

# 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:

9

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Mary  
Bralley

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6603 Stoneham Dr.; Amarillo; TX; 79109

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806) 679-9854

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Mrs. Christina  
Hamilton

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

(Residence or Business)

9816 Perry Ave.; Amarillo; TX; 79119

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(303) 549-7439

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

04 / 01 / 2025

THROUGH

04 / 23 / 2025

11 ELECTION

ELECTION DATE

Month

Day

Year

05 / 03 / 2025

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Amarillo College Board of Regents

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.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

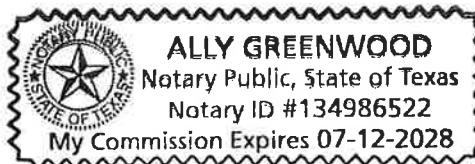
FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Mrs. Mary Bralley</u>		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)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,035.00</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1,354.17</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>2,184.29</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

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

Mary Bralley  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by Mary Bralley this the 25<sup>th</sup> day of April, 2025, to certify which, witness my hand and seal of office.

Ally Greenwood Ally Greenwood Executive Assistant  
Signature of officer administering oath Printed name of officer administering oath 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

Mrs. Mary Bralley

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,250.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 785.00
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,354.17
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 2
2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)
4 Date 03/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Susan Wingo, MD	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code 6706 Stoneham Dr.; Amarillo; TX; 79109		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) VA
Date 03/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ana Ramirez	Amount of contribution (\$) \$25.00
Contributor address; City; State; Zip Code 5225 Westway Trl.; Amarillo; TX; 79109		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Amarillo Hispanic Chamber of Commerce
Date 04/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pat Davis	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code 7906 Clearmeadow Dr.; Amarillo; TX; 79119		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Pat Davis Properties
Date 04/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mike Rivas	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 9500 RJ Drive; Amarillo; TX; 79119		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Texas Plumbing
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

# 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 of 2
2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)
4 Date 04/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Augustina Sisneros	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 3319 Wayne St.; Amarillo; TX; 79106		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA
Date 04/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Anonymous- Judy Hoyer	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 8401 Norahs Lane; Amarillo; TX; 79119		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 04/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) James Whitton	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code P.O. BOX 7844; Amarillo; TX; 79114		
Principal occupation / Job title (See Instructions) Retired; Community Volunteer		Employer (See Instructions) NA
Date 04/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#) Juliann Fulton	Amount of contribution (\$) \$75.00
Contributor address; City; State; Zip Code P.O. BOX 82; Bushland; TX; 79012		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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 A2: 1	
2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 04/16/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sandie Firestone Mares	8 Amount of Contribution \$ 50.00	9 In-kind contribution description uncooked Brisket
7 Contributor address; City; State; Zip Code 8806 Wedgewood Ave; Amarillo; TX; 79119		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) NON Profit		11 Employer (FOR NON-JUDICIAL)(See Instructions) Harrington House	
12 Contributor's principal occupation (FOR JUDICIAL) NA		13 Contributor's job title (FOR JUDICIAL)(See Instructions) NA	
14 Contributor's employer/law firm (FOR JUDICIAL) NA		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) NA	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) NA			

Date 04/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cocina OnThe Go	Amount of Contribution \$ 735.00	In-kind contribution description Fruit cups, Elote Bar Cook Prep Brisket & Sliders
Contributor address; City; State; Zip Code 3403 S. Jackson; Amarillo; TX; 79109		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Catering : Food Truck		Employer (FOR NON-JUDICIAL)(See Instructions) Owner	
Contributor's principal occupation (FOR JUDICIAL) NA		Contributor's job title (FOR JUDICIAL)(See Instructions) NA	
Contributor's employer/law firm (FOR JUDICIAL) NA		Law firm of contributor's spouse (if any) (FOR JUDICIAL) NA	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) NA			

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 1 of 3		<b>2</b> FILER NAME Mrs. Mary Bralley		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 04/02/2025		<b>5</b> Payee name WIX.com, Ltd.			
<b>6</b> Amount (\$) \$3.20		<b>7</b> Payee address: Yunitsman 5; Tel Aviv; Israel			
<b>8</b>  <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Fees		<b>(b)</b> Description Donation Fee; ACH Deduction		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 04/03/2025		Payee name WIX.com, Ltd.			
Amount (\$) \$1.03		Payee address: Yunitsman 5; Tel Aviv; Israel			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description Donation Fee; ACH Deduction		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 04/03/2025		Payee name Palace Coffee			
Amount (\$) \$22.70		Payee address: 7304 SW 34th Ave; Unit 2; Amarillo; TX; 79121			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Food/Beverage Expense		Description Finance Report Meeting		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 3		2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)	
4 Date 04/09/2025		5 Payee name SkyRite			
6 Amount (\$) \$985.07		7 Payee address: P.O. Box 87; Amarillo; TX; 79105		City; State; Zip Code	
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Signage = 2 Invoices		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/04/2025		Payee name Sir Speedy			
Amount (\$) \$111.55		Payee address: 416 SW 8th; Amarillo; TX; 79101		City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign Cards		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/12/2025		Payee name Wix.com, Ltd.			
Amount (\$) \$1.75		Payee address: Yunitsman 5; Tel Aviv; Israel		City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees		Description ACH Donation Fee; Deduction		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

Event Expense  
Fees  
Food/Beverage Expense  
Gift/Awards/Memorials Expense  
Legal Services

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>3 of 3</b>		2 FILER NAME <b>Mrs. Mary Bralley</b>		3 Filer ID (Ethics Commission Filers)	
4 Date <b>04/17/2025</b>		5 Payee name <b>Wix.com, Ltd.</b>			
6 Amount (\$) <b>\$14.80</b>		7 Payee address: <b>Yunitsman 5; Tel Aviv; Israel</b>		City: <b></b>	State: <b></b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>		(b) Description <b>ACTH Donation Fee; Deduction</b>		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/16/2025</b>		Payee name <b>United Market Street</b>			
Amount (\$) <b>\$145.99</b>		Payee address: <b>8761 S. Coulter; Amarillo; TX; 79119</b>		City: <b></b>	State: <b></b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Event Expense</b>		Description <b>Beverages for Meet &amp; Greet (4/17/25)</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <b>04/14/2025</b>		Payee name <b>Wix.com, Ltd.</b>			
Amount (\$) <b>\$38.97</b>		Payee address: <b>Yunitsman 5; Tel Aviv; Israel</b>		City: <b></b>	State: <b></b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>		Description <b>Monthly Fee; ACTH Payment</b>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

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