITICAL EXPENDITURES	\$ 41,552.64
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST D OF REPORTING PERIOD	AY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF TH LAST DAY OF THE REPORTING PERIOD	\$ \$
18 SIGNATURE I :	swear, 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
	000 1/ .00.	1.6
	- Mary felle	
	Signature of Candi	date or Officeholder
	Please complete either option below:	
	, 1989 34	
(1) Affidavit		
NOTARY STAMP/SE	AI.	
	37.2	44
Sworn to and subscribe		day of
20, to certi	y which, witness my hand and seal of office.	
Signature of officer adminis	tering oath Printed name of officer administering oath	Title of officer administering oath
Signature of officer admires	OR .	
	NEW YORK OF THE PARTY OF THE PA	
(2) Unsworn Declara	tion .	
My name is Mar	W Kelleher and my date of birth is	
My address is 1901	Randol Mill Road Fort Worth T	X 76120 USA
	(street) (state) (state)	nh
Executed in Tarro	County, State of Texas on the 310 day of (month)	20 (year)
100-300 B	mary the	llere
	Signature of Candidal	te/Officeholder (Declarant)
ı		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME Mary Kelleher	nmission Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 25,166.70
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	NS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	L CONTRIBUTIONS	s 22,015.79
6,	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		s 19,536.85
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITI	CAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTE	RIBUTIONS RETURNED	\$

SCHEDULE A1

The	nstruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1 10
FILER NAME	Mary Kelleher		3 Filer ID (Ethics Commission Filers)
Date	Ines Rosales)9	7 Amount of contribution (\$)
1/25/25	6 Contributor address; City: Fort Worth,	State: Zip Code	\$2 5
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor Out-of-state PAC (I	O#:)	Amount of contribution (\$)
1/28/25	Laurence Beaver Contributor address: City; Arlington,	State: Zip Code	\$191.70
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	(10#:)	Amount of contribution (\$)
1/28/25	Contributor address; City:	State: Zip Code h, TX 76103	\$100
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
1/28/25	Contributor address; City;	State: Zip Code th, TX 76111	\$250
Principal occ	upation / Job title (See Instructions)	Employer (See Instru	ctions)
		A bearings and the second seco	

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Revised 11/15/2022

	The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
FILER	NAME	A. A	ALL CANADA	1	3 Filer ID (Ethics Commission Filers)
Date		5 Full name of contributor Billy J Martin	Out-of-state PAC	(ID#)	7 Amount of contribution (\$) \$100
2/7/2	25	6 Contributor address.	City:	State: Zip Code on, TX 76017	\$100
Princip	a) occu	pation: Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date		Full name of contributor Jennifer Frank		(ID#:)	Amount of contribution (\$)
2/4/	25	Contributor address;	City:	State, Zip Code	\$200
			Fort Wo	orth, TX 76133	
Princip	al occup	pation / Job title (See Instructions)		Employer (See Instru	ctions)
Date		Full name of contributor	Out-of-slate PAC	; (IO#:	Amount of contribution (\$)
2/5	/25	Patricia Salinas Contributor address.	City;	State; Zip Code	\$200
			Arling	ton, TX 76016	
Princip	al occu	pation / Job title (See Instructions)		Employer (See Instru	actions)
Date		Full name of contributor Mark Kimball	Out-of-state PA	C (ID#:	Amount of contribution (\$)
2/	7/25		Cıty;	State: Zip Code	\$100
			Fort Wo	rth, TX 76135	
Panci	pal occu	upation / Job title (See Instructions)		Employer (See Instr	uctions)
nv				And the state of t	

SCHEDULE A1

ested information is not applica	able, DO NOT in	clude this page in the re	eport.
e Instruction Guide explains how	w to complete this	form.	1 Total pages Schedule A1
E		Patent	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor Roger L. Yandell	out-of-state PAC	2 (10#)	7 Amount of contribution (\$)
6 Contributor address.	City; Fort Wo	State: Zip Code orth, TX 76123	\$100
cupation / Job title (See Instructions	3)	9 Employer (See Instruction	ons)
Full name of contributor Michael Dean	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
Contributor address;	City.	State. Zip Code	\$100
upation / Job title (See Instructions		Employer (See Instruction	ns)
Full name of contributor David Fulson	Out-of-state PA	C (10#:)	Amount of contribution (\$)
Contributor address:	Crty;	State; Zip Code	\$1,000
cupation / Job title (See Instructions		Employer (See Instruction	ons)
Full name of contributor Lee Sorrells	Out-of-state PA	C (ID#:)	Amount of contribution (\$)
Contributor address;	City:	State; Zip Code	\$100
cupation / Job title (See Instructions	3)	Employer (See Instruction	ons)
444-444-444-444-444-444-444-444-444-44	400,100,00		
	Full name of contributor Michael Dean Contributor address: Full name of contributor Michael Dean Contributor address; Full name of contributor Michael Dean Contributor address; Full name of contributor David Fulson Contributor address; Full name of contributor David Fulson Contributor address; Cupation / Job title (See Instructions Full name of contributor Lee Sorrells Contributor address;	Full name of contributor out-of-state PAC	5 Full name of contributor Roger L. Yandell 6 Contributor address. City: State: Zip Code Fort Worth, TX 76123 Supation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) 1

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Revised 11/15/2022

The	Instruction Guide explains how	to complete this	form.	1 Total pages Schedule A1:
FILER NAME				3 Filer ID (Ethics Commission Filers)
Date 2/13/25	5 Full name of contributor Timothy Nold 6 Contributor address.	City;	State: Zip Code th, TX 76102	7 Amount of contribution (\$) \$100
Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruction	ons)
Date	Full name of contributor David Mosby	out-of-state PAG	C (ID#:	Amount of contribution (\$)
2/13/25	Contributor address:	city: Arlingto	State; Zip Code on, TX 76015	\$50
Principal occi	upation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor Catherine Giardino	out-of-state PA	C (ID#:)	Amount of contribution (\$)
2/14/25	Contributor address,	Gity: Fort Wo	State: Zip Code orth, TX 76102	\$200
Principal occ	upation / Job title (See Instructions)	9	Employer (See Instruct	ions)
Date	Full name of contributor Wayne Arendsee	Out-of-state P/	AC (ID#	Amount of contribution (\$)
2/14/25	Contributor address;	City;	State: Zip Code orth, TX 76110	\$5,000
Principal occ	cupation / Job title (See Instructions)	Employer (See Instruc	tions)
A STATE OF THE STA	A CAMPAN PARK AND	19 44 400		A STATE OF THE STA

	The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1
	FILER NAME		3 Filer ID (Ethics Commission Filers)
	Date 2/15/25	6 Commodular address:	Zip Code \$300
		Fort Worth, TX	76120
-	Principal occu	pation / Job title (See Instructions) 9 Em	oloyer (See Instructions)
	Date	Full name of contributor	Amount of contribution (\$)
	2/16/25	Stephanie Zanfino Contributor address: City: State Watauga, TX	Zip Code \$50
-	Principal occu	pation / Job title (See Instructions) Em	oloyer (See Instructions)
-	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
	2/19/25	Contributor address; City: State Fort Worth, T	Zip Code \$25
-	Principal occu	pation / Job title (See Instructions) En	ployer (See Instructions)
	Date	Full name of contributor out-of-state PAC (ID#:	100000000000000000000000000000000000000
	2/25/25	Donn Nelson Jr Contributor address: City; State Frisco, TX 7	; Zıp Code
		TABLE STREET,	nployer (See Instructions)

SCHEDULE A1

FILER NAME	Instruction Guide explains how to complete this for	3 Filer ID (Ethics Commission Filers)
Date 5	5 Full name of contributor	
2/27/25	6 Contributor address. City: \$ Fort Worth,	ate: Zip Code
Principal occ	upation / Job title (See Instructions) 9	Employer (See Instructions)
Date	Full name of contributor	Amount of contribution (\$)
2/27/25	Susan Kennemer Contributor address: City:	\$100
	Fort Worth	, TX 76120
Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions)
Date	Full name of contributor	0002
3/5/25	Contributor address,	\$5,000 State: Zip Code Ilas, TX 75254
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
Date	MACCONTINUES STATE AND	Amount of contribution (\$)
3/4/25	Gary Cumbie Contributor address; City;	State: Zip Code \$100
	Fort Worth	TX 76103
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)
	A STATE OF THE PARTY OF THE PAR	aparte Andreas

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Revised 11/15/2022

Date 5 Full name of contributor Gout-of-state PAC (ID#: 17 Amount of contribution (\$) 3/5/25 6 Contributor address: City: State: Zip Code Keller, TX 76248 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor Gout-of-state PAC (ID#: Amount of contribution (\$) Danielle Tucker 3/6/25 Contributor address: City: State. Zip Code \$250 Euless, TX 76040	The	instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
State Stat	FILER NAME			3 Filer ID (Ethics Commission Filers)
State Zip Code ST,000	Date	Frank Adler	NO (10#	
Date Full name of contributor Out-of-state PAC (ID#:	3/5/25	6 Contributor address; City:	State: Zip Code	\$1,000
Danielle Tucker Contributor address: City: State. Zip Code \$250 Principal occupation / Job title (See Instructions) Date Full name of contributor Roy Willis 3/8/25 Contributor address: City: State: Zip Code \$1,000 Fort Worth, TX 76179 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Cherri Henderson 3/10/25 Contributor address: City: State: Zip Code \$25	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Contributor address: City: State. Zip Code \$250 Euless, TX 76040 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Roy Willis 3/8/25 Contributor address: City: State: Zip Code \$1,000 Fort Worth, TX 76179 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Cherri Henderson 3/10/25 Contributor address: City: State: Zip Code \$25	Date	Danielle Tucker	9 9 - 1996 M	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date	3/6/25	Contributor address: City:	State, Zip Code	\$250
Roy Willis 3/8/25 Contributor address: City: State: Zip Code \$1,000 Fort Worth, TX 76179 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$) Cherri Henderson 3/10/25 Contributor address: City: State: Zip Code \$25 Fort Worth, TX 76120	Principal occu	ELECTRONIC CONTRACTOR		ons)
Contributor address: City: State: Zip Code Fort Worth, TX 76179 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Cherri Henderson 3/10/25 Contributor address: City: State: Zip Code S25 Fort Worth, TX 76120	Date	Roy Willis	2 //	
Date Full name of contributor out-of-state PAC (IDF:) Amount of contribution (\$) Cherri Henderson 3/10/25 Contributor address: City; State: Zip Code \$25 Fort Worth, TX 76120	3/8/25	Contributor address: City:	State: Zip Code	\$1,000
Cherri Henderson 3/10/25 Contributor address: City; State: Zip Code Fort Worth, TX 76120	Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
3/10/25 Contributor address: City; State: Zip Code \$25 Fort Worth, TX 76120	Date	The Annual A	PAC (ID#:)	Amount of contribution (\$)
	3/10/25	Contributor address; City;	100 (100 (100 (100 (100 (100 (100 (100	\$25
	Principal occi	Management	54.30 E. S. C.	tions)

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME		3 Filer ID (Ethics Commission Filers)
Date 3/10/25	5 Full name of contributor out-of-state PAC (ID#:) Shelley Mayo 6 Contributor address: City: State: Zip Code Fort Worth, TX 76120	7 Amount of contribution (\$) \$150
Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date 3/10/25	Full name of contributor	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date 3/12/25	Full name of contributor out-of-state PAC (ID#:) Mary Kelleher Contributor address, City: State: Zip Code Fort Worth, TX 76120	Amount of contribution (\$) \$2,000
Principal occi	upation / Job title (See Instructions) Employer (See Instru	ctions)
Date 3/12/25	Full name of contributor	Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions) Employer (See Instructions)	uctions)

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 for	rm.	1 Total pages Schedule A1:
1118	mistraction outde explains now to t			A State Of the Completion Filtre
FILER NAME				3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor Lateph Adeniji			7 Amount of contribution (\$)
3/12/25	6 Contributor address;		State: Zip Code	\$250
Principal occu	pation / Job title (See Instructions)	9	Employer (See Instruction	ons)
Date	Full name of contributor Leigh Gilliland	out-of-state PAC (ID	w:	Amount of contribution (\$)
3/14/25	Contributor address:	City,	State: Zip Code	\$500
			orth, TX 76179	
Principal occu	pation / Job title (See Instructions)		Employer (See Instructi	ons)
Date	Full name of contributor	out-of-state PAC (IC	D#:	Amount of contribution (\$)
	Susan Kennemer			\$100
3/17/25	Contributor address;		State: Zip Code 1, TX 76120	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC (II	p#:	Amount of contribution (\$)
3/17/25	Daniel Fox Contributor address:	City;	State: Zip Code	\$100
		Fort Worth	n, TX 76112	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	tions)

The	instruction Guide explains how to complete this for	n. 1 Total	pages Schedule A1:
FILER NAME		3 Filer	ID (Ethics Commission Filers)
Date 3/20/25	5 Full name of contributor	tate: Zip Code	unt of contribution (\$) \$400
Principal occ	upation / Job title (See Instructions) 9	Employer (See Instructions)	
Date 3/22/25	Full name of contributor		punt of contribution (\$)
	Contributor address:	TX 77022	
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor		sount of contribution (\$)
3/23/25	Contributor address; City. Fort Worth.	State: Zip Code	Ψ200
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)	
Date	Full name of contributor	#: An	nount of contribution (\$)
3/24/25	Robin Sommerfeld Contributor address: City; Fort Worth	State: Zip Code TX 76120	\$100
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions)	11 to 8 2 11 11 11 11 11 11 11 11 11 11 11 11 1
		aan ay garang aratig aa staa ay ahaan ahaa paga caaba ahaa ahaa ahaa ahaa ahaa ahaa ah	

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 Office Overhead/Rental Expense Solicitation/Fundraising Expense Event Expense Advertising Expense Accounting/Banking 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 (b) Description (a) Category. (See Categories listed at the top of this schedule) 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 Date Anedot 1/31/25 Zip Code State: Pavee 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, afficeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete **QNLY** 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 requested line	21111011011110	Hot diplicable, 20 110 1			***************************************	
		EXPENDITURE CATE	30RIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politics Credit Card Payment	Fees Office Overhor Food/Beverage Expense Polling Expery Office Overhor Polling Expery Printing Experies		ense Travel In District bense Travel Out Of Di ages/Contract Labor Other (enter a ca		quipment & Related Expense	
					3 Files ID /Ethio	s Commission Filers)
1 Total pages Schedule F1:	2 FILER N	AME			5 Filet 15 (Etilic	Commission Filers)
^{4 Date} 2/3/25	5 Payee na Gyna	ame Bivens				
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$100	PO E					
8	(a) Catego	ry (See Categories listed at the top of this	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Even	it Expense		Admission	Fee	
	(c) Check if travel outside of Texas. Complete Schedule T.			Check if Austi	n. TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		date / Officeholder name		Office sought	******	Office held
Date 2/6/25	Payee n North	_{ame} west Engravers		,		į.
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 OF EXPENDITURE	Adv	vertising Expense		Name Tag	Engraving	
		Check if travel outside of Texas. Complete:	Schedule T.	Check if Aust	in. TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name	44	Office sought	(i)	Office held
Date	Payee	name				
2/7/25	Kwi	ik Kopy				
Amount (\$)	Payee a	address;		City;	State;	Zip Code
\$75.78	1850	Handley Dr Fort Worth	TX 7611	12		
STATE OF THE STATE	Catego	y (See Categories listed at the top of this	schedule)	Description		
PURPOSE OF EXPENDITURE	Prin	ting Expense		Business C	Cards	
amproposition of the second se		Check if travel outside of Texas, Complete	Schedule T.	Check if Aust	in. TX, officeholder livii	ng expense
Complete ONLY if direct expenditure to benefit C/C		idate / Officeholder name		Office sought		Office held
	A	TTACH ADDITIONAL COPIES	S OF THIS	SCHEDULE AS NE	EDED	- Management

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 Management

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

		omplete this form.	3 Filer ID (Ethics	Commission Filers)		
otal pages Schedule F1:	2 FILER NAME					
2/7/25	5 Payee name EFWBA					
Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$15	PO BOX 8861 Fort Worth TX 76124					
	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Event Expense	Lunch Fee				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	Austin TX. officeholder living expense			
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	- A	Office held		
Date	Payee name					
2/18/25	QuickTrip			Zip Code		
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$70.20	1110 N Beltline Rd Grand Prairie TX	75050				
	Category (See Categories listed at the top of this schedule)	Description				
	Category (see design	99950 Di				
PURPOSE OF	Travel In-District	Fuel				
	DESCRIPTION STOCKERS STOCKERS STOCKERS		ustin. TX, officeholder living	4		
OF	Travel In-District Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name		ustin. TX, officeholder livin	g expense Office held		
OF EXPENDITURE	Travel In-District Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if A	ustin. TX, officeholder living	4		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete Control of the control o	Travel In-District Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if A	ustin. TX, officeholder living	4		
Complete ONLY if direct expenditure to benefit Co	Travel In-District Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name OH Payee name	Check if A	ustin. TX, officeholder living	4		
Complete ONLY if direct expenditure to benefit Co. Date 2/19/25	Travel In-District Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name HF Custom Solutions	Check if A		Office held		
Complete ONLY if direct expenditure to benefit Complete 2/19/25 Amount (\$)	Travel In-District Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Payee name HF Custom Solutions Payee address:	Check if A		Office held		
OF EXPENDITURE Complete ONLY if direct expenditure to benefit Complete 2/19/25 Amount (\$) \$62.23	Candidate / Officeholder name Payee name HF Custom Solutions Payee address: 2612 Waggoman St Fort Worth	Clty: TX 76110 Description		Office held		
Complete ONLY if direct expenditure to benefit Complete 2/19/25 Amount (\$) \$62.23	Travel In-District Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name Candidate / Officeholder name Payee name HF Custom Solutions Payee address: 2612 Waggoman St Fort Worth Category (See Categories listed at the top of this schedule)	City: TX 76110 Description Embroide	State; ery Setup Austin. TX, officeholder livi	Office held Zip Code		

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Printing Expense Travel In District 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) ^{4 Date} 2/19/25 5 Payee name HF Custom Solutions 6 Amount (\$) 7 Payee address; City; Zip Code State: \$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 (\$) Payee address; City; State: Zip Code \$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 Category (See Categories listed at the top of this schedule) Description 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 Git/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wares/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Date 2/24/25 Amount (\$)	The Instruction Guide explains how to co	implete this form.	3 Filer ID (Ethic	s Commission Filers)
Date 2/24/25 Amount (\$)	41.		D THE TE TELL	a commination in the
2/24/25 Amount (\$)				
	5 Payee name FWRW			
	7 Payee address;	City;	State;	Zip Code
\$31.00	PO BOX 101613 Fort Worth TX 76185	i		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1	
PURPOSE	Event Expense	Admission/Lu	nch Fee	
OF EXPENDITURE	Z. O. I. Z. P. O. I.	, (411100101111111		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in. TX. officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	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		V	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Printing Expense	Flyer Pri	nting	
Select Action of Control of Contr	Check if travel outside of Texas. Complete Schedule T.	stin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		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 OF EXPENDITURE	Printing Expense	Flyer Pri	nting	
vinados/ steriorados NCS	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin. TX, officeholder liv	ing expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		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 Accounting/Banking

Event Expense Fees Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

onsulting Expense ontributions/Donations Made By	Gitt/Awards/Memorials Expense Printing Ex Gommittee Legal Services Salaries/W	pense /ages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Candidate/Officeholder/Political edit Card Payment	The Instruction Guide explains how to c	omplete this form.	
Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Date 2/28/25	5 Payee name A21 Solutions	*****	
Amount (\$)	7 Payee address;	City;	State; Zip Code
\$1,000.00	750 Otay Lakes Rd. Ste 147 Chula Vi	sta CA 91910	
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Advertising Expense	site/Design	
EXPERIENCE	(c) Check if travel outside of Texas. Complete Schedule T.	stin TX. officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
2/28/25	Anedot		Zin Codo
Amount (\$)	Payee address;	City;	State; Zip Code
\$252.00	1340 Poydras St #1770 New Orlean	s LA 70112	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	Office held
Date	Payee name		
3/2/25	Bank of America	,	
Amount (\$)	Payee address;	City;	State; Zip Code
\$16.00	100 North Tryon St Charlotte NC 2	8255	
- Children	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Accounting/Banking	Bank Fee	es
	Check if travel outside of Texas, Complete Schedule T.	Check if	Austin. TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C.	Candidate / Officeholder name	Office sough	nt Office held
	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDULE AS	NEEDED
	ALIMOHADDITIONAL GOT ILLO G. T.		

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)

otal pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
3/2/25	5 Payee name No Frills Grill		1	With are		
Amount (\$)	7 Payee address;	City;	State;	Zip Code		
\$78.94	1550 Eastchas Pkwy #1200 Fort V	Vorth TX 76120)			
	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Food/Beverage	Volunteer I	Lunch			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	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					
14-141	Category (See Categories listed at the top of this schedule)	Description	and the state of t			
PURPOSE OF EXPENDITURE	Advertising Expense	Digital Adv	dvertising			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin. TX, officeholder living) expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
3/4/25	K&R Graphics					
Amount (\$)	Payee address;	City;	State;	Zip Code		
\$2,489.75	3915 Main Street Dallas TX 75226	3				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Advertising Expense	Signs		t		
OF EXPENDITURE		. Check if Austin, TX, officeholder living expense				
	Check if travel outside of Texas, Complete Schedule T.	Check if Au	stin, TX, officeholder livin	Office held		

SCHEDULE F1

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

EVENDITURE CATEGORIES FOR BOX 8(a) Event Expense Loan Repayment/Reimburseme

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)

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 State; Zip Code City; 7 Payee address; 6 Amount (\$) 5706 E Mockingbird Ln Ste 115-382 Dallas TX 75206 \$3,000.00 (b) Description (a) Category (See Categories listed at the top of this schedule) 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 (\$) \$70.07 5000 Davis Blvd N Richland Hills, TX 76180 Category (See Categories listed at the top of this schedule) Description 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 Loan Repayment/Relmbursement Office Overhead/Rental Expense Poiling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Contributions/Donations Made t Candidate/Officeholder/Politic credit Card Payment	al Committee Legal Services Salaries/V	Vages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
	The Instruction Guide explains how to c	omplete this form.	3 Filer ID (Ethics Commission Filers)
Total pages Schedule F1	2 FILER NAME		5 Filer ID (Ethics Commission Filers)
^{Date} 3/18/25	5 Payee name Walmart		
Amount (\$)	7 Payee address;	City;	State; Zip Code
\$21.56	8401 Anderson Blvd Fort Worth TX 7	6120	
1814/2	(a) Category (See Categories listed at the top of this schedule)	(b) Description	100
PURPOSE OF EXPENDITURE	Food/Beverage	Water, Sn	acks for Volunteers
EXTENSION STATE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin. TX. officeholder living expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	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 OF EXPENDITURE	Advertising Expense	Digital Ad	l Design
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	ustin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date	Payee name	Access of the second	
3/24/25	Anedot		
Amount (\$)	Payee address;	City;	State; Zip Code
\$154.90	1340 Poydras St #1770 New Orlean	is LA 70112	
	Category (See Categories listed at the top of this schedule)	Description	, N
PURPOSE OF EXPENDITURE	Solicitation/Fundraising Expense	Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin. TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C	Candidate / Officeholder name /OH	Office sought	Office held
ALL ALL AND MILE.	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	KEEDED
	AT IACHADDITIONAL COFIES OF TH	0 00111101111011	

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested information is not applicable, DO NOT include this page in the report.								
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politic								
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 1/15/25	6 Payee name S2SS							
7 Amount (\$) \$5,000.00	8 Payee address; City: State; Zip Code 777 Main St. Fort Worth TX 76102							
9 TYPE OF EXPENDITURE	Political Non-Political							
PURPOSE OF EXPENDITURE 11 Complete ONLY if direct	(a) Category (See Categories listed at the top of this schedule) Consulting Expense General Consulting (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX. officeholder living expense							
expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held							
Date 2/15/25	Payee name S2SS							
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 777 Main St. Fort Worth TX 76102							
TYPE OF EXPENDITURE	Political Non-Political							
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Consulting Expense Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense								
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held H							
and the company of th	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

If the requested infor	mation is n	ot applicable, DO NO	T include thi	s page in the re	port.		
Advertising Expense	**//	EXPENDITURE CA	Loan Repay	/menl/Reimbursement	Solicitation/Fundraising		
Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		Fees Office Overhead/Rental Expense Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor			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 1 Total pages Schedule F2: 2 FILER NAME					2 Eiles ID (Ethias Co	inia Eiles	
i lotal pages Schedule F2.	2 FILER	NAME			3 Filer ID (Ethics Co	mmission Filers)	
4 TOTAL OF UNITER	IIZED UN	PAID INCURRED O	BLIGATION	6	\$		
5 Date 3/24/25	6 Payee S2SS						
7 Amount (\$)	8 Payee	address;		City;	State;	Zip Code	
\$2,536.85	777	Main St. Fort Worth	TX 76102				
9 TYPE OF EXPENDITURE Political Non-Political							
10	(a) Category (See Categories listed at the top of this schedule) (b) Description						
PURPOSE	Adv	ertising Expense		Digital Adve	ertising		
EXPENDITURE			VM.050A27020700000000				
	(c)	Check if travel outside of Texas. Con	plete Schedule T.	Check if Au	stin, TX, officeholder living e		
11 Complete ONLY if direct expenditure to benefit C/Oh		didate / Officeholder nam	e O	ffice sought	Office he	ld	
Date	Payee	name					
3/15/25	S28	SS			1000		
Amount (\$)	Payee	address;		City;	State;	Zip Code	
\$5,000.00	777	Main St. Fort Worth	TX 76102				
TYPE OF EXPENDITURE		Political	Non-Po	litical			
	Catego	ry (See Categories listed at the to	o of this schedule)	Description			
PURPOSE OF EXPENDITURE	Coi	nsulting Expense	General	al Consulting			
A Pro-1- and the Secretary Control of Contro		Check if travel outside of Texas, Co	omplete Schedule T.	Check if A	ustin. TX, officeholder living	expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O		ndidate / Officeholder nam	ne C	office sought	Office he	ld	
			Wife to		1	0.17 % \$40.311	
	ATTA	CH ADDITIONAL COPI	ES OF THIS S	CHEDULE AS N	EEDED		

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

			EXPENDITUR	RE CATEGO	RIES FO	OR BOX 10(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee			Fees Office Overhead Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Printing Expense		ense Travel In District		ation Equipm District at Of District	ent & Related Expense			
			The Instruction G	ide explains h	now to co	mplete this form.					
1	Total pages Schedule F2:	2 FILER	NAME				3 Filer ID (Ethics Commission Filers)				
4	TOTAL OF UNITEM	NIZED UN	PAID INCURRE	D OBLIGA	ATIONS		\$				
5	Date	6 Payee	name	*							
	3/24/25	A21 S	Solutions								
7	Amount (\$)	8 Payee	address;		7	City;		State;	Zip Code		
	\$2,000.00	750	Otay Lakes Ro	l. Ste 147	Chula	Vista CA 919	910		V1.0000 501000000		
9	TYPE OF EXPENDITURE		Political		Non-Polit	ical					
10	7000-10	(a) Categor	y (See Calegories listed at	the top of this sch	redule)	(b) Description		*****			
	PURPOSE OF EXPENDITURE	Adve	ertising Expens	e	Video/Digital/Print Design						
		(c)	Check if travel outside of Tex	as. Complete Scheo	dule T.	Check if Aus	stin, TX. officel	nolder living e	rpense		
11	Complete ONLY if direct expenditure to benefit C/OH		didate / Officeholder	name	Off	ice sought		Office hel	d		
	Amount (\$)	Payee	address;			City;		State;	Zip Code		
	TYPE OF EXPENDITURE	F	Political		Non-Poli	ical					
Category (See Calegories listed at the top of this sched					edule)	Description					
			Check if travel outside of Te	xas. Complete Sche	edule T.	Check if Ai	ustin, TX, office	sholder living	expense		
	Complete ONLY if direct expenditure to benefit C/OH		didate / Officeholder	name	Off	ice sought		Office hel	d		
		1.00				\$10. C = 0. C		1 10,00	1.0 M M M M M M M M M M M M M M M M M M M		
	-	ATTAC	H ADDITIONAL C	OPIES OF	THIS SC	HEDULE AS NE	EDED				