CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / FIRST OFFICE USE ONLY **OFFICEHOLDER** aWan NAME e Received NICKNAME SUFFIX 26 4 CANDIDATE / ZIP CODE **OFFICEHOLDER** MAILING Mo Box 1072 Columbu **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER EXTENSION Date Hand-delivered or **OFFICEHOLDER** PHONE Receipt # Amount \$ CAMPAIGN MS / MRS / MR TREASURER Date Processed NAME NICKNAME SUFFIX Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: CAMPAIGN STATE ZIP CODE TREASURER **ADDRESS** (Residence or Business) AREA CODE 8 CAMPAIGN PHONE NUMBER EXTENSION TREASURER PHONE 9 REPORT TYPE 30th day before election 15th day after campaign January 15 Runoff treasurer appointment (Officeholder Only) July 15 Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month COVERED THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Runoff Other Description Month Special 13 OFFICE SOUGHT (if known) 12 OFFICE OFFICE HELD (if any) 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	anda "Wendn" Alley	16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOCONTRIBUTIONS MADE ELECTRONICALLY)	ANS, OR \$ 10.00				
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARA	80 750 88				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITUR	\$ 235·11				
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,075.05				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAIN OF REPORTING PERIOD	INED AS OF THE LAST DAY \$ 1,8 33.38				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTAN LAST DAY OF THE REPORTING PERIOD	NDING LOANS AS OF THE \$				
	wear, or affirm, under penalty of perjury, that the accomp quired to be reported by me under Title 15, Election Code.	panying report is true and correct and includes all information				
	Lall	endallen Cele				
	V	Signature of Candidate or Officeholder				
	Please complete either option below:					
WHILEE A. A. A.						
(1) Affidavit						
NOTARY STAMP / SEAS OF TEX						
Sworn to and subscribed	asipo 2 Alimina Wendy	Alley this the 26 day of February				
cerrile to certify	willers my hand and sear of office.	aricio				
Signature of officer administe		g oath Title of officer administering oath				
(2) Unsworn Declarati	on					
My name is	, and	d my date of birth is				
MIN S SI A						
	(street)	(city) (state) (zip code) (country)				
Executed in	County, State of , on the	day of, 20 (year)				
		Signature of Candidate/Officeholder (Declarant)				

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	Lawanda "Wendy Alley	20 Filer ID (Ethics Con	nmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 7,960.00 X
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	-	\$ 790.88
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$ 7,839.94
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL C	ONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNI	os	\$ 235.11
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	ITRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTI	ONS RETURNED	\$

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	Lawanda Wendy Alley	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Morgan Barten	7 Amount of contribution (\$)			
2/6/24	6 Contributor address; City; State; Zip Code 1022 Buv for a Columbus TX 78934	#400.00/xx			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	etions)			
Date	Full name of contributor	Amount of contribution (\$)			
219124	John + Shavon Alley Contributor address; City; State; Zip Code 1005 Pine Bluft Lune AlleytonTV 18935	\$ 500. 00/xx			
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	stions)			
Date	Full name of contributor	Amount of contribution (\$)			
79/24	Contributor address; City; State; Zip Code	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			
Principal occup	Po Box 279 Altaiv TX 77412 pation / Job title (See Instructions) Employer (See Instruc	ctions)			
Date	Full name of contributor	Amount of contribution (\$)			
9/9/24	Nancy Lytle Contributor address; City; State; Zip Code Columbus TX 78934	# 20.0%x			
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS I	NEEDED			

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 Lawanda "Wendy" Alley	3 Filer ID (Ethics Commission Filers)				
4 Date 5 Full name of contributor out-of-state PAC (ID#: Chavlotte Tilota Sylvester Bedford 6 Contributor address; City State; Zip Code 7 8934 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instruct	7 Amount of contribution (\$) \$ 50. 00/4				
S Principal occupation / 300 title (See instructions)	ions)				
Date Full name of contributor Out-of-state PAC (ID#:) Page 19	Amount of contribution (\$) $50.00/y\chi$				
Date Full name of contributor Bar Dava Peter Man Contributor address; City; State; Zip Code 302 Bonhandawws TX 78934 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) \$\Pi 50 \ \frac{60}{100} \text{X} \text{V} ions)				
Date Full name of contributor Out-of-state PAC (ID#:) Shave w Moove Contributor address; City: State; Zip Code 16 35 Tvavs Olumbus TX 78434 Principal occupation / Job title (See Instructions) Employer (See Instruct	Amount of contribution (\$) 50. XY				
ATTACH ADDITIONAL CODIES OF THIS SCHEDUL F AS N					

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.

If the requested information is not applicable, bo Not include this page in the report.				
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:		
2 FILER NAME	La Wanda "Wendy" Alley	3 Filer ID (Ethics Commission Filers)		
4 Date 2 9 24	5 Full name of contributor out-of-state PAC (ID#:) Cathry N K GN D-E V 6 Contributor address; City; State; Zip Code Po Box 85 Columbus T 78934	7 Amount of contribution (\$) \$\\$50.\(\frac{\pi}{\text{X}}\frac{\pi}{\text{X}}\frac{\pi}{\text{X}}		
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
219124	Contributor address; City; State; Zip Code (2) 4 PV (Stou St. Columbus TX 78934	# 100.00/x x		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
7/9/24	Contributor address; City; State; Zip Code	\$370.°/xx		
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor	Amount of contribution (\$)		
3/19/24	Krystle Wayschak contributor address; City; State; Zip Code 1011Schmi H CVer Rd Alleyton 196735	# 100.00/xx		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED		

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 La Wanda "Wendy" Alley	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$) 4 4, 000 . /xx
Date Full name of contributor Out-of-state PAC (ID#:) A Normal Baybaya Class Contributor address; City: State: Zip Code Pobox 68 Eagle Lake TX 77434 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) \$\frac{500}{500} \times X
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$)
Date Full name of contributor Ernest Ramivez Contributor address; City; State; Zip Code 202 W Union St Eaglelake TV 77434 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$) # 200 · **/xx
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	DO DOS DE LA COLLEGA DE LA COL

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 Lawanda "Wendy" Alley	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Karin Gluck 6 Contributor address; City; State; Zip Code 436 Dewels Columbus TX78934	7 Amount of contribution (\$) # 25. 00/XX			
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)			
Date Full name of contributor Out-of-state PAC (ID#:) WKNOWN DONATION Contributor address; City; State; Zip Code	Amount of contribution (\$)			
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)			
Date Full name of contributor Debbie Damon Contributor address; City; State; Zip Code Columbus TX 7893 + Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)			
Date Full name of contributor AWNEV TMOVK BECLY COLUMNSTY TETA Contributor address; City; State; Zip Code 4315 Hwy 71 Columns TX 78934 Principal occupation / Job title (See Instructions) Employer (See Instructions)	Amount of contribution (\$)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	NEEDED			

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	Lawandg Wends Alley	3 Filer ID (Ethics Commission Filers)		
4 Date 2/21/24	5 Full name of contributor out-of-state PAC (ID#:) Heid: May 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) \$ 500.00/xy		
221 Prog Co. W W	1806 Zimmerscheidt Newulm 78950			
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	lions)		
Date	Full name of contributor	Amount of contribution (\$)		
7/21/24	Contributor address; City; State; Zip Code	# 500.00/xx		
	1070 Angel Cake Rd Alleyton TX 78935			
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor	Amount of contribution (\$)		
2/23/24	Alisont Kovell Contributor address; City; State; Zip Code 1070Angel Culce Rd Albeyton TX 78935	\$ 100.00/XX		
Principal occur	pation / Job title (See Instructions) Employer (See Instructions)	tions)		
, , , , , , , , , , , , , , , , , , , ,	Zimpleyer (ess menus			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
9/23/24	William Bill "Collefe Durbin Contributor address; City; State; Zip Code 1712 Charter St. Columbus TX 78934	* 100. °0/xx		
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)		
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

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:				
Lawanda Wendy Alley	3 Filer ID (Ethics Commission Filers)				
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIB	utions \$				
5 Date 6 Full name of contributor out-of-state PAC (ID#: 2912 7 Contributor address; City; State; 2456 CR 106 CdumbusTX 10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	8 Amount of Contribution \$\frac{1}{2} \text{ In-kind contribution description} \\ \text{County Citizen} \\ \text{Zip Code} \\ \text{Zip Code} \\ \text{Check if travel outside of Texas. Complete Schedule T.} \text{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 out-of-state PAC (ID#:	Amount of Contribution \$\frac{1}{\text{Contribution}}\$ \text{In-kind contribution description} \text{WaVMerawy} \text{Vavy} \text{Vavy} \text{Vavy} \text{Complete Schedule T.} \text{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 T If contributor is out-of-state PAC, please see Instruction					

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

If the requested information is not applicable, DO NOT include this page in the report.					
Th	ne Instruction Guide explains how to complete	this form.		1 Total pages Schedu	le A2:
2 FILER NAMI	Law and a wendy	Alle	4	3 Filer ID (Ethics Con	nmission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CO			\$ \$ 232.	~ XX
5 Date 2/23/24	6 Full name of contributor out-of-state PAC (ID: He; di May 7 Contributor address; City; [806 Zimmerscheidt Rd] Supation / Job title (FOR NON-JUDICIAL) (See Instru	State; Z			9 In-kind contribution description KULM radio ads le of Texas. Complete Schedule T. L)(See Instructions)
**************************************	principal occupation (FOR JUDICIAL)		13 Contribu	itor's job title (FOR JUI	DICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)		15 Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDIC	IAL)			
Date	Full name of contributor		Zip Code	Amount of Contribution \$	In-kind contribution description le of Texas. Complete Schedule T.
Principal occ	pupation / Job title (FOR NON-JUDICIAL) (See Instru	uctions)	Employe	er (FOR NON-JUDICIA	
Contributor's	principal occupation (FOR JUDICIAL)		Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)		Law firm	of contributor's spous	e (if any) (FOR JUDICIAL)
If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDIC	CIAL)			
	ATTACH ADDITIONAL COP	IES OF TH	HIS SCHEDU	JLE AS NEEDED	
	If contributor is out-of-state PAC, please see	Instructio	n guide for	additional reporting	requirements.

SCHEDULE F1

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

	EXPENDITURE CATE	SURIES FUR BUX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how 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)
1 Total pages Schedule F1:		N 1A 1	3 Filer ID (Ethics Commission Filers)
4 Date 2 6 24	5 Payee name Colovado	Counts Citizen	1
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 220.0°/W	PoBox 548 Col	umbus TX 78	934
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description	
PURPOSE OF EXPENDITURE	advertising expense	2 Politica.	lnews paper ad
	(c) Check if travel outside of Texas. Complete St		n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/7/24	Weimar Me	vcuv y Neu	spaper
Amount (\$)	Payee address;	City;	State; Zip Code
# 150.0%x	200W. Main St.	Weimar TX	78962
	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE OF EXPENDITURE	advertisingexpen	se politica	I newspaper ad
	Check if travel outside of Texas. Complete So	chedule T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
219/24	Jackie Swe	eat	
Amount (\$)	Payee address;	City;	State; Zip Code
# 432.34	1177 Pinegwoods		TX 78935
MANAGE VIZIPALIV	Category (See Categories listed at the top of this s	chedule) Description	
PURPOSE OF EXPENDITURE	advertising expens	e politicu	1 Sign S
	Check if travel outside of Texas. Complete So	chedule T. Check if Austin	n, 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 NEE	DED
			Deviced 1/1/2024

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name 7 Payee address; 6 Amount (\$) (b) Description (See Categories listed at the top of this schedule) 8 PURPOSE OF Political newspaper EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Office sought Office held 9 Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Payee name Date City: State: Zip Code **PURPOSE** advertising expense OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Weimar Mercur Amount (\$) Pavee address: State; Zip Code Deimar Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report. **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Salaries/Wages/Contract Labor 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 Zip Code City; State: 6 Amount (\$) 7 Payee address; (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date City; State: Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Office held Complete ONLY if direct Candidate / Officeholder name expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Description Category (See Categories listed at the top of this schedule) **PURPOSE** OF Weimar EXPENDITURE Check if travel outside of Texas. Complete Schedule T Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/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/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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
Other (out of District)

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/V The Instruction Guide explains how to describe the committee of the		r a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Lawanda "Wene	dy" Alley 3 Filer ID	(Ethics Commission Filers)
4 Date 2 13 24	5 Payee name USPS		
6 Amount (\$) #9.5.21	Payee address; 1402 US Hwg 90 Collaboration 1402 US Hwg 90	DA Shevidan TX	ate; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	Sheri de Nada politica	an I mailers
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	lder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/13/24	USPS		
Amount (\$)	Payee address;	City; St	ate; Zip Code
\$ 354.44	100E. Mainst. Ea	igle Lake TX -	17434
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	advertising expense	Eagle Lake Dol	tical Mailers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	lder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/14/24	USPS		
Amount (\$)	Payee address;	City; St	ate; Zip Code
#23.75	4159 NS90 Altair	TX 77412	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	advertising expense	Altair politica	e Mailers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	der 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	

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Expense Travel Out Of District Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor 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 4 Date 6 Amount (\$) City; Zip Code 7 Payee address; State (b) Description (a) Category (See Categories listed at the top of this schedule) 8 PURPOSE OF EXPENDITURE Check if Austin, TX, officeholder living Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Description **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name Amount (\$) Payee address; City; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** OF politica EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 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.

if the requested into	ormation is not applicable, bo i	NOT include this page in the re	port.			
	EXPENDITURE (CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	[[] (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)			
Stational ayritati	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME LUWAY	ida "Wendy" Alley	3 Filer ID (Ethics Commission Filers)			
4 Date 14 24	5 Payee name USPS	J				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$56.03	506 Arthur	st- Garwood	TX 77442			
8	(a) Category (See Categories listed at the to	op of this schedule) (b) Description				
PURPOSE OF						
EXPENDITURE	advertising expe	use Garwood	& politicul mailes			
	(c) Check if travel outside of Texas. Co		n, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
2/14/24	USP	S				
Amount (\$)	Payee address;	City;	State; Zip Code			
# 35.12	2215 Tutle S	St. Rock Island	TX 77470			
	Category (See Categories listed at the to	p of this schedule) Description				
PURPOSE OF EXPENDITURE	advertising expe	use RockIslan	nd political mailer			
	Check if travel outside of Texas. Co	omplete Schedule T. Check if Austin	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name		Clarific Control of Co			
2/15/24	SmallTown	, Advertising	-Cody Brune			
Amount (\$)	Payee address;	City;	State, Zip Code			
\$97.43	1223 Walnu	etst. Columbus	TX 78934			
	Category (See Categories listed at the top	p of this schedule) Description				
PURPOSE OF EXPENDITURE	advertisingex	pense politica	el sish			
	Check if travel outside of Texas. Co	omplete Schedule T. Check if Austin	, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
4.610.00	ATTACH ADDITIONAL CO	OPIES OF THIS SCHEDULE AS NEE	DED			

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 Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Consulting Expense Fees Food/Beverage Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Polling Expense Travel In District Contributions/Donations Made By Gift/Awards/Memorials Expense Travel Out Of District Printing Expense Other (enter a category not listed above) Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) State: Zip Code 6 Amount (\$) (b) Description (a) Category (See Categories listed at the top of this schedule) **PURPOSE** OF 10,000 649 cardstock gloss EXPENDITURE Office held 9 Complete ONLY if direct Candidate / Officeholder name Office sought expenditure to benefit C/OH Payee name USPS City: 182 N Front St. Cut Category (See Categories listed at the top of this schedule) **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name USPS Payee address; City; State; Zip Code Description **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 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/Political Committee

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)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Lawanda"Wer	Idn' Alley 3 Filer 10	(Ethics Commission Filers)			
4 Date 2 15 24	5 Payee name	nadio				
6 Amount (\$)	7 Payee address;	City; St	ate; Zip Code			
\$ 696.00	325 Radioln Ce	olumbus TX7	8934			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	1			
PURPOSE OF EXPENDITURE	advertising expense	radio ads				
ā.	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	der living expense			
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name					
2/19/24	Weimar Mercu	iry Newspa	per			
Amount (\$)	Payee address;	City; St	ate; Zip Code			
\$463.50	200 w. Main St.	Weimar TX-	18962			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF	a handis han a kanasa	2 1 2 1 25 25 25 25 25 25 25 25 25 25 25 25 25	2 1/2			
EXPENDITURE	advertising expense	porticul newsp	aperadx2			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	The second secon			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
2/20/24	Colovado County	Citizen New	spaper			
Amount (\$)	Payee address;	City; St	ate; Zip Code			
1,370.0%xx	PoBox548 Colum	nbus TX 7893	4			
No. 1 No. 1 No. 1	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	and vertising expense	positiculneu	spaperad V2			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officehol	der living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
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/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	Committee Legal Services Salaries/	Wages/Contract Labor Other (ent	er a category not listed above)		
Credit Card Payment The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Lawanda "Wenda	Alley 3 Filer 1	D (Ethics Commission Filers)		
4 Date 2024	5 Payee name Banner Press Ne	wspaper			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
\$365.00/x	1217 Bowie St. Colu	imbus TX 78°	134		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	I was to be a	1			
OF EXPENDITURE	odvertising expense	politicalnews	Daperad		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officer	older living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
Date					
et in the way was alknown and					
Amount (\$)	Payee address;	City;	State; Zip Code		
****	Category (See Categories listed at the top of this schedule)	Description			
BUBBOSE					
PURPOSE OF					
EXPENDITURE	300				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeh	older living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF		3			
Date	Payee name				
Amount (\$)	Payee address;	City;	State; Zip Code		
Tactivities and		50			
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF EXPENDITURE					
		100 100 100 100 100 100 100 100 100 100			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeh	older living expense		
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/OF	1				
	ATTACH ADDITIONAL CODIES OF THE	COUEDING AS MEEDED			
	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 Candidate/Officeholder/Politic Credit Card Payment	cal Committee Legal Services	Loan Repayment/Reimbur Office Overhead/Rental Ex- Polling Expense Printing Expense Salaries/Wages/Contract I	rpense Transports Travel In I Travel Ou Labor Other (ent	District it Of District	expense It & Related Expense ot listed above)
			22200		
1 Total pages Schedule G:	Lawanda V	Jendy" Aller	3 Filer I	D (Ethics Co	ommission Filers)
4 Date 2 10 24	5 Payee name Julianne	Busselman			
6 Amount (\$) \$\\$\\$30\\$00 Reimbursement from political contributions intended	7 Payee address;	Slumbus TX	78934	State;	Zip Code
8 PURPOSE OF	(a) Category (See Categories listed at the to	op of this schedule) (b) Descript		75	
EXPENDITURE	advertising exp	5-0.3	1-0-1		200
	(c) Check if travel outside of Texas. Co	Che	ck if Austin, TX, officeho	lider living expe	lise
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nam	e Office sough	nt	Of	fice held
2/9/24	Payee name Seth Ga	lindo			
Amount (\$) Reimbursement from	Payee address;		City;	State;	Zip Code
political contributions intended	270 Evans Re	& Allegton	147893	35	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the t	op of this schedule) Descrip	tioned PDF/	DNG-	
	advertising exp	unse por	itical t	lize v.	
	Check if travel outside of Texas. C	omplete Schedule I Che	eck if Austin, TX, officeho	older living expe	nse
Complete ONLY if direct expenditure to benefit C/0	Candidate / Officeholder nam	e Office sough	nt	Of	fice held
2 7 24	Cheer ful	Ren Etsy			
Amount (\$) Reimbursement from political contributions intended	Payee address;	City	y; s	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the to	op of this schedule) Descrip	tion	11	
	advertising expense political b			uttons	
	Check if travel outside of Texas. C	omplete Schedule T. Che	eck if Austin, TX, officeho	older living expe	nse
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder nam	e Office sough	nt	Of	fice held
	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE A	S NEEDED		