## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

The C/OH Instruction G	uide explains how	to complete this form.	1 Filer ID (Ethics	Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MR / MR	LaWand	a	MI	OFFICE USE ONLY
		endy f	flley	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; PO BOX	APP SUITE #:	Mbustx	78934	FEB 0 1 2024
Change of Address				E	Y: \(
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (919) -	133-707-	EXTEN	SION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS (MP	Keith		MI	Date Processed
	NICKNAME	Webb		SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	100 - 100 000 000 100 000 000 000 000 00	NO PO BOX PLEASE); APT / S			STATE: ZIP CODE
(Residence or Business)	2456	CR 106 (	columb	IUS TX	78934
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTEN		
9 REPORT TYPE					
9 REPORTITE	January 15	30th day before e		unoff xceeded Modified	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele		eporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year
	01	17 2024	THROUGH	02/	05 2024
11 ELECTION	ELECTION DA			ELECTION TYPE	
	Month Day	Year Primary	Runoff	Other Description	
	03/05/	2024 General	Special		
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE	ESOUGHT (IF Known Shevis	f f
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MAD	E WITHOUT THE CANL	ADE BY POLITICAL COMMITTEES TO SUPPORT MATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
CONNIT TEE(C)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS		
		GO TO	PAGE 2		
		5010	. AUL 2		

	E / OFFICEHOLDER		COVE	FORM C/OH ER SHEET PG 2
15 CIOH NAME . L	-awanda Alley		16 Filer ID (	Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL C PLEDGES, LOANS, OR GUARANTE CONTRIBUTIONS MADE ELECTRO	ES OF LOANS, OR	\$	325. %x
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		\$	1,950.0%
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EX	PENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITU	RES	\$	2,578.12,
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTION OF REPORTING PERIOD	S MAINTAINED AS OF THE LAS	ST DAY \$	2,578.12, 1,713.32
OUTSTANDING LOAN TOTALS	<ol> <li>TOTAL PRINCIPAL AMOUNT OF ALL LAST DAY OF THE REPORTING PE</li> </ol>		THE \$	
	-	Signature o Ca	ndidate or O	fficeholder
EATFICIANT STANFT STANF	before me by <u>Jayle</u> M. Guthe which, witness my hand and seal of office. that Jayle M. C	war this the	<u>l St</u> de N	ay of February,
Signature of onicer administe			Little	e of officer administering oath
(2) Unsworn Declaration				
My name is		, and my date of birth is		
My address is				s
	(street)		state) (zip	code) (country)
Executed in	County, State of, o	on the day of (month	, 2	0 (year)
		Signature of Candid	late/Officehold	der (Declarant)

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SUBTOTALS - C/OH COVER	FORM C/OH SHEET PG 3
19 FILERNAME LaWanda "Wendy" Alley 20 Filer ID (Ethics	Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$1,950 ***
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 325.7%
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$2,578.12
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	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OI	н \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Lawanda "Wendy" Alley	3 Filer ID (Ethics Commission Filers)
Date A • 13• 23 Principal occu	5 Full name of contributor □ out-of-state PAC (1D#:) Don 7 Betty Adams 6 Contributor address; City; State; Zip Code 2520 Beorge Rd. LaGrange TX 78945 pation / Job title (See Instructions) 9 Employer (See Instructions)	7 Amount of contribution (\$) 47,000.5% tions)
Date 10-7-23	Full name of contributor Dut-of-state PAC (ID#:) Michgel Cooper Contributor address; City; State; Zip Code 101W. State St. Eagle LakeTX77434	Amount of contribution (\$) # 250, $%/1x$
Date	ation / Job title (See Instructions)       Employer (See Instructions)         Full name of contributor       Dout-of-state PAC (ID#:)         Bill Durbin       Contributor address;         Contributor address;       City;         State;       Zip Code         1712 Charter Columbus TX 78934	Amount of contribution (\$) $\sqrt{2}$
Date ). <del>д.</del> 23	Pation / Job title (See Instructions)       Employer (See Instructions)         Full name of contributor          Out-of-state PAC (ID#:)          Dr. TOM HANCHER         Contributor address;       City:         State;       Zip Code         III Krupka       ColumbusTX 78934         Pation / Job title (See Instructions)       Employer (See Instructions)	Amount of contribution (\$) \$500.0%x
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME LaWanda "Wendy" Alley	3 Filer ID (Ethics Commission Filers)
Date       5 Full name of contributor       □ out-of-state PAC (ID#:         -24.23       Sam Center         6 Contributor address;       City;         9 Box 33 Chevokee       TX 708 3         Principal occupation / Job title (See Instructions)       9 Employer (See	32
Date Full name of contributor [] out-of-state PAC (ID#:)-10.23 Lovi An Gobert Contributor address; City; State; Zip Co 1420 FVont st. Columbus TX78	de \$7250. °1/xx 934
Date Full name of contributor Out-of-state PAC (ID#: Richard Krenek	e Instructions)
708 Piney Creek BellvilleTX 77	
Date Full name of contributor Nancy Stiles Contributor address; City; State; Zip Coc U34 Spring st. Collumbus TX 789	$\frac{1}{34}  Amount of contribution ($)$
Principal occupation / Job title (See Instructions) Employer (Se	e Instructions)

Forms provided by Texas Ethics Commission

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	Lawanda "Wendy" Alley	3 Filer ID (Ethics Commission Filers)
Date - 10 · d 4 Principal occu	5       Full name of contributor       Image: Out-of-state PAC (ID#:)         B       B       H       N       N       V       V         6       Contributor address;       City;       State;       Zip Code         P       B       N       1671       COLUMBUSTX 78934         upation / Job title (See Instructions)       9       Employer (See Instructions)	7 Amount of contribution (\$) 500.00/x x stions)
Date - 9. 24	Full name of contributor a out-of-state PAC (1D#:) Billy Kahn Contributor address; City; State; Zip Code 903 Bowie ColumbusTX 18934 pation / Job title (See Instructions) Employer (See Instruct	Amount of contribution (\$) $\#   00 \cdot \frac{00}{3} \times 100$
Date	Full name of contributor [] out-of-state PAC (ID#:) Blake Christen	Amount of contribution (\$)
-13.24 Principal occu	Contributor address; City; State; Zip Code 206 S. Summit Weimar TX 78962 pation / Job title (See Instructions) Employer (See Instructions)	₱ 500. °%√
		-
Date	Full name of contributor Dout-of-state PAC (ID#) Gavy Chandler Contributor address; City; State; Zip Code 100 KrupRa Columbus TX 78934	Amount of contribution (\$) $\# 500 \cdot \% x x$
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)

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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 LaWanda "Wendy" Alley	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor □ out-of-state PAC (ID# Jimmir & L. Class EonStruction 6 Contributor address: City: State; Zip Code POBOX 68 Eagle Lalce TX 77434	7 Amount of contribution (\$) # 500. $%\chi$
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:) 10.30.33 UNKNOWN CASH deposit Contributor address; City; State; Zip Code UNKNOWN	Amount of contribution (\$) 4750.00/x x
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#) 1-25-24 Bill Dur bin Contributor address; City; State; Zip Code 1712 Charter Columbu'STX 78934	Amount of contribution (\$) $\#   00 \cdot \frac{00}{3} \times 1$
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
Date Full name of contributor Dout-of-state PAC (ID#:) Lori An Gobert 1-25-24 Contributor address; City; State; Zip Code 1420 Frontst. Columbus TX78934	Amount of contribution (\$) $4$ $1,600 \cdot \frac{06}{XX}$
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N If contributor is out-of-state PAC, please see Instruction guide for additional	

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MONET	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A1
If the reques	sted information is not applicable, <b>DO NOT in</b>	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Lawanda "Wendy"	Allen	3 Filer ID (Ethics Commission Filers)
4 Date  -3 -24	5 Full name of contributor out-of-state PAC DONS DD POHL 6 Contributor address; City;	(ID#:) State; Zip Code	7 Amount of contribution (\$) $\# 100, \frac{00}{\chi_{\chi}}$
8 Principal occu	POBOX 484 Columba pation / Job title (See Instructions)	STX 78934 9 Employer (See Instruct	· · · · · · · · · · · · · · · · · · ·
Date 1. 22. 24	Full name of contributor Dout-of-state PAC Leeand Heidi May Contributor address; City; 1806 Zimmerscheide Neu	(ID#) State; Zip Code JULMTX 78950	Amount of contribution $($)$
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor Gout-of-state PAC Contributor address; City;	(ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor 🗌 out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES C If contributor is out-of-state PAC, please see Instru		

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	NONETARY (IN-KIND) POLITIC	AL		SCHEDULE A2
If the requ	ested information is not applicable, DO NOT includ	e this page	in the report.	
TI	he instruction Guide explains how to complete this for	n,	1 Total pages Sched	lule A2:
2 FILER NAM	ELawanda Wendy Alley		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRI		\$ # 32E	5. 00/XX
5 Date	6 Full name of contributor Dout-of-state PAC (10#:		Contribution \$	9 In-kind contribution description
1-30-24	Wanda-iKeith Webb 7 contributor address; City; State; 2456 CR 106 Columbus TX			Colorado Counta Ofizen newspape folitizulad
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	1		de of Texas. Complete Schedule T. AL.)(See Instructions)
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contrib	utor's job title (FOR JU	IDICIAL) (See Instructions)
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	I		
Date	Full name of contributor 🗍 out-of-state PAC (ID#:	)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	,       de of Texas. Complete Schedule T,
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	
Contributor	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JU	IDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spou	se (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS SCHEDULE F1			
If the requested inf	ormation is not applicable, <b>DO NOT include this page in the report.</b>		
	EXPENDITURE CATEGORIES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment			
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME LaWanda Wendy Alley <sup>3</sup> Filer ID (Ethics Commission Filers)		
4 Date 9.21.23	B: DGraphics		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
3,634.85	731 Walnut st. Columbus TX 78934		
8	(a) Category (See Categories listed at the top of this schedule) (b) Description		
PURPOSE OF EXPENDITURE	advertisingexpense political signs		
	(C) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held		
Date	Payee name		
10-9-23	Colorado County Citizen Newspaper		
Amount (\$)	Payee address; City; State; Zip Code		
\$ 500.9	POBOX 548 Columbus TX 78934		
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	advertising expense newspaper political ad		
	Check if travel outside of Texas. Complete Schedule T.		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held H		
Date	Payee name		
11.7.23	K Faye Designs		
Amount (\$)	Payee address; City; State; Zip Code		
\$200.00	1074 Baronlane Columbus TX78934		
	Category (See Categories listed at the top of this schedule) Description		
PURPOSE OF EXPENDITURE	adventising expense Kooziespolitical		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense		
Complete <u>QNLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Office sought Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

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### SCHEDULE F1

EXPENDITI	<b>JRE CAT</b>	EGORIES	FOR BO	<b>X 8(a)</b>

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office ( Food/Beverage Expense Polling y Gift/Awards/Memorials Expense Printing	epayment/Reinfluxsement     Solicitation/Fundraising Expense       Dverhead/Rental Expense     Transportation Equipment & Related Expense       Expense     Travel In District       J Expense     Travel Out Of District       s/Wages/Contract Labor     Other (enter a category not listed above)       o complete this form.     Solicitation/Fundraising Expense
1 Total pages Schedule F1:	<sup>2</sup> FILER NAME LaWanda "W	Lendy Alley 3 Filer ID (Ethics Commission Filers)
4 Date 10-6.23	5 Payee name Create Space	2
6 Amount (\$)	7 Payee address;	City; State; Zip Code
95.20	717 Walnut Colun	abus TX 78934
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF		Jacobs - E charal a stran
EXPENDITURE	advertising expense	donation to church auction
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10.10.23	I Jaho Cemeter-	Etsy
Amount (\$)	Payee address;	City, \$tate; Zip Code
#216.49	2015 10th Ave Poca	tello ID83201
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	advertising expense	bumper stickers 100 ct.
	Check if travel outside of Texas. Complete Schedule T.	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	Payee name	
10.17.23	Sypenn Etsy	
Amount (\$)	Payee address;	City; State; Zip Code
• 162.36	14 N Madison Ave	SpringValley NY 10977
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE	a biaicher is Rilling	Company internet
EXPENDITURE	yavertising expense	umpaign ink pens
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	S SCHEDULE AS NEEDED
Forms provided by Texas Eth	ics Commission www.ethics.state.t	x.us Revised 1/1/2024

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#### 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 E Candidate/Officeholder/Politic	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printin	Repayment/Reimbursement         Solicitation/Fundraising Expense           o'Verhead/Rental Expense         Transportation Equipment & Related Expense           ig Expense         Travel In District           ng Expense         Travel Out of District           ies/Wages/Contract Labor         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 NAMEL LAWANDA "W	endy Alley 3 Filer ID (Ethics Commission Filers)				
4 Date 10.18.23	<sup>5 Payee name</sup> Small Town A	rd vertising				
6 Amount (\$)	7 Payee address;	City; / State; Zip Code				
\$500.00/	1223 Walnut st (	Columbus TX 78934				
8	(a) Category (See Categories listed at the top of this schedule	e) (b) Description				
PURPOSE OF EXPENDITURE	advertising expense	political caps/ball hats				
	(C) Check if travel outside of Texas. Complete Schedule T	T. Check if Austin. TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held				
Date	Payee name					
10.24.23	I Jaho Cemeter	y Etsy				
Amount (\$)	Payee address;	City; State; Zip Code				
\$ 205.66	2015 10th Ave P	ocatello ID 83201				
	Category (See Categories listed at the top of this schedule)	) Description				
PURPOSE		b a dela stati				
OF EXPENDITURE	adventising expense	Dumper stickers 100ct				
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held				
expenditure to benefit C/OH						
Date	Payee name					
		FISH				
10.25.23	Stickers Fox	L131				
Amount (\$)	Payee address;	City; \$tate; Zip Code				
\$159.13	1032 Matthews Ru	Mway Roseville CA95747				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	advertising expense	political strekers [] apel				
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Forms provided by Texas Ethics Commission

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#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	y Gift/Awa al Committee Legal So	everage Expense ards/Memorials Expense	Office Overh Polling Expe Printing Exp Salaries/Wa	anse ges/Contract Labor	Travel In District Travel Out Of Distr	ipment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME	Nanda'	Wendn	Allen	3 Filer ID (Ethi	cs Commission Filers)
4 Date 11. 13-23	5 Payee name	arez K	reat	ionz		
6 Amount (\$)	7 Payee address:			City;	State;	Zip Code
*230.°°	1166 N	lel Son L	n.Ca	t Sprin.	9 TX 7	8933
8	(a) Category (See Ca	tegories listed at the top of t	his schedule)	(b) Description		
PURPOSE OF EXPENDITURE	adver	fisin ge	xpense	Politica	lbusines	ss cards
	(C) Check if tra	avel outside of Texas. Complete	e Schedule T.	Check if Aust	in. TX, officeholder livir	ig expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		iceholder name		Office sought		Office held
Date	Payee name					······································
11-27.23	Colo	irado Ci	ount	Citiz	enne	wspaper
Amount (\$)	Payee address;			City;	State;	Zip Code
\$ 167.50	PO BOX	548 Coli	umbr	S TX 78	934	
	Category (See Cate	agories listed at the top of thi	is schedule)	Description		
PURPOSE OF EXPENDITURE	advertis	sing exper	ise	politic	cal hews	paper ad
	Check if tra	avel outside of Texas. Complete	e Schedule T.	Check if Austi	n, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Off	iceholder name		Office sought		Office held
Date	Payee name					
12.18.23	Runa	ndwin	Store	Etsy		
Amount (\$)	Payee address;			City;	State;	Zip Code
* 417.85	PO BOX 3	1096 Ai	Ken,	SC 29	802	
	Category (See Cate	egories listed at the top of thi	s schedule)	Description		
PURPOSE OF EXPENDITURE	advertis	ingexper	nse c	ampaigh	emeryl	Doards 1500ct
	Check if tra	ivel outside of Texas. Complete	e Schedule T.	Check if Austi	n, TX, officeholder livin	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ficeholder name		Office sought		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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#### SCHEDULE F1

EXPE	ENDIT	URE (	CATE	GORIES	FOR	BOX 8(	a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic: Credit Card Payment	Fees Offic Food/Beverage Expense Polli By Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense artes/Wages/Contract Labor w 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:	<sup>2</sup> FILER NAME LaWanda' We	undy Alley	<b>3</b> Filer ID (Ethics Commission Filers)		
4 Date 1-8-24	5 Payee name Small Town F	tdvertisin	<u> </u>		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
* 214.34	1223 Walnut St.	Columbus-	TX 78934		
8	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description			
PURPOSE OF EXPENDITURE	advertising expense	political	disclaimer stickers		
	(C) Check if travel outside of Texas, Complete Schedule	eT. Check if Austin	o, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held		
Date	Payee name				
1-11-24	Jackieswea	+			
Amount (\$)	Payee address;	City;	State; Zip Code		
*928.73	1177 Pineywoods	sRd. Allen	)ton TX 78935		
	Category (See Categories listed at the top of this schedule	e) Description			
PURPOSE OF EXPENDITURE	advertising expense	s Politi	cal signs		
	Check if travel outside of Texas. Complete Schedule	Check if Austin	, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	1			
1-16.24	Jackie Swed	at			
Amount (\$)	Payee address;	City;	State; Zip Code		
\$576.45	1177 Piney Wood	is Rd. Alle	Aton TX-78935		
	Category (See Categories listed at the top of this schedule				
PURPOSE OF EXPENDITURE	advertising expense	2 politica	lsigns		
	Check if travel outside of Texas. Complete Schedule	T. 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					

#### 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 E Candidate/Officeholder/Politic	Fees Office Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement         Solicitation/Fundraising Expense           Overhead/Rental Expense         Transportation Equipment & Related Expense           g Expense         Travel In District           ng Expense         Travel Qut Of District           les/Wages/Contract Labor         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 '	Wendy Aleg Filer ID (Ethics Commission Filers)				
4 Date 72.24	5 Payee name Jackie Swe	at				
6 Amount (\$)	7 Payee address;	City; State; Zip Code				
#1,361.06	1177 Piney Woods	Rd. Allegton TX 78934				
8	(a) Category (See Categories listed at the top of this schedule	a) (b) Description				
PURPOSE OF EXPENDITURE	advertising expense	Political Signs				
	(C) Check if travel outside of Texas. Complete Schedule	Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought Office held				
Date	Payee name					
1.25.24	Colorado Count	y Citizen Wewspaper				
Amount (\$)	Payee address;	City; \$tate; Zip Code				
#160.00	POBOX548 COLU	mbus TX 78934				
	Category (See Categories listed at the top of this schedule	Description				
PURPOSE OF EXPENDITURE	advertisingexpense	political newspaper ad				
	Check if travel outside of Texas. Complete Schedule 1	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held				
Date	Payee name					
1-30.24	Weimar Mer	cury Newspaper				
Amount (\$)	Payee address;	City; State; Zip Code				
\$ 176.50	200 N. Main St.	Weimar TX78962				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	advertising expense	political newspaperad.				
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought Office held				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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#### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politics	Fees C Food/Beverage Expense C y Gift/Awards/Memorials Expense C	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	"Wendy" Alley	3 Filer ID (Ethics Commission Filers)			
4 Date 1-29.24	5 Payee name Jackie Su	reat				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
*720.56	1177 Piney Wood	ls Rd Alleyto	mTX - 78934			
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description				
PURPOSE OF EXPENDITURE	advertising expension	se politi	cal signs			
	(C) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
1-31-24	Colorado Count	y Newspap	De F			
Amount (\$)	Payee address;	City;	State; Zip Code			
#~160.º/xx	POBOX548 Colu	nbus TX 78	934			
	Category (See Categories listed at the top of this sche	edule) Description				
PURPOSE	Lunder acording	A. C. Mart	A ALLAN A A ALLAN			
EXPENDITURE	advertising expense	Delitical	neuspaper ad			
	Check if travel outside of Texas. Complete Sche	dule T. Check if Austin	, TX, officeholder living expense			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held			
expenditure to benefit C/OF	ł					
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
	· • • • • • • • • • • • • • • • • • • •	- 27				
	Category (See Categories listed at the top of this sche	dule) Description				
PURPOSE						
OF						
	Check if travel outside of Texas. Complete Sche		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 O	F THIS SCHEDULE AS NEE	DED			

# POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

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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/Politi Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide e	Office O Poffing E nse Printing E Salaries/	Expense Wages/Contract Labor	Solicitation/Fundraising Transportation Equipme Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
1 Total pages Schedule G:	2 FILER NA	<sup>ME</sup> La Wanc	la 'Wer	ndy Alley	3 Filer ID (Ethics C	ommission Filers)
4 Date 11-13-23	5 Payee nam	ado County	Repub	lican Pau	/ty	
6 Amount (\$) <b>\$</b> 750.00/ — Reimbursement from	7 Payee add			City:	State;	Zip Code
political contributions intended		E. Main {		V	TX 7743	34
8 PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top $\mathcal{A}$	of this schedule)	(b) Description	y fee	
	( <b>c</b> ) (c)	heck if travel outside of Texas. Com	plete Schedule T.		, TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candida	ite / Officeholder name		Office sought	C	ffice held
Date 01-11-23	Payee nam	evin Dy	er			
Amount (\$) \$ 50. 0%	Payee add	ress;		City;	State;	Zip Code
Reimbursement from political contributions intended	1403	Prairie	St. Ci	olumbus	TX 789	34
PURPOSE	Category	(See Categories listed at the top of	of this schedule)	Description		
OF EXPENDITURE	advert			Campaigr	<b>J</b>	ign
		heck if travel outside of Texas. Com Ite / Officeholder name	piere Schedule 1.	Office sought	i, TX, officeholder living exp	ffice held
Complete <u>ONLY</u> if direct expenditure to benefit C/0						
Date	Payee nam	8 1	•			
, Amount (\$) 0	Payee add	ress;		City;	State;	Zip Code
Reimbursement from political contributions intended	1		· · · · ·		-	
PURPOSE	Category	See Categories listed at the top o	of this schedule)	Description		
EXPENDITURE		heck if travel outside of Texas. Com	plete Schedule T.	Check if Austin	, TX, officeholder living exp	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		te / Officeholder name		Office sought		ffice held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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