CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

				0 7 1 1 51-4
The C/OH Instruction G	iuide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MVS.	FIRST Warry	МІ	OFFICE USE ONLY
NAME	NICKNAME	Bralle	SUFFIX	RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;		gity; state; zip code ; Amarillo; TX; 19109	JUN 0 9 2025 BY:
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (806) 6	PHONE NUMBER 79-9854	EXTENSION	Date Hand-delivered or Date Postmarked Hand Polivid Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR M (S) NICKNAME	FIRST Christing LAST	SUFFIX	Date Processed Date Imaged
		Hamilton		STATE; ZIP CODE
7 CAMPAIGN TREASURER ADDRESS	1	NO PO BOX PLEASE); APT / S	marsllo; TX; 70	
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	(303) 54	+9-7439	EXTENSION	
9 REPORT TYPE	January 15	30th day before o	Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
			Reporting Limit Month	Day Year
10 PERIOD COVERED	04 /	Day Year 124 / 2025		/10 /2025
11 ELECTION	ELECTION DAT		ELECTION TYPE	
	Month Day 05/03/	/	Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		AMAVILLE COL	lege Board of Reger
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTIC THE CANDIDATE / OFFIC CONSENT. CANDIDATES	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURE AND OFFICEHOLDERS ARE REQU	ACCEPTED OR POLITICAL EXPENDITURES	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMINITIEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS	TANKER NAME	
	SPECIFIC	COMMITTEE CAMPAIGN TR		
		GO TO	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

OAIMII 74101				
15 C/OH NAME	s. Mary Bralley	16 Filer ID (Ethics Commission Filers	5)	
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICALLY	OANS, OR		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUA	RANTEES OF LOANS) \$ 2.75.00	·)	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDIT	URE. \$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 2373.62		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINT OF REPORTING PERIOD	TAINED AS OF THE LAST DAY \$ 85.67		
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	FANDING LOANS AS OF THE \$		
	was as affirm under conclbs of parium, that the acco	mpanying report is true and correct and includes all inform	nation	
18 SIGNATURE I ST	wear, or attirm, under penalty of perjury, that the accounties to be reported by me under Title 15, Election Code	engengerg colores		
req	uired to be reported by the unider true 15, Election Code	0.00		
		Signature of Candidate or Officeholder		
		signature of Candidate of Cinconstruct		
·	14			
P				
	Please complete eith	er option below:		
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
ALLY GREENWOOD				
Notary Public, State of Texas				
	Notary ID #134986522			
(1) Affidavit My Commission Expires 07-12-2028				
(I) Allidavit				
NOTARY STAMP/SEA		e"		
Swom to and subscribed before me by Many Bralley this the on day of June 20 25, to certify which, witness my hand and seal of office. Ally Greenwood Treative Assistant				
20 25 to certify	which, witness my hand and seal of office.			
All Sunwood Ally Grunwood Breative Assistant				
		The state of the s	oath	
Signature of officer administering oath Printed name of officer administering oath Inte or officer administering oath				
OR COMPANY OF THE PROPERTY OF				
(0) Harrison Dealers 41	on.			
(2) Unsworn Declarati	σ ιι			
Mu name is		and my date of birth is		
My address is		(city) (state) (zlp code) (country)		
	(street)			
Executed in	County, State of, on the	day of, 20 (month) (year)		
		(month) (year)		
		Signature of Candidate/Officeholder (Declarant)		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

_	20 Filer ID (Ethics	Commission Filers)
19	FILER NAME	
21	Mrs. Mary Bralley schedule subtotals.	SUBTOTAL AMOUNT
	NAME OF SCHEDULE	1 0 7 0 0
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 275.00
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	\$ 2402:73
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 CA	он \$
1 11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$48.41

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. FILER NAME Mrs. Mary Braily 5 Full name of contributor out-of-state PAC (ID#:		sted information to not applicately		1 Total pages Schedule A1:
FILER NAME	The	Instruction Guide explains how to complete this	form.	1
Date 5 Full name of contributor out-of-state PAC (ID#) 7 Amount of contribution (I)	2 FILER NAME	Mrs. Mary Brailey		
Principal occupation / Job title (See Instructions) Date Full name of contributor Debote Faukner Jordan Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#	1 0 1	a subsection Dout of state PAC	: (ID#:	
Principal occupation / Job title (See Instructions) Date Full name of contributor Debote Faukner Jordan Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Date Full name of contributor Contributor address: City: State: Zip Code Employer (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code	04/21/2025	Sonja Gross 6 Contributor address; City; 7913 Pilgrim Drive; Am	State; Zip Code	\$75.00
Delobic Faukner Jordan Contributor address: City: State: Zip Code 1500 S. Virginia St.; For Hawara TX; 7P79 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address: City: State: Zip Code	8 Principal occu	pation / Job title (See Instructions)		
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code	Date 04/22/2025	Full name of contributor out-of-state PAC Delobre Faukner Jorda, Contributor address; City; 1500 S. Virginia St.; For-	State; Zip Code + Lavaca ; TX; TP	Amount of contribution (\$) \$250.00
Date Full name of contributor Contributor address; City: State; Zip Code Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#) Contributor address; City: State; Zip Code Contributor address; City: State; Zip Code			Employer (See Instruc	tions)
Date Full name of contributor out-of-state PAC (ID#	Date	***************************************		Amount of contribution (\$)
Date Full name of contributor out-or-state PAC (total) Contributor address; City; State; Zip Code	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Contributor address; City; State; Zip Code	Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)			State; Zip Code	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	l ctions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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/Reverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Gift/Awards/Memorials Expense Print	ng Expense ting Expense ries/Wages/Contract Labor	Travel Out Of Distric Other (enter a catego	t ry not listed above)
Credit Card Payment	The Instruction Guide explains how	v to complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Mrs, Mary	Bralley	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name	•		
04/24/2025	Fiesta Foods	City;	State;	Zip Code
6 Amount (\$)	7 Payee address;	•		
\$29.11	1012 SE 10-th Street; Ar		191102	
8	(a) Category (See Categories listed at the top of this schedu	(b) Description	Greats B	SENTIAGER
PURPOSE	Event Expense	Meet and	, lorter or	103
OF EXPENDITURE				
	(c) Check if travel outside of Texas. Complete Schedule	eT. Check if Aust	tin, TX, officeholder living	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought		Office held
expenditure to benefit C/OI	1			
Date	Payee name	<i>(</i> 4)		
04/24/2025	Wix.com, Ltd.		State:	Zip Code
Amount (\$)	Payee address;	City;		2.6 0000
\$1.03	Yunitsman 5, Tel F	TVIV ,15146		
	Category (See Categories listed at the top of this schedul	le) Description	ш	
PURPOSE OF EXPENDITURE	Fees	Donatio	n Fee; A	CH Deduction
	Check if travel outside of Texas. Complete Schedule	e T. Check if Aus	itin, TX, officeholder livin	g expense
Complete <u>ONLY</u> If direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	8	Office held
Date	Payee name			
04/25/2025	Wix.com, Ltd.	,		
Amount (\$)	Payee address;	City;	State;	Zip Code
\$1,55	Yunitsman 5, Te	1 AVIV; IS	svae!	
	Category (See Categories listed at the top of this schedu	le) Description		
PURPOSE OF EXPENDITURE	Fees			CA) Deduction
	Check if travel outside of Texas. Complete Schedul	leT. Check If Aus	stin, TX, officeholder livir	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS N	EEDED	X
R .	AS SALTS AUDITORING CONTROL			Davised 1/1/2024

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/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)

Candidate/Officeholder/Politica Credit Card Payment	Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not issee above)			
•	The Institution Galde expenses in the second			
1 Total pages Schedule F1:	12 FILER NAME MYS, Mary BY	alley		
4 Date 04/25/25	Pl's Coffee of New	orleans		
6 Amount (\$)	7 Davis address:	City; State; Zip Code		
\$6,47	9201 Town Square Blvd.,	Ste. 1310; Amarillo; TX,79119		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Finance Report Meeting		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
a a series ONLY if direct	Candidate / Officeholder name	Office sought Office held		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Н			
Date	Payee name	- 1		
04/25/25	PJ's Coffee of New			
Amount (\$)	Payee address;	City; State; Zip Code		
\$20.52	9201 Town Equare Blvd.,	Ste. 1310; Anxwille; TX; 79119		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Food/Beverage, Expense	Finance Report Meeting		
	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		
Date	Payee name			
Date	Asian Bistro			
04/28/25	Deves address:	City; State; Zip Code		
4mount (\$)	1006 E. Amavillo Blvd.	Amarillo; TX; 79107		
	Category (See Categories listed at the top of this schedule)	Description (Co. a)		
PURPOSE OF EXPENDITURE	Event Expense	Food for Mect and Greet on 0+/2-6/25		
	Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held		
expenditure to benefit C/O				

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 Polling Expense Printing Expense

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

PRINCES HAVE

Other (enter a category not listed above) Salaries/Wages/Contract Labor Legal Services Credit Card Payment The Instruction Gulde explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME 5 Payee name 4 Date Zip Code State: City: 7 Payee address; 6 Amount (\$) \$103.86 (b) Description (a) Category (See Categories listed at the top of this schedule) 05/03/25 Supplie for Parad PURPOSE Event Expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Selons Zip Code Payee address; Amount (\$) 4550 Canyon Drive; Amarillo; TX; 79109 \$ 133,13 Category (See Categories listed at the top of this schedule) Description tising Expense T-Posts for Big Signs **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 Payee name Date Payee address; 8952 Westgate PKWY. W.; Amari 110; TX, 79124 Description SULPPITS FOY Category (See Categories listed at the top of this schedule) Campaign Goody Bags F. Vent 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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Sciicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Others (setting and proven)

The state of the s

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 Brailey 5 Payee name 4 Date Sam'S 8952 Westgate PLWY.W., Amarillo, TX; 79124 6 Amount (\$) \$28.03 (b) Description SULPIPIES FOR (a) Category (See Categories listed at the top of this schedule) Campaign Goody Bags Event Expense **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check If Austin, TX, officeholder living expense (c) Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Payee name 04/29/2025 8952 Westopate PKwy. W; Amarillo; TX; 79124 \$7.910 * Duplicate: Supplies for Category (See Categories listed at the top of this schedule) PURPOSE Campaign Goody Bags Event Expense 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 Burkett Outdoor Advertising, L.P. Date 05/05/2025 Zip Code Payee address; City: State; P. D. BOX 5037Z; AMWIIIO; TX, 79/59 Amount (\$) Description Category (See Categories listed at the top of this schedule) Campaign Billboard Ads 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

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

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

Candidate/Officeholder/Politica Credit Card Payment	Candidate/Officeholder/Political Committee Credit Card Payment Legal Services Salanas/wages/Contract_Zard Outer (enter a Category Not insect of the categ			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
50F6_	5 Payee name	-4		
05/07/2025	Brent Bralley	J	State; Zip Code	
6 Amount (\$)	7 Payee address;	City;		
\$691.18	6603 Stoneham Dr.; A			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	etmbursement	
PURPOSE OF EXPENDITURE	Event Expense		-Wateh Party 19 Expense	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin	, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held	
Date	Payee name			
05/10/2025	Starbuck's			
Amount (\$)	Payee address;	City;	State; Zip Code	
\$19.62	6023 S. Soncy Rd.; A	marillo; T	Xj 79119	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	FOOD/Beverage Expense	. Finance	Report Meeting	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, afficeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
05/10/2025	Christina Hamiltor			
Amount (\$)	Payee address;	City;	State; Zip Code	
中50.00	9816 Perry Ave.; Ama	millo; Tx;	79119	
	Category (See Categories listed at the top of this schedule)	Description R	etmlaursement	
PURPOSE OF EXPENDITURE	GIFT/Awards/Numorials 54		a "Thank You" Gift	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
	ATTACH ADDITIONAL COMES OF THE	B SOMEDULE AS NE	1959.	
	All little and the state of the	HOUSE BEING THE REAL PROPERTY OF THE PARTY O	\$\$/\$\$\$ 1/A/ 3 02	

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

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

Contributions/Donations Made By Candidate/Officeholder/Political	Gift/Awards/Memorials Expense Printing E	reges/Contract Labor Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)
6046.	E Davee name	
Date 5/10/2025	Christina Ha	City: State; Zip Code
Amount (\$)	7 Payee address;	City, 79119
\$100.00	7 Payee address; 9816 Perry Ave.; Ar	Martino, 12, 11 1
3	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	GIFT/Awards/Memorials Expense	Treasurer Gift
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
05/10/2025	Sonia Sounchez	
Amount (\$)	Payee address;	City; State; Zip Code
\$900.00	6409 Nick Street; A	marillo; TX; 79119
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	GIFT/Awards/Memorials	Consultant Gift
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
	Candidate / Officeholder name	Office sought Office held
Complete ONLY if direct expenditure to benefit C/OI		, A
Date	Payee name	
		City: State; Zip Code
Amount (\$)	Payee address;	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF		
EXPENDITURE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
		Office sought Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEDED

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

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 Sched	lule K:	
2 FILER NAME	Mrs. Mary Bralley	3 Filer ID (Ethics	Commission Filers)	
4 Date 05/08/25	5 Name of person from whom amount is received	ite; Zip Code	8 Amount (\$) \$48,41	
		political contribution	a Account.	
Date	Name of person from whom amount is received Address of person from whom amount is received; City; St	ate; Zip Code	Amount (\$)	
	Purpose for which amount is received Check if	political contribution	returned to filer	
Date		ate; Zip Code	Amount (\$)	
	Purpose for which amount is received Check if	f political contribution	returned to filer	
Date	Name of person from whom amount is received Address of person from whom amount is received; City; S	tate; Zip Code	Amount (\$)	
	Purpose for which amount is received Check i	f political contribution	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			
			Revised 1/1/2024	

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.		
	Complete only if "Report Type" on page 1 is marked "Final Report"		
	2 Filer ID (Ethics Commission Filers)		
1 C/OH N	Mrs. Mary Bralley		
SIGNA	TURE		
l do not designa campaig	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any contributions or make any campaign expenditures without a campaign treasurer appointment on file. Signature of candidate / Officeholder		
4 FILER	WHO IS NOT AN OFFICEHOLDER splete A & B below only if you are not an officeholder. ••		
A.	CAMPAIGN FUNDS		
Chec	k only one:		
	I do not have unexpended contributions or unexpended interest or income earned from political contributions.		
4	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions and unexpended filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.		
В.	ASSETS		
Chec	ck only one:		
	I do not retain assets purchased with political contributions or interest or other income from political contributions		
	I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204. Signature of Candidate		
5 OFFIC	CEHOLDER mplete this section <i>only</i> if you are an officeholder ••		
	I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.		
	Signature of Officeholder		
	Revised 1/1/2024		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to	complete this form.
	 Complete only if "Report Type" on page 1 	is marked "Final Report" ••
C/OH N	AME	2 Filer ID (Ethics Commission Filers)
SIGNA	TURE	
	expect any further political contributions or political expenditures in ting a report as a final report terminates my campaign treasurer ap gn contributions or make any campaign expenditures without a cam	DOMINITION. Laide arrest
		Signature of Candidate / Officeholder
FILER •• Com	WHO IS NOT AN OFFICEHOLDER uplete A & B below only if you are not an officeholder. **	
A.	CAMPAIGN FUNDS	
Chec	k only one:	and from political contributions
	I do not have unexpended contributions or unexpended interest of	
	I have unexpended contributions or unexpended interest or incommay not convert unexpended political contributions or unexpended personal use. I also understand that I must file an annual report unexpended contributions or unexpended interest or income earn filing this final report. Further, I understand that I must dispose of interest or income earned on political contributions in accordance.	ort of unexpended contributions and that I may not retain ned on political contributions longer than six years after funexpended political contributions and unexpended
B.	ASSETS	
Chec	k only one:	uu alaaasihutiono
	I do not retain assets purchased with political contributions or inte	
	I do retain assets purchased with political contributions or interest that I may not convert assets purchased with political contribution personal use. I also understand that I must dispose of assets pur requirements of Election Code, § 254.204.	
		Signature of Candidate
	Amarillo, TX 806/373-0736 Albuquerque, NM 505/345-6450	
••		n officeholder who does not have a campaign treasurer on ted contributions if, after filing the last required report as le from political contributions, or assets purchased with ributions.
	7 /	Signature of Officeholder
		Signature of Officerior