

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST **LaWanda** MI
NICKNAME "Wendy" LAST **Alley** SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
PO Box 1072 Columbus TX 78934

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(979) 733-7077

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST **Keith** MI
NICKNAME **Webb** LAST SUFFIX

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2456 CR 106 Columbus TX 78934
(Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(979) 732-7941

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year
01 / 17 / 2024 THROUGH 02 / 05 / 2024

11 ELECTION

ELECTION DATE: Month Day Year **03 / 05 / 2024**
ELECTION TYPE: Primary Runoff Other Description
 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Sheriff

14 NOTICE FROM POLITICAL COMMITTEE(S)


THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

OFFICE USE ONLY

Date Received
RECEIVED
FEB 01 2024
BY: 

Date Hand-delivered or Date Postmarked
Hand delivered

Receipt # Amount \$

Date Processed

Date Imaged

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME "Wendy" Lawanda Alley 16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 325.00xx
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,950.00xx
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,578.12
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,713.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Wendy Alley
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit
Sworn to and subscribed before me by Joyce M. Guthmann this the 1st day of February, 2024, to certify which, witness my hand and seal of office.
Signature of officer administering oath: Joyce M. Guthmann Printed name of officer administering oath: Joyce M. Guthmann Title of officer administering oath: NOTARY

OR

(2) Unsworn Declaration
My name is _____, and my date of birth is _____.
My address is _____ (street) _____ (city) _____ (state) _____ (zip code) _____ (country).
Executed in _____ County, State of _____, on the _____ day of _____, 20____ (month) _____ (year).
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME LaWanda "Wendy" Alley		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1,950 ^{00/100}
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 325. ^{75/100}
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input type="checkbox"/> SCHEDULE E: LOANS		\$
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,578.12
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME LaWanda "Wendy" Alley		3 Filer ID (Ethics Commission Filers)
4 Date 9-13-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Don: Betty Adams	7 Amount of contribution (\$) \$ 7,000.⁰⁰/xx
6 Contributor address; City; State; Zip Code 2520 George Rd. LaGrange TX 78945		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-7-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Cooper	Amount of contribution (\$) \$ 250.⁰⁰/xx
Contributor address; City; State; Zip Code 101 W. State St. Eagle Lake TX 77434		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-21-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bill Durbin	Amount of contribution (\$) \$ 100.⁰⁰/xx
Contributor address; City; State; Zip Code 1712 Charter Columbus TX 78934		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-2-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Tom Hancher	Amount of contribution (\$) \$ 500.⁰⁰/xx
Contributor address; City; State; Zip Code 117 Krupka Columbus TX 78934		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 9-24-23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Center	7 Amount of contribution (\$) \$ 100.⁰⁰/xx
6 Contributor address; City; State; Zip Code PoBox 33 Cherokee TX 76832		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-10-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lori An Gobert	Amount of contribution (\$) \$ 250.⁰⁰/xx
Contributor address; City; State; Zip Code 1420 Front st. Columbus TX 78934		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-6-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richard Krenek	Amount of contribution (\$) \$ 100.⁰⁰/xx
Contributor address; City; State; Zip Code 708 Piney Creek Bellville TX 77418		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-16-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Stiles	Amount of contribution (\$) \$ 100.⁰⁰/xx
Contributor address; City; State; Zip Code 634 Spring st. Columbus TX 78934		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 1-10-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bebe Hargrove	7 Amount of contribution (\$) \$ 500.⁰⁰/xx
6 Contributor address; City; State; Zip Code Po Box 1071 Columbus TX 78934		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-9-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billy Kahn	Amount of contribution (\$) \$ 100.⁰⁰/xx
Contributor address; City; State; Zip Code 903 Bowie Columbus TX 78934		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-13-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blake Christen	Amount of contribution (\$) \$ 500.⁰⁰/xx
Contributor address; City; State; Zip Code 206 S. Summit Weimar TX 78962		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-23-23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gary Chandler	Amount of contribution (\$) \$ 500.⁰⁰/xx
Contributor address; City; State; Zip Code 100 Krupka Columbus TX 78934		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

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 <i>LaWanda "Wendy" Alley</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10-21-23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jimmi & L. Class Construction</i>	7 Amount of contribution (\$) <i>\$ 500.⁰⁰/xx</i>
6 Contributor address; City; State; Zip Code <i>Po Box 68 Eagle Lake Tx 77434</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>10-30-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>unknown cash deposit</i>	Amount of contribution (\$) <i>\$ 50.⁰⁰/xx</i>
Contributor address; City; State; Zip Code <i>unknown</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1-25-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Bill Durbin</i>	Amount of contribution (\$) <i>\$ 100.⁰⁰/xx</i>
Contributor address; City; State; Zip Code <i>1712 Charter Columbus TX 78934</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>1-25-24</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lori An Gobert</i>	Amount of contribution (\$) <i>\$ 1,000.⁰⁰/xx</i>
Contributor address; City; State; Zip Code <i>1420 Frontst. Columbus TX 78934</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

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 Lalwanda "Wendy" Alley		3 Filer ID (Ethics Commission Filers)
4 Date 1-31-24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug DJ Potter	7 Amount of contribution (\$) \$ 100.⁰⁰/_{xx}
6 Contributor address; City; State; Zip Code Po Box 484 Columbus TX 78934		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-22-24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee and Heidi May	Amount of contribution (\$) \$ 750.⁰⁰/_{xx}
Contributor address; City; State; Zip Code 1806 Zimmerscheidt NewWm TX 78950		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME <i>LaWanda 'Wendy' Alley</i>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <i># 325.00/xx</i>	
5 Date <i>1-30-24</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Wanda-Keith Webb</i>	8 Amount of Contribution \$ <i># 325.00/xx</i>	9 In-kind contribution description <i>Colorado County citizen newspaper political ad</i>
7 Contributor address; City; State; Zip Code <i>2456 CR 106 Columbus TX 78934</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/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' Alleg	3 Filer ID (Ethics Commission Filers)
4 Date 9-21-23	5 Payee name B: D Graphics	
6 Amount (\$) \$3,634.85	7 Payee address; City; State; Zip Code 731 Walnut st. Columbus TX 78934	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description political signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10-9-23	Payee name Colorado County Citizen Newspaper	
Amount (\$) \$500.00	Payee address; City; State; Zip Code Po Box 548 Columbus TX 78934	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description newspaper political ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-7-23	Payee name K Faye Designs	
Amount (\$) \$200.00	Payee address; City; State; Zip Code 1074 Baron Lane Columbus TX 78934	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description Koozie political
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/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 <i>LaWanda "Wendy" Alley</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10-6-23</i>	5 Payee name <i>Create Space</i>	
6 Amount (\$) <i>95.20</i>	7 Payee address; City; State; Zip Code <i>717 Walnut Columbus TX 78934</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description <i>donation to church auction</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10-10-23</i>	Payee name <i>Idaho Cemetery Etsy</i>	
Amount (\$) <i>\$216.49</i>	Payee address; City; State; Zip Code <i>2015 10th Ave Pocatello ID 83201</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>bumper stickers 100 ct.</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>10-17-23</i>	Payee name <i>Sy Penn Etsy</i>	
Amount (\$) <i>\$162.36</i>	Payee address; City; State; Zip Code <i>14 N Madison Ave Spring Valley NY 10977</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>Campaign ink pens</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/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 <i>Lalwanda "Wendy" Alley</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10.18.23</i>	5 Payee name <i>Small Town Advertising</i>	
6 Amount (\$) <i>\$500.00</i>	7 Payee address; City; State; Zip Code <i>1223 Walnut st Columbus TX 78934</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description <i>political caps/ball hats</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <i>10.24.23</i>	Payee name <i>Idaho Cemetery Etsy</i>	
Amount (\$) <i>\$205.66</i>	Payee address; City; State; Zip Code <i>2015 10th Ave Pocatello ID 83201</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>Dumper stickers 100ct.</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date <i>10.25.23</i>	Payee name <i>Stickers Fox Etsy</i>	
Amount (\$) <i>\$159.13</i>	Payee address; City; State; Zip Code <i>1032 Matthews Runway Roseville CA 95747</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>political stickers/lapel</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/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' Alley	3 Filer ID (Ethics Commission Filers)
4 Date 11-13-23	5 Payee name Juarez Kreationz	
6 Amount (\$) \$ 230.00	7 Payee address; City; State; Zip Code 1166 Nelson Ln. Cat Spring TX 78933	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description political business cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 11-27-23	Payee name Colorado County Citizen newspaper	
Amount (\$) \$ 167.50	Payee address; City; State; Zip Code Po Box 548 Columbus TX 78934	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description political newspaper ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 12-18-23	Payee name Run and win Store Etsy	
Amount (\$) * 417.85	Payee address; City; State; Zip Code Po Box 2096 Aiken, SC 29802	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description campaign emery boards 1500ct
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/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 <i>Lawanda Wendy Alley</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>1-8-24</i>	5 Payee name <i>Small Town Advertising</i>	
6 Amount (\$) <i>\$214.34</i>	7 Payee address; City; State; Zip Code <i>1223 Walnut st. Columbus TX 78934</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	(b) Description <i>political disclaimer stickers</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>1-11-24</i>	Payee name <i>Jackie Sweat</i>	
Amount (\$) <i>\$928.73</i>	Payee address; City; State; Zip Code <i>1177 Piney Woods Rd. Alleton TX 78935</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expenses</i>	Description <i>Political signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>1-16-24</i>	Payee name <i>Jackie Sweat</i>	
Amount (\$) <i>\$576.45</i>	Payee address; City; State; Zip Code <i>1177 Piney Woods Rd. Alleton TX 78935</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>Political signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX. officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking Expense	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

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 1-22-24	5 Payee name Jackie Sweat	
6 Amount (\$) \$ 1,361.06	7 Payee address; City; State; Zip Code 1177 Piney Woods Rd. Alleton TX 78934	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description Political signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-25-24	Payee name Colorado County Citizen Newspaper	
Amount (\$) \$ 160.00	Payee address; City; State; Zip Code Po Box 548 Columbus TX 78934	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description political newspaper ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 1-30-24	Payee name Weimar Mercury Newspaper	
Amount (\$) \$ 176.50	Payee address; City; State; Zip Code 200 W. Main St. Weimar TX 78962	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description political newspaper ad.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/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" Alley	3 Filer ID (Ethics Commission Filers)
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4 Date 1-29-24	5 Payee name Jackie Sweat
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6 Amount (\$) \$720.56	7 Payee address; City; State; Zip Code 1177 Pineywoods Rd Alleghon TX 78934
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description political signs
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-31-24	Payee name Colorado County Newspaper
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Amount (\$) \$160.00/xx	Payee address; City; State; Zip Code PO Box 548 Columbus TX 78934
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description political newspaper ad
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking Expense | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME <i>La Wanda 'Wendy' Alley</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>11-13-23</i>	5 Payee name <i>Colorado County Republican Party</i>	
6 Amount (\$) <i>\$750.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City: State: Zip Code <i>121 E. Main St. Eagle Lake TX 77434</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>other</i>	(b) Description <i>filing fee</i>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date <i>9-6-23</i>	Payee name <i>Kevin Dyer</i>	
Amount (\$) <i>\$150.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code <i>1403 Prairie St. Columbus TX 78934</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>advertising expense</i>	Description <i>campaign logo design</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name	
Amount (\$) <i>0</i> <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City: State: Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		

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