# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	Suide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MARY	мі К	OFFICE USE ONLY			
NAME	NICKNAME LAST KELLEHER	SUFFIX	Received by Ellie			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #; CITY; STATE; ZIP CODE 7901 RANDOL MILL ROAD FORT WORTH TX 76120		Garcia on July 15, 2024 at 10:56 AM			
Change of Address	AREA CODE PHONE NUMBER					
5 CANDIDATE/ OFFICEHOLDER PHONE	(817 ) 880-5419	EXTENSION	Date Hand-delivered or Date Postmarked			
6 CAMPAIGN TREASURER	MS / MRS / MR FIRST	MI	Receipt # Amount \$			
NAME	LARRY	D	Date Processed			
	NICKNAME LAST LANGSTON	SUFFIX	Date Imaged			
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 7901 RANDOL MILL ROAD FORT WORTH TX 76120					
(Residence or Business)	4954 4095 BUOME WINNESS					
8 CAMPAIGN TREASURER PHONE	(817) 360-0896					
9 REPORT TYPE	January 15  30th day before election  Runoff  Runoff  15th day after campaign treasurer appointment (Officeholder Only)					
	July 15 8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year	Month	Day Year			
OOVENED	1 / 1 / 24	THROUGH 6	/ 30 / 24			
11 ELECTION	ELECTION DATE  Month Day Year Primary  5 / 1 / 21 General	Runoff Other Description Special				
12 OFFICE	OFFICE HELD (if any)  BOARD OF DIRECTORS, TRWD NA					
14 NOTICE FROM POLITICAL COMMITTEE(S)  THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEE OF POLITICAL CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCCESSION.						
000000000000000000000000000000000000000	COMMITTEE TYPE   COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
	GO TO	PAGE 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

16 C/OH NAME MARY K. KELLEHER		6 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	The second secon				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ O			
	4. TOTAL POLITICAL EXPENDITURES	\$ 96.00			
CONTRIBUTION BALANCE	1 5. IOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	s 0			
The second secon	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	and correct and includes all information			
Mary K. Kelleher					
	Signature of Cario	didate or Officeholder			
Please complete either option below:					
(1) Affidavit					
NOTARY STAMP/SEAL	_				
Sworn to and subscribed before me by this the day of,					
20, to certify	which, witness my hand and seal of office.				
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath			
	OR OR				
(2) Unsworn Declaration	on				
My name is MARY K. K	ELLEHER, and my date of birth is				
My address is 7901 RAM	NDOL MILL ROAD FORT WORTH TX	, <u>76120</u> , <u>USA</u>			
Executed in TARRANT	Mary (month)	(country) 20 24 (year) (le/Officeholder (Declarant)			

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

	FILER NAME ARY K. KELLEHER	20 Filer ID (Ethics Co	mmiss	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	0
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS			0
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0
4.	SCHEDULE E: LOANS		\$	0
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COI	NTRIBUTIONS	\$	96.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL (	CONTRIBUTIONS	\$	0
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUN	IDS	\$	0
10.	D. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0

## **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

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

					<u> </u>
The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 2	
2 FILER NAME MARY K. K	ELLEHER			:	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor BANK OF AMERICA	out-of-state PAC (ID#:)			7 Amount of contribution (\$)
01/01/2024	1/01/2024 6 Contributor address; City; State; Zip Code			Code	16.00
	100 NORTH TRYON	CHARLOTTI	E NC	28255	
8 Principal occup	pation / Job title (See Instructions)		9 Employer (S	See Instruct	iens)
Date	Full name of contributor	cut-of-state PAC	(ID#:		Amount of contribution (\$)
00/04/0004	BANK OF AMERICA				40.00
02/01/2024	Contributor address;	City;	State; Zip C	Code	16.00
	100 NORTH TRYON	CHARLOTTE	E NC	28255	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		See Instructi	ions)		
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
02/04/0004	BANK OF AMERICA	• • • • • • • • • • • • • • • • • • • •			40.00
03/01/2024	Contributor address;	City;	State; Zip C	Code	16.00
	100 NORTH TRYON	CHARLOTTE	E NC	28255	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					lons)
Date	Full name of contributor	cut-of-state PAC	(ID#:		Amount of contribution (\$)
04/04/0004	BANK OF AMERICA				40.00
04/01/2024	Contributor address;	City;	State; Zip C		16.00
	100 NORTH TRYON	CHARLOTTI		28255	lana)
Principal occup	ation / Job title (See Instructions)		Employer (S	see instructi	ions)
	ATTACH ADDITION If contributor is out-of-state PAC,				

### **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	
2 FILER NAME MARY K. K	ELLEHER			3 Filer ID (Ethics Commission Filers)	
4 Date	Date 5 Full name of contributor out-of-state PAC (ID#:) BANK OF AMERICA			7 Amount of contribution (\$)	
05/01/2024	6 Contributor address;	City;	State; Zip Code	16.00	
	100 NORTH TRYON	CHARLOTT	E NC 28255		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)	
Date	Full name of contributor BANK OF AMERICA	out-of-state PAC	; (ID#:)	Amount of contribution (\$)	
06/01/2024	Contributor address;	City;	State; Zip Code	16.00	
	100 NORTH TRYON	CHARLOTT	E NC 28255		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			tions)		
Date	Full name of contributor	cut-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
Date	Full name of contributor	cut-of-state PAG	C (10#:)	Amount of contribution (\$)	
	Contributor address;	City;	State; Zip Code		
Principal occup	eation / Job title (See Instructions)		Employer (See Instruc	itions)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					