

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

APR 03 2025

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: 5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Mary

NICKNAME

LAST

SUFFIX

Bralley

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

6603 Stoneham Dr.; Amarillo, TX; 79109

☐ Change of Address5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(806) 679-9854

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Christina

NICKNAME

LAST

SUFFIX

Hamilton

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

9816 Perry Ave.; Amarillo, TX; 79119

(Residence or Business)

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

02 / 10 / 2025

THROUGH

Month

Day

Year

03 / 31 / 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

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)

\$ 7,703.72

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 4,400.64

CONTRIBUTION
BALANCE

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

\$ 2,288.46

OUTSTANDING
LOAN TOTALS

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

\$ 0

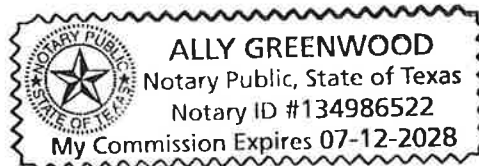
18 SIGNATURE

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 3rd day of April,

2025, 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

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	\$ 6,689.00
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,014.72
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	\$ 4,400.54
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 checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 34.49
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: 9
2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teresa Kenedy	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 1914 S. Highland; Amarillo; TX; 79103		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA
Date 03/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teresa Kenedy	Amount of contribution (\$) 34.00
Contributor address; City; State; Zip Code 1914 S. Highland; Amarillo; TX; 79103		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 02/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandie A. Firestone	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 5809 Spencer St; Amarillo; TX; 79109 8806 Wedgewood Ave. 79119		
Principal occupation / Job title (See Instructions) NonProfit		Employer (See Instructions) Harrington House
Date 02/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Accord Commercial Realty Services	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code P.O. Box 50351; Amarillo; TX; 79159		
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Troy McMahan 6 Contributor address; City; State; Zip Code P.O. Box 20951; Amarillo; TX; 79114	7 Amount of contribution (\$) 100.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) Diversified Contractors
Date 02/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Richard Greg Green Contributor address; City; State; Zip Code 6505 Drexel Rd.; Amarillo; TX; 79109	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Potter County 911
Date 02/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Augustina Sisneros Contributor address; City; State; Zip Code 3319 Wayne St.; Amarillo; TX; 79106	Amount of contribution (\$) 35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 03/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Augustina Sisneros Contributor address; City; State; Zip Code 3319 Wayne St.; Amarillo; TX; 79106	Amount of contribution (\$) 40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mary Kay Kuhrts 6 Contributor address; City; State; Zip Code 950 Buena Vista, C3; Amarillo; Tx; 79106	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stephanie Pena Contributor address; City; State; Zip Code 7907 Tradition Parkway; Amarillo; Tx; 79119	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Foundation Manager		Employer (See Instructions) Xcel Energy
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jerahmie Aragon Contributor address; City; State; Zip Code 11690 Leona St.; Frisco; TX; 75035	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Regional Sales Manager		Employer (See Instructions) ELO Touch
Date 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Betty Bara Contributor address; City; State; Zip Code 4704 Van Winkle Drive; Amarillo; Tx; 79119	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Mrs. Mary Bralley</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>02/28/2025</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sue Boston</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>3009 Salem Drive; Amarillo; TX 79110</i>		
8 Principal occupation / Job title (See Instructions) <i>Office Manager</i>		9 Employer (See Instructions) <i>HB Realty</i>
Date <i>02/25/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lillian C. Withrow</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>4303 Omaha Ave.; Amarillo; TX; 79106</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Amarillo College</i>
Date <i>03/01/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Paula Oneal</i>	Amount of contribution (\$) <i>500.00</i>
Contributor address; City; State; Zip Code <i>6601 Stoneham Dr.; Amarillo; TX; 79109</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>NA</i>
Date <i>03/02/2025</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Angelita Trevino</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>4422 61st Street; Lubbock; TX; 79414</i>		
Principal occupation / Job title (See Instructions) <i>Front Desk Reception</i>		Employer (See Instructions) <i>H&R Block</i>
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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Liz Alaniz	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 7924 Simpson Drive; Amarillo; TX; 79109		
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Heal the City
Date 02/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jennifer Gallardo	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1608 S. Fannin; Amarillo; TX; 79102		
Principal occupation / Job title (See Instructions) Branch V. President		Employer (See Instructions) Amarillo National Bank
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Pedro Arceo	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 10406 Walnut Crest; San Antonio; TX; 78245		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Army
Date 03/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David T. Hudson	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 7413 Parkridge Dr.; Amarillo; TX; 79119		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Xcel Energy

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)
4 Date 03/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stefanie Rodarte-Suto 6 Contributor address; City; State; Zip Code 4439 Mesa Circle; Amarillo; TX; 79109	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) Deputy Director Community Development		9 Employer (See Instructions) City of Amarillo
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonia Ballejo Contributor address; City; State; Zip Code 6804 Thunder Rd.; Amarillo; TX; 79119	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) Director of Operational Accounting		Employer (See Instructions) Pantera
Date 03/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hannah Roy Contributor address; City; State; Zip Code 7628 S. Soncy; Amarillo; TX; 79119	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 03/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amarillo Pro Air, LLC Contributor address; City; State; Zip Code 402 N. Jackson; Amarillo; TX; 79107	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)
4 Date 03/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Byrd, MD 6 Contributor address; City; State; Zip Code 4001 Van Tassel; Amarillo; TX; 79121	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions) Retired Physician		9 Employer (See Instructions) NA
Date 03/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belinda Taylor Contributor address; City; State; Zip Code 6901 Newport Dr.; Amarillo; TX; 79124	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 03/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belinda Taylor Contributor address; City; State; Zip Code 6901 Newport Dr.; Amarillo; TX; 79124	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 03/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cecil & Sondra Hawkins Contributor address; City; State; Zip Code 6602 Kingsbury Dr.; Amarillo; TX; 79109	Amount of contribution (\$) 300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)
4 Date 03/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: David Martinez	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 429 Arch Terrace; Amarillo; TX; 79106		
8 Principal occupation / Job title (See Instructions) Amarillo ISD		9 Employer (See Instructions)
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Isabel Ramon	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 7213 Bayswater; Amarillo; TX; 79109		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) NA
Date 03/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: James Whithon	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 03/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Sharyn Delgado	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 719 S. Austin; Amarillo; TX; 79106		
Principal occupation / Job title (See Instructions) L.P.C.		Employer (See Instructions) Self Employed
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</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

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)
4 Date 03/29/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Maria Debrango Stickel <hr/> 6 Contributor address; City; State; Zip Code 9101 Clint Ave.; Amarillo; TX; 79119	7 Amount of contribution (\$) 30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) NA

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <hr/> Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <hr/> Contributor address; City; State; Zip Code	Amount 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 form.				1 Total pages Schedule A2: 1 of 2	
2 FILER NAME Mrs. Mary Bralley				3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 599.92 1,014.72	
5 Date 02/21/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Teresa Kenedy			8 Amount of Contribution \$ 73.00	9 In-kind contribution description Stamps
7 Contributor address; City; State; Zip Code 1914 S. Highland; Amarillo; TX; 79103				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired			11 Employer (FOR NON-JUDICIAL) (See Instructions) NA		
12 Contributor's principal occupation (FOR JUDICIAL) Retired - 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 02/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Teresa Kenedy			Amount of Contribution \$ 526.92	In-kind contribution description yard signs
Contributor address; City; State; Zip Code 1914 S. Highland; Amarillo; TX; 79103				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired			Employer (FOR NON-JUDICIAL) (See Instructions) NA		
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.					

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2 of 2	
2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 444.80 see page 1	
5 Date 03/26/2025	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Betty Bara	8 Amount of Contribution \$ 444.80	9 In-kind contribution description Food & Drinks campaign event
7 Contributor address; City; State; Zip Code 4704 Van Winkle; 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)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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:		2 FILER NAME <i>Mrs. Mary Bralley</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>02/18/2025</i>		5 Payee name <i>Wix.com Ltd.</i>			
6 Amount (\$) <i>38.97</i>		7 Payee address: <i>Yunitsman 5; Tel Aviv; Israel</i> City: State: Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>Monthly Fee; ACH Payment</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		Candidate / Officeholder name		Office sought Office held	
Date <i>02/18/2025</i>		Payee name <i>Canva US Inc.</i>			
Amount (\$) <i>100.00</i>		Payee address: <i>3212 E. Cesar Chavez St. Bldg 1, Ste 1300; Austin; TX; 78702</i> City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Postcards; ACH Payment</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		Candidate / Officeholder name		Office sought Office held	
Date <i>02/25/2025</i>		Payee name <i>skyRite Sign Co.</i>			
Amount (\$) <i>1,580.72</i>		Payee address: <i>P.O. Box 87; Amarillo; TX; 79105</i> City: State: Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>yard signs</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		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:		2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)	
4 Date 03/04/2025		5 Payee name Wix.Com.Ltd			
6 Amount (\$) 20.35		7 Payee address: Yunitsman 5, Tel Aviv; Israel City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Donation Fee; ACH deduction		
	(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 03/05/2025		Payee name Wix.com, Ltd.			
Amount (\$) 1.75		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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 03/11/2025		Payee name Wix.com, Ltd.			
Amount (\$) 14.80		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 ONLY 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

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:		2 FILER NAME Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)	
4 Date 03/14/2025		5 Payee name Canva US Inc.			
6 Amount (\$) 34.00		7 Payee address; 3212 E. Cesar Chavez St., Ridgl, Ste 1200; Austin, TX; 78702- City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description Print; Act Payment.		
	(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 03/21/25		Payee name Caylar Harper			
Amount (\$) 2,500.00		Payee address; 3613 Eddy St.; Amarillo; TX; 79109 City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description - Web Design - Graphics - Social Media Content/management		
	<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 03/22/2025		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; Act 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:		2 FILER NAME <u>Mrs. Mary Bralley</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>03/17/2025</u>		5 Payee name <u>WIX.com, Ltd.</u>			
6 Amount (\$) <u>38.97</u>		7 Payee address; <u>Yunitsman 5; Tel Aviv; Israel</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>		(b) Description <u>Monthly Fee; ACH Payment.</u>		
	(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 <u>03/25/2025</u>		Payee name <u>WIX.com, Ltd.</u>			
Amount (\$) <u>14.80</u>		Payee address; <u>Yunitsman 5; Tel Aviv; Israel</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Donation Fee; ACH Deduction</u>		
	<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 <u>03/31/2025</u>		Payee name <u>Brent Bralley</u>			
Amount (\$) <u>34.49</u>		Payee address; <u>6603 Stoneham Dr; Amarillo; TX; 79109</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Reimbursement for Amazon - campaign Buttons, Thank you cards</u>		
	<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 FILER NAME <u>Mrs. Mary Bralley</u>	3 Filer ID (Ethics Commission Filers)															
4 Date <u>03/31/2025</u>	5 Payee name <u>Mary Bralley</u>																
6 Amount (\$) <u>20.66</u>	7 Payee address; City; State; Zip Code <u>6603 stoneham Dr.; Amarillo; TX; 79109</u>																
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Event Expense</u>																
	(b) Description <u>ReImbursement for Joanns Fabric - Event Decorations</u>																
(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																	
<table style="width: 100%;"> <tr> <td style="width: 50%;">Candidate / Officeholder name</td> <td style="width: 25%;">Office sought</td> <td style="width: 25%;">Office held</td> </tr> <tr> <td colspan="3"> <table style="width: 100%;"> <tr> <td style="width: 20%;">Date</td> <td style="width: 80%;">Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address; City; State; Zip Code</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule)</td> </tr> <tr> <td>Description</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table> </td> </tr> </table>			Candidate / Officeholder name	Office sought	Office held	<table style="width: 100%;"> <tr> <td style="width: 20%;">Date</td> <td style="width: 80%;">Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address; City; State; Zip Code</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule)</td> </tr> <tr> <td>Description</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>			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	
Candidate / Officeholder name	Office sought	Office held															
<table style="width: 100%;"> <tr> <td style="width: 20%;">Date</td> <td style="width: 80%;">Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address; City; State; Zip Code</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule)</td> </tr> <tr> <td>Description</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>			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							
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 <u>ONLY</u> if direct expenditure to benefit C/OH																	
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Candidate / Officeholder name	Office sought	Office held															
<table style="width: 100%;"> <tr> <td style="width: 20%;">Date</td> <td style="width: 80%;">Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address; City; State; Zip Code</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule)</td> </tr> <tr> <td>Description</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>			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							
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 <u>ONLY</u> if direct expenditure to benefit C/OH																	
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Candidate / Officeholder name	Office sought	Office held															
<table style="width: 100%;"> <tr> <td style="width: 20%;">Date</td> <td style="width: 80%;">Payee name</td> </tr> <tr> <td>Amount (\$)</td> <td>Payee address; City; State; Zip Code</td> </tr> <tr> <td rowspan="2">PURPOSE OF EXPENDITURE</td> <td>Category (See Categories listed at the top of this schedule)</td> </tr> <tr> <td>Description</td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense </td> </tr> </table>			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							
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 <u>ONLY</u> if direct expenditure to benefit C/OH																	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: <div style="text-align: center;">1</div>	2 FILER NAME <div style="text-align: center;">Mrs. Mary Bralley</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center;">03/29/2025</div>	5 Payee name <div style="text-align: center;">Joann Fabrics</div>	
6 Amount (\$) <div style="text-align: center;">34.49</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="text-align: center;">3220 S. Soncy Rd.; Amarillo; TX; 79124</div>	
8 <div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Event Expense</div>	
	(b) Description <div style="text-align: center;">Decorations for 04/16/25 Event</div>	
(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	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	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		
Candidate / Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<input type="checkbox"/> Reimbursement from political contributions intended			
<div style="text-align: center;">PURPOSE OF EXPENDITURE</div>	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		
Candidate / Officeholder name Office sought Office held			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			

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