CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

APR 0 3 2025

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how	to complete this form.	1 Filer ID (Ethics C	ommission Filers)	_2 Total pages fil	ed: 5
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		МІ		USE ONLY
NAME	NICKNAME	Bralley		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	onehoum Dr.;	ity; state; Amourillo, Tx	ZIP CODE		
Change of Address						1
5 CANDIDATE/ OFFICEHOLDER PHONE	(806) 6	PHONE NUMBER 79-9854	EXTENSIO	NC	Date Hand-delivered Hand-deli Receipt #	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mrs.	FIRST Christino	1	MÍ	Date Processed	
INAIVIE	NICKNAME	Hamilton	\	SUFFIX	Date Imaged	
7 CANADAICNI	STREET ADDRESS	(NO PO BOX PLEASE); APT / SU	ITE#; CITY;		STATE;	ZIP CODE
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1	ary Ave.; An		; 791		
	AREA CODE	PHONE NUMBER	EXTENSIO	ON.		
8 CAMPAIGN TREASURER PHONE	AREA CODE	549-7439	EXTENSIO	514		
	10011					
9 REPORT TYPE	January 15	30th day before ele	ection Run	off	15th day aft treasurer ap (Officeholde	
	July 15	8th day before elec	ilion I i	eeded Modified orting Limit	Final Repor	(Attach C/OH - FR)
10 PERIOD	Month	Day Year		Month	Day Year	
COVERED		10/2025	THROUGH		31/20	25
11 ELECTION	ELECTION DA			ELECTION TYPE		
	Month Day	1 2	Runoff	Other Description		
	05/03/	2025 General	Special	-		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE S	OUGHT (if known	lege Boa	rd of Recent
14 NOTICE FROM POLITICAL	THE ASSOCIATE LARGE	CE OF POLITICAL CONTRIBUTIONS A CEHOLDER. <i>These expenditures</i> S and officeholders are requir	MANY HAVE BEEN MADE V	/ITHOUT THE CANL	IIVATE'S UK UPPICENUL	JEK S KNOWLEDGE OK
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
_	SPECIFIC	COMMITTEE CAMPAIGN TREA	SURER NAME			
		COMMITTEE CAMPAIGN TREA	ASURER ADDRESS			
		GO TO F	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	rs. Mary Bralley 16 Fil	er ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7,703.72
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,400,54
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	\$
18 SIGNATURE S	wear, or affirm, under penalty of perjury, that the accompanying report is true and	correct and includes all information
red	quired to be reported by me under Title 15, Election Code.	0.00
	Wary Stall	lly
	Signature of Candidat	e or Officeholder
,		
	Discos complete either option below:	
	Please complete either option below:	
	ALLY GREENWOOD }	
	Notary Public, State of Texas Notary ID #134986522	
(1) Affidavit	My Commission Expires 07-12-2028	
NOTARY STAMP/SEA		100 Table 1
Sworn to and subscribed	before me by Many Bralley this the 300	day of April
	which, witness my hand and seal of office.	7
Alh Sremo		xecutive Assistant
Signature of officer administer		Title of officer administering oath
	OR OR	
(2) Unsworn Declarati	on	
My name is	, and my date of birth is	
	(street) (city) (state)	
Executed in	County, State of, on the day of(month)	(year)
	Signature of Candidate/O	fficeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME NYS, MURY Bralley 20 Filer ID (Ethics Com	mission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$6,689.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,014.72
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4,400.54
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	\$ 34.49
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11,	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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
FILER NAME MYS. MARY Brailey	3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PAC (ID#: Teresa Kenedy 6 Contributor address; City: State; Zip Code 1914 S. Highland; Amarillo; TX; 79103 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	
Pate Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
Date Teresa Kenedy Contributor address; City: State; Zip Code 1914 S. Highland; Amarillo; TX; 79103	34.00
Principal occupation / Job title (See Instructions) Retired NA	tructions)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)
Sandie A. Firestone Contributor address; City; State; Zip Code Sen Spencer St. Amarillo; TX; 7910	500,00
Principal occupation / Job title (See Instructions) NON-Profit Employer (See Instructions) Harring to	structions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
- CONTRACTOR - CONTRACTOR	
Contributor address; City; State; Zip Code P.O. Box 50351; Amanillo; TX; 79159	500,00

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. 2 FILER NAME MYS. May Bralley 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 1 Total pages Schedule A1: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 1 Total pages Schedule A1:	3)
2 FILER NAME MYS. May Bralley 4 Date 5 Full name of contributor out-of-state PAC (ID#:	5)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	
P.O. Box 20951; Amarillo, TX; 79114	
- 1 (O-+ Instructions)	
- (O Instructions)	
Project Manager Diversities contracto	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
02/18/2025 Richard Greg Green Contributor address; City; State; Zip Code 6505 Drexel Rd.; Amarillo; Tx; 79109 250.00	
Principal occupation / Job title (See Instructions) EXECUTIVE Director Employer (See Instructions) Potter County	
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$)	
02/14/2025 Augusting Sisheros Contributor address; City; State; Zip Code 3319 Wayne St.; Amarillo; TX; 79106	
(On least vetting)	
Principal occupation / Job title (See Instructions) Retired NA	
Date Full name of contributor out-of-state PAC (ID#) Amount of contribution (\$)	
03/03/2025 Contributor address; City; State; Zip Code 40.00	
3319 Wayne St.; Amarillo; Tx; 79106 Employer (See Instructions)	
Principal occupation / Job title (See Instructions) Retired NA	

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	s form.	1 Total pages Schedule A1:
2 FILER NAME	Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Qut-of-state PA	C (ID#:)	7 Amount of contribution (\$)
02/29/2025	Mary Kay Kuhrts 6 Contributor address: City: 950 Buena Vista, C3; Ar	State; Zip Code Marillo; Tx; 79106	50,00
	pation / Job title (See Instructions)	9 Employer (See Instructi	
Date		C (ID#:)	Amount of contribution (\$)
02/28/2025	Stephanie Pena contributor address; city; 7907 Tradition Parkway	State; Zip Code /: Amari II p. TX;	25.00
	pation / Job title (See Instructions)	Employer (See Instruction X Cel Employer)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
02/28/2025	Jerahmie Aragon Contributor address; 11690 Leona St.; Frisco	State: Zip Code ;TX;75035	25.00
Principal occu	pation / Job title (See Instructions) (a) Eales Munager	Employer (See Instruct	ions)
Date		AC (ID#:)	Amount of contribution (\$)
02/28/2025	Betty Bara contributor address; city; 4704 Van Winkle Drive; Am	State; Zip Code arillo; TX; 79119	100.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

SCHEDULE A1

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

			0.1. (44.0.48)
The	Instruction Guide explains how to complete this	form,	1 Total pages Schedule A1:
2 FILER NAME	Mrs. Mary Bralle	/	3 Filer ID (Ethics Commission Filers)
4 Date 02/28/2025	5 Full name of contributor out-of-state PACE SUE BOSTON 6 Contributor address; City; 3009 Salem Drive; Amari	State; Zip Code	7 Amount of contribution (\$)
	epation / Job title (See Instructions) Line in an agent	9 Employer (See Instruct HB Rea	ions)
Date 01-/25/2015	Full name of contributor out-of-state PACLIFICAN C. WITH COW Contributor address; City; 4303 Omaha Ave, Ama	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	college
Date 03/01/2 <i>015</i>	Full name of contributor out-of-state PAC PAULY ONEAL Contributor address; City; USO Stone Way Dr.; Ama	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 03/02/ 2 025	Full name of contributor out-of-state PAGE Angelita Trevino Contributor address; City; 4422 615+ Street; Lubber		Amount of contribution (\$)
Principal occup TWON+ [pation / Job title (See Instructions) DLSK RECEPTION	Employer (See Instruc	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

			1 Total pages Schedule A1;
The	Instruction Guide explains how to complete this	form.	
2 FILER NAME	Mrs. Mary Bralle		3 Filer ID (Ethics Commission Filers)
4 Date 02/25/2075	5 Full name of contributor out-of-state PAC Liz Alaniz 6 Contributor address; City; 7924 Simpson Drive; An	State: Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) HTVC DIFECTOR	9 Employer (See Instruct	city City
Date	Full name of contributor		Amount of contribution (\$)
02/26/2025	Jennifer Gallardo contributor address: City: 1608 S. Fannin; Amarillo;	State; Zip Code	100.00
Principal occup	nation / Job title (See Instructions) N. President		National Bank
Date	Full name of contributor out-of-state PAC PEDRO ACCO Contributor address; City; 10406 Walnut Crest; Sanf		Amount of contribution (\$)
Principal occup Reti	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date 03/02/2025	Full name of contributor out-of-state PAC David To Hudson Contributor address; City; 7413 Parkridge Dr.; Amar	State; Zip Code	Amount of contribution (\$)
Principal occu REHY	pation / Job title (See Instructions)	Employer (See Instruc	

SCHEDULE A1

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

			1 Total pages Schedule A1:
The	Instruction Guide explains how to complete this	form.	1 Total pages sentens
FILER NAME	04 14 17 11	,	3 Filer ID (Ethics Commission Filers)
	Mrs. Mary Bralley		7 Amount of contribution (\$)
Date	5 Full name of contributor out-of-state PAC		
2/02/0	Stefanie Rodarte-Su-		50.00
2025	6 Contributor address; City; 4439 Mesa Circle, Ameril	10; tx; 79109	
Principal occu	pation / Job title (See Instructions) sector Community Development	9 Employer (See Instruct	ions) Amarillo
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/04/2025	Antonia Ballejo contributor address: city: 6804 Thunder Rd.; Amaril	State; Zip Code	50.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Director	of Operational Accounting	tantera	
Date	Full name of contributor	COLUMN TO THE CO	Amount of contribution (\$)
13/09/2025	Contributor address; City;	State; Zip Code	500.00
	7628 S. Soncy; Amarillo	;TX; 79119	
	pation / Job title (See Instructions)	Employer (See Instruction Self Employer)	tions) Ployed
BUSINE	ss Owner		
Date	Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
ndnihms	HIMETITO FROMITY, LLC	State: Zip Code	500.00
GO-112023	Amarillo Pro Air, LLC Contributor address; City; 402 N. JackSon; Amaril	10;TX;79107	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction Self Employer)	tions) Ployed
Busins			

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:
FILER NAME	Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)
Date 3/17/2025	5 Full name of contributor out-of-state PAC BILL BYND, MD 6 Contributor address; City; HOOL Van Tassel; Amarill		7 Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) A Physician	9 Employer (See Instruction	ions)
Date		(ID#:)	Amount of contribution (\$)
03/11/2025	Belinda Taylor contributor address; City; 690 Newport Dr.; Ama	State; Zip Code	25.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 03/27/2025		State; Zip Code	Amount of contribution (\$)
	pation / Job title (See Instructions)	Employer (See Instruct	
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
03/19/2029	City		
	Contributor address; City; 6602 Kingsbury Dr.; Am pation / Job title (See Instructions)	Employer (See Instruct	7

SCHEDULE A1

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

iiio roqueste	a mornialism strategy		0 1 1 1 A4W
The Ins	struction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Mrs. Mary Braile		3 Filer ID (Ethics Commission Filers)
03/20/2025	Full name of contributor out-of-state PAC David Martinez Contributor address; City; H29 Arch Terrace; An	State; Zip Code	7 Amount of contribution (\$) 25,00
	tion / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date 03/2 3 /2025	Full name of contributor out-of-state PAC LSabel Ramon Contributor address; City; 7213 Bayswater; Amari	State; Zip Code	Amount of contribution (\$)
	on / Job title (See Instructions)	Employer (See Instruct	tions)
Date	James Whitton	State; Zip Code	Amount of contribution (\$)
	ion / Job title (See Instructions) d; Community Voluntae	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC Shavyn Delgad Contributor address; City:	(ID#:)	Amount of contribution (\$)
	ion / Job title (See Instructions)	Employer (See Instruc	etions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

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

The In	struction Guide explains how to complete this form	1 Total pages Schedule A1:
FILER NAME	Mrs. Mary Bralley	3 Filer ID (Ethics Commission Filers)
Date 5	Full name of contributor out-of-state PAC (ID#:	
Principal occupa	tion / Job title (See Instructions) 9 Employer (See In	structions)
Date	Full name of contributor	*
Principal occupat	tion / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID#: Contributor address; City; State; Zip Code	
Principal occupa	tion / Job title (See Instructions) Employer (See In	nstructions)
Date	Full name of contributor out-of-state PAC (ID# Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions) Employer (See I	nstructions)
Ртіпсіраі оссира	don't oob and (oob mensely)	

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

If the reque	ested information is not approximally					
Th	ne Instruction Guide explains how to complete this forn	1.	1 Total pages Schedule A2:			
2 FILER NAM	Mrs. Mary Bralley		3 Filer ID (Ethics Commission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$599.921,014.72			
5 Date	6 Full name of contributor ut-of-state PAC (ID#:		8 Amount of Contribution \$	9 In-kind contribution description		
02/21/2025	Teresa Kenedy 7 Contributor address; City; State;	73.00	Stamps			
	1914 S. Highland; Amarillo, TX;	Check if travel outside of Texas. Complete Schedule				
	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	NA				
12 Contributor's	e 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	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date 02 28 2025	Full name of contributor out-of-state PAC (ID#:		Check If travel outs	In-kind contribution description Vard SignS de of Texas. Complete Schedule T.		
Principal occupation / Job title (1 OK NON 35213.115)			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 contributo	or is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
				×		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

TOH VAN WINKE, Amarillo, Tx, 17119 Check if travel outside of lexas. Complete constitutions) 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)	3 Filer ID (Etc.) 2 FILER NAME MYS. MMY Bralley 3 Filer ID (Etc.) 1 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 5 Date 6 Full name of contributor out-of-state PAC (ID#:	9 In-kind contribution description FOCA Drink rel outside of Texas. Complete Schedule UDICIAL) (See Instructions) See Spouse (if any) (FOR JUDICIAL)
TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS TOTAL OF UNITEMIZED IN-KIND CONTRIBUTIONS TOTAL OF UNITEMIZED I	TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS TOTAL OF UNITEMIZED IN-KIND POLI	9 In-kind contribution description FOCA Drink rel outside of Texas. Complete Schedule UDICIAL)(See Instructions) OR JUDICIAL) (See Instructions) s spouse (if any) (FOR JUDICIAL)
State 6 Full name of contributor	Betty Burd State S	description FOCA Drink Compared Drink rel outside of Texas. Complete Schedule UDICIAL)(See Instructions) OR JUDICIAL) (See Instructions) s spouse (if any) (FOR JUDICIAL)
Contribution Contributor	Contributor Betty Betty Contributor	description FOCA Drink Compared Drink rel outside of Texas. Complete Schedule UDICIAL)(See Instructions) OR JUDICIAL) (See Instructions) s spouse (if any) (FOR JUDICIAL)
2 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) (See Instruction 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 Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Sche Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL)	2 Contributor's principal occupation (FOR JUDICIAL) 13 Contributor's job title (FOR JUDICIAL) 15 Law firm of contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name 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 Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Sche Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL)	16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) Date Full name of contributor out-of-state PAC (ID#: Amount of Contributor Contribu	f In-kind contribution
Date Full name of contributor Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Sche 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)	Date Full name of contributor out-of-state PAC (ID#:	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Employer (FOR NON-JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL)	Contributor address. Check if tra	on \$ description
Principal occupation / Job title (FOR NOR-SOS) in tay (FOR JUDICIAL) Contributor's principal occupation (FOR JUDICIAL) Contributor's job title (FOR JUDICIAL) (See Instruction)		
Contributor's principal occupation (FCK 955/6#12)	Principal occupation / Job title (FOR NON-505)	
FOR JUDIC	Contributor's principal occupation (FOR 30010) 127	
Contributor's employer/law firm (FOR JUDICIAL)	Contributor's employer/law firm (FOR JUDICIAL) Law firm of contributo	's spouse (if any) (FOR JUDICIAI
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	

SCHEDULE F1

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

If the requested into	ormation is no	t applicable, bo No.					
EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fei Foi y Gif I Committee Lei	ent Expense	Loan Repay Office Over Polling Exp Printing Exp Salaries/Wa	ment/Reimbursement head/Rental Expense ense pense ages/Contract Labor	Solicitation/Fundraisin Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense	
					3 Filer ID (Ethics	Commission Filers)	
1 Total pages Schedule F1:	2 FILER NAMI	Mrs. Mary	Bra	lley			
4 Date	5 Payee name			*.			
02/18/2025	WIX.	iom Ltd.		City;	State;	Zip Code	
38 9 7	7 Payee addre	man 5; tel	AVIV	'j Israel			
	(a) Category (S	see Categories listed at the top of this	s schedule)	(b) Description	* .	- 10-001	
PURPOSE OF EXPENDITURE	Fee			Monthly	Fee; ACH	- Payment	
	(c) Che	eck if travel outside of Texas. Complete	Schedule T.	Check if Aus	tin, TX, officeholder living	expense	
				Office sought		Office held	
Complete ONLY if direct expenditure to benefit C/Ol		/ Officeholder name					
Dete	Payee name						
02/1 8 /2025	Canva	g US Inc.					
A (C)	Pavee addre	ess:		City;	State;	Zip Code	
Amount (\$)	3212 E	ess; . Cesay Chavez :	st-13ldg	1, ste 1300; A	KISTIN, IX;	18702	
			المارية والر	Description			
	1	ee Categories listed at the top of this		Description	Δ/	11 POUMENT	
PURPOSE OF EXPENDITURE	Adver	rtising Expl	nse	Postca	vds, Ac	H Payment	
EXPENDITORL		eck if travel outside of Texas. Complete	Schedule T.	Check if Aus	stin, TX, officeholder living	expense	
				Office sought		Office held	
Complete ONLY if direct expenditure to benefit C/O		/ Officeholder name		•			
	Payee name	е					
Date	- ayee name	Sion	CB.				
02/25/2025	SKY	Rite Sign.		014	State;	Zip Code	
Amount (\$)	Payee addre	ess;		City;		•	
1,580.72	P.O. 8	lox 87; Am	arillo		1105		
	Category (S	ee Categories listed at the top of this	schedule)	Description	3 6		
PURPOSE OF EXPENDITURE		tising Exper		Yard S	ign S		
EAFLISTICILE	Ch	eck if travel outside of Texas. Complete	Schedule T.	Check if Aus	stin, TX, officeholder living	expense	

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name

Office sought

Office held

SCHEDULE F1

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

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/Politica Credit Card Payment	Fees Ol Food/Beverage Expense Po Glft/Awards/Memorials Expense Pr	Solicitation/Fundraising Expense ffice Overhead/Rental Expense filling Expense initing Expense alaries/Wages/Contract Labor ow to complete this form. Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above) 3 Filer ID (Ethics Commission Filers)					
1 Total pages Schedule F1:	2 FILER NAME MYS. Mary	Bralley 3 Filer ID (Etnics Commission Filers)					
4 Date 03/04/2075 6 Amount (\$) 20:35	5 Payee name WIX, COM. Ltd 7 Payee address: Yunitsman 5, Tel						
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this sche	Donation Fee; ACH deduction					
	(c) Check if travel outside of Texas. Complete Scheo	Office held					
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought					
Date	Payee name						
03/05/2025	WIX.com, Ltd.	City; State; Zip Code					
Amount (\$)	Payee address; Yunitsman 5, Te	Aviv; Israel					
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	Donation Fee, Act Dealertor					
A)	Check if travel outside of Texas. Complete Sche-	dule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held					
Date	Payee name						
03/11/2025	Wix.com, Ltd.	City: State: Zip Code					
Amount (\$)	Payee address:	City,					
14.80	yunitsman 5, te						
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this scho	Donation Fee; ACH Deduction					
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held					
	ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEEDED					

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 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 Consulting Expense Other (enter a category not listed above) Contributions/Donations Made By Salaries/Wages/Contract Labor Legal Services The Instruction Guide explains how to complete this form. Credit Card Payment 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME Mrs. Mary Bralley Telegraphic Canva US Inc.

City; State; Zip Compared Charica St., Ridgl, Ste 1200; Austin, TX:, 78 702-4 Date 34.00 (b) Description (a) Category (See Categories listed at the top of this schedule) Print; ACH Payment. Advertising Expense PURPOSE EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit C/OH Date Caylar Harper 03/21/25 City; 3613 Eddy St.; Amarillo; Tx; 79109 Amount (\$) 2,500,00 Description Category (See Categories listed at the top of this schedule) - Web Design Advertising Expense -Graphics PURPOSE Social Media Content/management 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 WIX. com . Ltd. Zip Code State: Yunitsman 5, Tel Aviv, Israe Amount (\$) 1.03 Category (See Categories listed at the top of this schedule) Donation Fee; ACH Deduction PURPOSE IPPS OF EXPENDITURE Check if Austin, TX, officeholder living expense Check if travel outside of Texas. Complete Schedule T. Office held Office sought Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Politica Credit Card Payment	y al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Office Overt Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor	Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense y not listed above)	
1 Total pages Schedule F1:	2 FILER N	AME MYS. May	y Bra	lley	3 Filer ID (Ethics	Commission Filers)	
4 Date 03/17/2025	5 Payee na	x. com, Li	d.	City;	State;	Zip Code	
6 Amount (\$) 38,97	7 Payee address; Yunitsman 5; Tel Aviv; Israel						
8 PURPOSE OF		ry (See Categories listed at the top of	fthis schedule)	(b) Description Monthly	Fee; Act	t Payment.	
EXPENDITURE	(c)	Check if travel outside of Texas. Complete	lete Schedule T.	Check if Aus	tin, TX, officeholder living	expense Office held	
9 Complete ONLY if direct expenditure to benefit C/OI		date / Officeholder name		Office sought			
Date	Payee na		4				
03/25/2025	WI	x.com, Lt	·d.	City;	State;	Zip Code	
Amount (\$)	Payee a	ddress;	TOIA	City,		·	
14.80	Yun	itsman 5;	1617		sruc)		
PURPOSE OF FXPENDITURE		y (See Categories listed at the top of	this schedule)	Description Donation	Fec; ACH	Deduction	
EXPERIENCE		Check if travel outside of Texas. Comp	olete Schedule T.	Check If Aus	stin, TX, officeholder living		
Complete ONLY if direct expenditure to benefit C/O		date / Officeholder name		Office sought		Office held	
Date	Payeer	name					
03/31/2025	Bre	ent Bralle	Y	<u> </u>	State;	Zip Code	
Amount (\$)	Payee a	address;	Da N	City;	•		
34,49	640	13 Stonehar	n Dr.; H		79109		
PURPOSE OF EXPENDITURE	1	ry (See Categories listed at the top of $VUHSingE$)	f this schedule)	Amazon-	sement for - campaign you card	SWHOUS, HIDAK	
		Check if travel outside of Texas. Com	plete Schedule T.	Check if Au	stin, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/C		idate / Officeholder name		Office sought		Office held	
	A	TTACH ADDITIONAL CO	PIES OF THIS	SCHEDULE AS N	EEDED		

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Solicitation/Fundraising Expense Event Expense Advertising Expense Transportation Equipment & Related Expense Office Overhead/Rental Expense Accounting/Banking Fees Travel In District Food/Beverage Expense Polling Expense Consulting Expense Travel Out Of District Printing Expense Salaries/Wages/Contract Labor Contributions/Donations Made By Gift/Awards/Memorials Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee 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 5 Payee name Mary Bralley 7 Payee address; 4 Date 7 Payee address; City; State; 6603 Stoneham Dr.; Amarillo; Tx; 79109 Zip Code 20.6b (a) Category (See Categories listed at the top of this schedule) ReImpursement for **PURPOSE** havns Fabric - Event Decorations 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 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code City; State: Payee address; Amount (\$) Description Category (See Categories listed at the top of this schedule) **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 City; Zip Code Payee address; Amount (\$) Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF

EXPENDITURE

Complete ONLY if direct expenditure to benefit C/OH

8

Check if travel outside of Texas. Complete Schedule T.

Candidate / Officeholder name

Office held

Check if Austin, TX, officeholder living expense

Office sought

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

	EXI	PENDITURE CATE	ORIES FOR	BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	By Gift/Award cal Committee Legal Ser	erage Expense ds/Memorials Expense	Office Overhead Polling Expense Printing Expens Salaries/Wages	e /Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:	2 FILER NAME	rs. Mary	Brall	ey	3 Filer ID (Ethics	Commission Filers)
4 Date	E Davisa name			*		
03/29/2025	Joann	Fabrics				7: 0:4:
6 Amount (\$) 31+,44 Reimbursement from political contributions intended	7 Payee address; 3220 S. 2	Soncy Rd.;			State; 19124	Zip Code
8 PURPOSE OF	(a) Category (See Category)	ories listed at the top of this so	hedule) (b)	Description COTATIONS	s for 04/11/2	5 Event
EXPENDITURE	(c) Check if trave	outside of Texas. Complete Sch	edule T.	Check if Austi	n, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offi			ce sought		Office held
Date	Payee name					
Amount (\$)	Payee address;			City;	State;	Zip Code
Reimbursement from political contributions Intended						
PURPOSE OF	Category (See Categ	ories listed at the top of this so	chedule)	Description		
EXPENDITURE	Check if trave	outside of Texas. Complete Sch	nedule T.	Check if Aust	in, TX, officeholder living ex	pense
Complete <u>ONLY</u> if direct expenditure to benefit C/s	Candidate / Offi			ce sought		Office held
Date	Payee name					
Amount (\$)	Payee address;			City;	State;	Zip Code
Reimbursement from political contributions intended				D		
PURPOSE OF EXPENDITURE	Category (See Categ	ories listed at the top of this so	chedule)	Description		
	Check if trave	l outside of Texas. Complete Sch			in, TX, officeholder living ex	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Offi	ceholder name	Offic	ce sought		Office held
	ATTACH ADD	ITIONAL COPIES O	F THIS SCHE	DULE AS NEE	DED	