

FORM C/OH
COVER SHEET PG 1

Revised 1/1/2024

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

Mrs. Mary Bralley

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)

\$

0

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$

275.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

0

4. TOTAL POLITICAL EXPENDITURES

\$

2373.62

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$

85.67

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

0

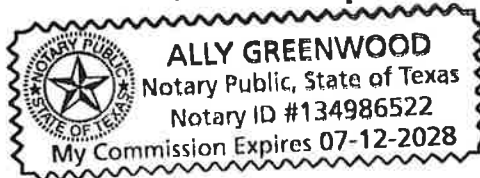
18 SIGNATURE

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 9th day of June,

20 25, to certify which, witness my hand and seal of office.

Ally Greenwood
Signature of officer administering oath

Ally Greenwood
Printed name of officer administering oath

Executive Assistant
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 <i>Mrs. Mary Bralley</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>275.00</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
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	\$ <i>2402.73</i>
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ <i>48.41</i>

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: <div style="border: 1px solid black; width: 20px; margin: 0 auto; text-align: center;">1</div>
2 FILER NAME <div style="font-size: 1.2em; margin-top: 10px;">Mrs. Mary Brailey</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em; margin-top: 10px;">04/21/2025</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; margin-top: 10px;">Sonja Gross</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em; margin-top: 10px;">\$25.00</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em; margin-top: 10px;">7913 Pilgrim Drive; Amarillo, TX; 79119</div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions) <div style="font-size: 1.2em; margin-top: 10px;">Texas Dept. of Transportation</div>
Date <div style="font-size: 1.2em; margin-top: 10px;">04/22/2025</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; margin-top: 10px;">Debbie Faulkner Jordan</div>	Amount of contribution (\$) <div style="font-size: 1.2em; margin-top: 10px;">\$250.00</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em; margin-top: 10px;">1500 S. Virginia St.; Port Lavaca, TX; 77799</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions) <div style="font-size: 1.2em; margin-top: 10px;">Self Employed</div>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES 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.

1 Total pages Schedule F1: 6		2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)	
4 Date 04/24/2025		5 Payee name Fiesta Foods			
6 Amount (\$) \$29.11		7 Payee address: 1012 SE 10th Street; Amarillo; TX; 79102		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Meet and Greet: Beverages		
	(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 04/24/2025		Payee name Wix.com, Ltd.			
Amount (\$) \$1.03		Payee address: Yunitsman 5, Tel Aviv; Israel		City; State; Zip Code	
PURPOSE OF EXPENDITURE	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 04/25/2025		Payee name Wix.com, Ltd.			
Amount (\$) \$7.55		Payee address: Yunitsman 5, Tel Aviv; Israel		City; State; Zip Code	
PURPOSE OF EXPENDITURE	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	

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.

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: <i>2 of 6</i>		2 FILER NAME <i>Mrs. Mary Bralley</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>04/25/25</i>		5 Payee name <i>PJ's Coffee of New Orleans</i>			
6 Amount (\$) <i>\$6.47</i>		7 Payee address: City: State: Zip Code <i>9201 Town Square Blvd, Ste. 1310; Amarillo; TX; 79119</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		(b) Description <i>Finance Report Meeting</i>		
	(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					
Date <i>04/25/25</i>		Payee name <i>PJ's Coffee of New Orleans</i>			
Amount (\$) <i>\$20.52</i>		Payee address: City: State: Zip Code <i>9201 Town Square Blvd, Ste. 1310; Amarillo; TX; 79119</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food/Beverage Expense</i>		Description <i>Finance Report Meeting</i>		
	<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					
Date <i>04/28/25</i>		Payee name <i>Asian Bistro</i>			
Amount (\$) <i>\$44.72</i>		Payee address: City: State: Zip Code <i>1006 E. Amarillo Blvd; Amarillo; TX; 79107</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		Description <i>Food for Meet and Greet on 04/26/25</i>		
	<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					
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.

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: 3 of 6		2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)	
4 Date 04/28/2025		5 Payee name Amazon			
6 Amount (\$) \$103.86		7 Payee address: City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description 05/03/25 Supplies for Parade		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/28/2025		Payee name Gebos			
Amount (\$) \$133.13		Payee address: City: State: Zip Code 4550 Canyon Drive; Amarillo; TX; 79109			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description T-Posts for Big Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/29/2025		Payee name Sam's			
Amount (\$) \$7.96		Payee address: City: State: Zip Code 8952 Westgate Pkwy. W.; Amarillo; TX; 79124			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Supplies for Campaign Goody Bags		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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.

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: 4 of 6		2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)	
4 Date 04/29/2025		5 Payee name Sam's			
6 Amount (\$) \$28.03		7 Payee address: City: State: Zip Code 8952 Westgate Pkwy.W.; Amarillo; TX; 79124			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Supplies for campaign Goody Bags		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 04/29/2025		Payee name Sam's			
Amount (\$) \$7.96		Payee address: City: State: Zip Code 8952 Westgate Pkwy.W.; Amarillo; TX; 79124			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description *duplicate: Supplies for campaign Goody Bags		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/05/2025		Payee name Burkett Outdoor Advertising, L.P.			
Amount (\$) \$300.00		Payee address: City: State: Zip Code P.O. BOX 50372; Amarillo; TX; 79159			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description campaign Billboard Ads		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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.

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: 5 of 6		2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)	
4 Date 05/07/2025		5 Payee name Brent Bralley			
6 Amount (\$) \$691.18		7 Payee address: 6603 Stoneham Dr.; Amarillo; TX; 79109 City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense		(b) Description Reimbursement La Fiesta - Watch Party catering Expense		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/10/2025		Payee name Starbucks			
Amount (\$) \$19.62		Payee address: 6023 S. Sancy Rd.; Amarillo; TX; 79119 City: State: Zip Code			
PURPOSE OF EXPENDITURE	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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 05/10/2025		Payee name Christina Hamilton			
Amount (\$) \$50.00		Payee address: 9816 Perry Ave.; Amarillo; TX; 79119 City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description Reimbursement for a "Thank You" Gift.		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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.

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: 6 of 6		2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)	
4 Date 05/10/2025		5 Payee name Christina Hamilton			
6 Amount (\$) \$100.00		7 Payee address; City; State; Zip Code 9816 Perry Ave.; Amarillo; TX; 79119			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		(b) Description Treasurer Gift		
	(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 05/10/2025		Payee name Sonia Sanchez			
Amount (\$) \$900.00		Payee address; City; State; Zip Code 6409 Nick Street; Amarillo; TX; 79119			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense		Description Consultant Gift		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS 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 Schedule K: 1
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 Gebo's	8 Amount (\$) \$48.41
6 Address of person from whom amount is received; City; State; Zip Code 4550 canyon Drive; Amarillo; TX; 79109		
7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer Return unused posts for credit to Account.		
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City; State; Zip Code	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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" ..

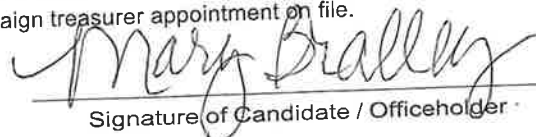
1 C/OH NAME

Mrs. Mary Bralley

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.


Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

.. Complete A & B below only if you are not an officeholder. ..

A. CAMPAIGN FUNDS

Check only one:

☐

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

☒

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 longer than six years after 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.

B. ASSETS

Check 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 OFFICEHOLDER

.. Complete this section only 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

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" ••

1 C/OH NAME

2 Filer ID (Ethics Commission Filers)

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder. ••

A. CAMPAIGN FUNDS

Check only one:

- ☐ I do not have unexpended contributions or unexpended interest or income earned from political contributions.
- ☐ 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 longer than six years after 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.

B. ASSETS

Check 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 C
••

Santate
FEDERAL • CREDIT • UNION

Amarillo, TX 806/373-0736
Albuquerque, NM 505/345-6450

Extra

1 officeholder who does not have a campaign treasurer on
led contributions if, after filing the last required report as
ie from political contributions, or assets purchased with
ributions.

Signature of Officeholder

Revised 1/1/2024