# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

			ř		
The C/OH Instruction G	uide explains how to	complete this form.	1 Filer ID (Ethics Con	nmission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MYS	FIRST Mary		MI	OFFICE USE ONLY  Date Received
NAME	NICKNAME	Bralley	/	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX:		CITY; STATE;	79109	APR 2 5 2025  BY:
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806)670	PHONE NUMBER	EXTENSIO		Date Hand-delivered or Date Postmarked  Hand delivered  Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR  M / S .  NICKNAME	Christin Christin		SUFFIX	Date Processed
		Hamilto			Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO	PO BOX PLEASE); APT / S	unte #: city:	TX;7	STATE; ZIP CODE
(Residence or Business)					
8 CAMPAIGN TREASURER PHONE	(303) 54	PHONE NUMBER 9-74-39	EXTENSIO	N .	
9 REPORT TYPE	January 15	30th day before e	election Runo	ff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection	eded Modified rting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month O4	Day Year 701/2025			Day Year / 23 / 2025
11 ELECTION	ELECTION DATE		Runoff	Other Description	
*	05/03/	2025 General			
12 OFFICE	OFFICE HELD (if any)				ege Board of Regent
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE THE CANDIDATE / OFFICE CONSENT. CANDIDATES A	OF POLITICAL CONTRIBUTIONS HOLDER. <i>THESE EXPENDITURE</i> ND OFFICEHOLDERS ARE REQU	ACCEPTED OR POLITICAL ES MAY HAVE BEEN MADE W IRED TO REPORT THIS INFOR	EXPENDITURES METHOUT THE CANI	IADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS		
GO TO PAGE 2					

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

0/11/11/11/11				
15 C/OH NAME	Irs. Mary Bralle	24	5 Filer ID (Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CO PLEDGES, LOANS, OR GUARANTEE CONTRIBUTIONS MADE ELECTRON	S OF LOANS, OR	\$	
	2. TOTAL POLITICAL CONTRIBUTION (OTHER THAN PLEDGES, LOANS, O	ONS R GUARANTEES OF LOANS)	\$ 2,035,00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXP	PENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITUR	ES	\$ 1,354.17	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS OF REPORTING PERIOD	MAINTAINED AS OF THE LAST	DAY \$ 2,184.29	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PER	OUTSTANDING LOANS AS OF TRIOD	THE \$	
	swear, or affirm, under penalty of perjury, that the	accompanying report is true :	and correct and includes all information	
18 SIGNATURE IS	swear, or affirm, under penalty of perjury, that in quired to be reported by me under Title 15, Election	a Code		
rec	quired to be reported by the under Tide 13, Election	0 0	0000	
		1/10/10/10	711 VVLX	
		1 WWX 2	acces ()	
	-	Signature of Cano	lidate or Officeholder	
[				
	Diseas complete	either option below:		
	J 3055/18/00	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
		REENWOOD {		
		lic, State of Texas		
(4) Affidavit		#134986522		
(1) Affidavit	My Commission Exp		20	
	5.5 5.5			
	1			
NOTARY STAMP/SEAL				
Swom to and subscribed	before me by Mary Bralley	this the 2	day of April	
20 25 , to certify	which, witness my hand and seal of office.		- 10 1	
Wh The	encord Ally Gre	encisod	Executive Assistant	
Signature of officer administr	ering oath Printed name of officer ac	lministering oath	Title of officer administering oath	
	OR			
	UK.			
(2) Unsworn Declarati				
My name is		, and my date of birth is _	·	
1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,	
My address is	(nhannah)	(city) (sta	ate) (zip code) (country)	
	(street)	( 2)	. 20	
Executed in	County, State of, o	n the day of(month)	(year)	
		N 10 10	**	
		Signature of Candida	te/Officeholder (Declarant)	

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER NAME Mrs. Mary Bralley  20 Filer ID (Ethic	s Commission Filers)			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1,250.00			
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 785.00			
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$			
4.	SCHEDULE E: LOANS	\$			
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$1,354.17			
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	/он \$			
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.  10 P 2  FILER NAME  MYS, MARY BYALLEY  1 Date  5 Full name of contributor  SUSAN WINGO, MD  6 Contributor address;  City: State: Zip Code  FUll name of contributor  Amount of contribution  Principal occupation / Job title (See Instructions)  Executive Director  Date  Full name of contributor  Pat Davis  Contributor address;  City: State: Zip Code  Amount of contribution  S 25: 00  Amount of contribution  Employer (See Instructions)  Executive Director  Date  Full name of contributor  Pat Davis  Contributor address;  City: State: Zip Code  700 Crammadou Dr.; Amarillo; Tx; 79119  Principal occupation / Job title (See Instructions)  Pat Davis  Contributor address;  City: State: Zip Code  700 Crammadou Dr.; Amarillo; Tx; 79119  Principal occupation / Job title (See Instructions)  Pat Davis  Contributor address:  City: State: Zip Code  Pat Davis Propertic  Amount of contribution  Mike Rivas  City: State: Zip Code  Pat Davis Propertic  Amount of contribution  Pat Davis Propertic  Amount of contribution  Pat Davis Propertic  Amount of contribution  Pat Davis Propertic  Pat Davis Propertic  Pat Davis Propertic  Pat Davis Propertic  Pat Davis Pat Pat Davis Pat Davis Pat Davis Pat Davis Pat				1 Total pages Schedule A1:
FILER NAME    A Date   S Full name of contributor   Out-of-state PAC (IDF: STATE PAC (IDF: STA	The In	nstruction Guide explains how to complete this f	1082	
5 Full name of contributor	FILER NAME	Mrs. Mary Brat	ley	3 Filer ID (Ethics Commission Filers)
Physician  Date  Full name of contributor  Ama Ramirez  Contributor address; City: State: Zip Code  5225 Westway Trl.; Amarillo; Tx; 7916  Principal occupation / Job title (See Instructions)  Executive Director  Date  Full name of contributor  Pat Davis  Contributor address; City: State: Zip Code  7906 Charmeaduw Dr.; Amarillo; Tx; 7919  Principal occupation / Job title (See Instructions)  Business Owner  Date  Full name of contributor  Principal occupation / Job title (See Instructions)  Business Owner  Pat Davis City: State: Zip Code  Pat Davis Propertic  Amount of contribution  Employer (See Instructions)  Pat Davis Propertic  Amount of contribution  Susiness Owner  Principal occupation / Job title (See Instructions)  Pat Davis Propertic  Amount of contribution  Mike Rivas  Contributor address; City: State: Zip Code  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Pat Davis Propertic  Amount of contribution  Mike Rivas  Contributor address; City: State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	n halame	SUSAN WINGO, MD  6 Contributor address; City;	State; Zip Code	
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Principal occupation / Job title (See Instructions)  Executive Director  Date  Full name of contributor  Pat Davis  Contributor address; City: State: Zip Code  Principal occupation / Job title (See Instructions)  Executive Director  Date  Full name of contributor  Pat Davis  Contributor address; City: State: Zip Code  7906 Chearmeadow Dr.; Amerillo; Tx; 79119  Principal occupation / Job title (See Instructions)  Business Owner  Date  Full name of contributor  Out-of-state PAC (ID#	- S	ation / Job title (See Instructions)		tions)
Date  Full name of contributor  Pat Davis  Contributor address;  City: State: Zip Code  Principal occupation / Job title (See Instructions)  Business Owner  Date  Full name of contributor  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Date  Full name of contributor  O'4/1/2025  Contributor address;  City: State: Zip Code  Employer (See Instructions)  Pat Davis Propertie  Amount of contribution  Mike Rivas  Contributor address;  City: State: Zip Code  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Bioo. OO  Employer (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	Date	Full name of contributor out-of-state PAC ( And Ramirez  Contributor address; City;  5225 Westway Tr1.; Am	State: Zip Code	
Pat Davis  Contributor address; City; State; Zip Code  7906 Cheurmeadow Dr.; Amerillo; Tx; 79119  Principal occupation / Job title (See Instructions)  Business Owner  Date  Full name of contributor  Mike Rivas  City; State; Zip Code  Amount of contribution  Mike Rivas  City; State; Zip Code  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)  Employer (See Instructions)	Principal occupa	tion / Job title (See Instructions)	Employer (See Instruct AMATINO HISP	kunic C'harmber of Comme
Date  Full name of contributor  Mike Rivas  Contributor address; City; State; Zip Code  9500 RJ Drive; Amarillo; TX; 7919  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	14/08/2025	Pat Davis Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Date  Full name of contributor  Mike Rivas  City; State; Zip Code  Q500 RJ Drive; Amarillo; TX; 79119  Principal occupation / Job title (See Instructions)  Employer (See Instructions)			Employer (See Instruction Pat Davis	Properties
Principal occupation / Job little (See Institutions)	Date	Full name of contributor out-of-state PAC (MIKE RIVAS)  Contributor address; City;	State; Zip Code	,
Business Owner Texas Plumping	Principal occupa	ation / Job title (See Instructions)	Employer (See Instruc	umbing

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

## MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Date   S Full name of contributor	ID (Ethics Commission Filers)  bunt of contribution (\$)
Date  Full name of contributor  Amarillo; TX; THOG  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Date  Full name of contributor  Amarillo; TX; THOG  Principal occupation / Job title (See Instructions)  Pate  Full name of contributor  James Whitton  Contributor address:  City: State: Zip Code  Full name of contributor  James Whitton  Contributor address:  City: State: Zip Code  Principal occupation / Job title (See Instructions)  Amarillo; TX; TY IOG  Amarillo; TX; TY	
Date  Full name of contributor  An only molls-  Tudy Hover  Contributor address:  City: State: Zip Code  8 Hol Novahs Lane; Amarillo; Tx; 79119  Principal occupation / Job title (See Instructions)  Retired  Date  Full name of contributor  James Whitton  Contributor address:  City: State: Zip Code  Principal occupation / Job title (See Instructions)  Contributor address:  City: State: Zip Code  Full name of contributor  James Whitton  Contributor address:  City: State: Zip Code  P.O. BOX 7844; Amarillo; TX; 79114  Principal occupation / Job title (See Instructions)  Retired; Community Voluntar  Full name of contributor  Retired; Community Voluntar  Full name of contributor  Community Voluntar  Full name of contributor  Retired; Community Voluntar  Amarillo; TX; 79114	50.00
An prymous - Judy Hover  Contributor address: City: State: Zip Code  8+01 Novahs Lane; Amarillo; TX; 79119  Principal occupation / Job title (See Instructions)  Retired  Date  Full name of contributor  James Whiton  Contributor address: City: State: Zip Code  P.O. Box 7844; Amarillo; TX; 79114  Principal occupation / Job title (See Instructions)  Retired; Community Voluntum  Amarillo; TX; 79114  Principal occupation / Job title (See Instructions)  Retired; Community Voluntum  Amarillo; TX; 79114  Page of contributor  Retired; Community Voluntum  Amarillo; TX; 79114  Amarillo; TX; 79114  Principal occupation / Job title (See Instructions)  Retired; Community Voluntum  Amarillo; TX; 79114  Amarillo; TX; 79114  Principal occupation / Job title (See Instructions)  Retired; Community Voluntum  Amarillo; TX; 79114  Amarillo; TX; 79114  Principal occupation / Job title (See Instructions)  Retired; Community Voluntum  Amarillo; TX; 79114  Amarillo;	
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Retired; Community Voluntum  Page 1940 1940 1940 1940 1940 1940 1940 1940	ount of contribution (\$)
Date  James Whitton  City: State; Zip Code  P.O. BOX 7844, Amarillo; TX; 79114  Principal occupation / Job title (See Instructions)  Retired; Community Voluntum  Employer (See Instructions)  Am	
Retired; Community Voluntum NA	ount of contribution (\$)
Full name of contributor	
	ount 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.

# 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 forn	n.	1 Total pages Schedu	lle A2:
2 FILER NAME Mrs. Mary Brailes	1	3 Filer ID (Ethics Cor	mmission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0	
5 Date 6 Full name of contributor out-of-state PAC (ID# Sandie Frestone Man 04/11/2035 7 Contributor address; City: State; 8806 Wedgewood Ave; Amerillo;	Zip Code	1,50,00	9 In-kind contribution description  UN COOVED  Brisket  de of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIA ination Ho	AL)(See Instructions)
12 Contributor's principal occupation (FOR JUDICIAL)	$\sim$	1+	se (if any) (FOR JUDICIAL)
14 Contributor's employer/law firm (FOR JUDICIAL)		IA	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date  Full name of contributor out-of-state PAC (ID#:	Zip Code	Amount of Contribution \$	In-kind contribution description Fruit cups, Elok Por Cook Prep Ponsket ! Sliders
3403 S. Jackson, Amar, No.7  Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Check if travel outsleer (FOR NON-JUDICI	AL)(See Instructions)
Catering : Food Truck Contributor's principal occupation (FOR JUDICIAL)	(	Utor's job title (FOR JU	JDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
			£
		LILE AS NEEDED	

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 B: Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Ex y Gift/Awards/Memo	pense Francis	Loan Repayi Office Overh Polling Expe Printing Exp Salaries/Wa	ment/Reimbursement lead/Rental Expense ense ense ges/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	nt & Related Expense
					3 Filer ID (Ethics C	commission Filers)
1 Total pages Schedule F1:	2 FILER NAME Mrs.	Mary 1	3ral	ley		
4 Date	5 Payee name	1+1		0.55		
04/02/2025	NIX, COM	, -100		City;	State;	Zip Code
6 Amount (\$)	7 Payee address;	- Tel	A1/11	1. T-SVai	0	
\$3.20	7 Payee address; YUNI+SMUN	5, 121	/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
8	(a) Category (See Categories lis	sted at the top of this sc	hedule)	(b) Description	- 66	1.3
PURPOSE OF	Fees			Donation	Fee; AC	H duction
EXPENDITURE				Charle if Aunt	in, TX, officeholder living e	xpense
		e of Texas, Complete Sch	edule I.			office held
9 Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholds H	er name		Office sought		
Date	Payee name					
04/03/2025	WIX. Con	n, Ltd	c			7. 0.4
Amount (\$)	Payee address;			City;	State;	Zip Code
\$1.03	Payee address;  Yunitsmar	15, Tel	AVI	v; Israe		
	Category (See Categories lis	ted at the top of this sch	nedule)	Description		
PURPOSE OF	Fees			Donation	Fee; ACH	Deduction
EXPENDITURE				Chack if Aus	tin, TX, officeholder living e	expense
	ļ	e of Texas, Complete Sch	lequie I.	Office sought		Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officehold H	er name		Gillios coug		
Data	Payee name					
04/03/2025	Palace	Coffe	C			
Amount (\$)	Payee address;		-	City;	State;	Zip Code
\$22.70	7304 SW 34	ith Ave, l	Unita	z; Amarill	0;TX; 791:	/  
	Category (See Categories lis	ted at the top of this sch	hedule)	Description		
PURPOSE OF	Food/Beverage	Expens.	e	Financ	e Report	Meeting
EXPENDITURE		e of Texas, Complete Sch	nedule T	Check if Aus	tin, TX, officeholder living	expense
The State Control	Candidate / Officehold			Office sought		Office held
Complete ONLY if direct expenditure to benefit C/O						
cometae vACOSE		ONAL CODIEC	OE TUIS	SCHEDULE AS NE	EDED	
	ATTACH ADDITI	UNAL COPIES	OF IMIS	SCHEDULE AS NE		Povised 1/1/2024

### 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 Event Expense Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Pollina Expense Printing Expense

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

Travel Out Of District Other (enter a category not listed above) Salaries/Wages/Contract Labor 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 Mrs. Mary Bralley 2043 04/09/2075 SKYRITE 6 Amount (\$) 7 Payee address: Zip Code State; P.O. Box 87; Amarillo; TX; 79105 \$985.07 (b) Description (a) Category (See Categories listed at the top of this schedule) Advertising Expense Signage = 2 Invoices **PURPOSE** 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 Pavee name Sir Speedy 04/04/2025 Payee address; City;
HIG SW 8th; Amarillo; TX; 79101 Zip Code Amount (\$) \$111.55 Description Category (See Categories listed at the top of this schedule) campaign Cards Advertising Expense PURPOSE 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 Date WIX. com, Ltd. 04/12/2025 Zip Code Pavee address: Amount (\$) Yunitsman 5; Tel Aviv; Israel \$1.75 Description Category (See Categories listed at the top of this schedule) A-CI+ Donation Fee: Deduction PURPOSE FRES 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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

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

If the requested into	juested information is not applicable, be NOT include this page in the repeat					
EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Off Food/Beverage Expense Po Gift/Awards/Memorials Expense Pri	an Repayment/Reimbursement fice Overhead/Rental Expense Illing Expense nting Expense laries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME MYS, Mary Brat	ley	3 Filer ID (Ethics Commission Filers)			
4 Date	E Payee name					
04/17/2025	WIX. Com, Ltd.	Oit u	State; Zip Code			
6 Amount (\$) \$14,80	7 Payee address: Yunitsman 5; Tel +	Aviv; Israe	3146, 25			
8	(a) Category (See Categories listed at the top of this sche	dule) (b) Description	ACH			
PURPOSE OF EXPENDITURE	Fees	Donation	Tree; peduction			
	(c) Check if travel outside of Texas. Complete Schedu	uleT. Check if Aust	tin, 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					
04/16/2025	United Market S	Street	7.0.1			
Amount (\$)	Payee address;	City;	State; Zip Code			
\$145.99	8761 S. Coulter; A	marillo; TX	; 79119			
	Category (See Categories listed at the top of this sched					
PURPOSE OF EXPENDITURE	Even+ Expense	Beverac	yes for Meet Greet (4/17/25)			
	Check if travel outside of Texas. Complete Sched	ule T. Check if Aus	tin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
04/14/2025	WIX. com, Ltd.	,				
Amount (\$)	Payee address;	City;	State; Zip Code			
\$38,97	Yunitsman 5; Tel		ae			
	Category (See Categories listed at the top of this sched					
PURPOSE OF EXPENDITURE	Fees	Monthly	Fee; ACH Payment			
	Check if travel outside of Texas. Complete Sched	ule T. Check If Aus	tin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name	Office sought	Office held			