

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 MI <u>LaWanda</u> | <div style="border: 2px solid black; padding: 5px;"> <p style="text-align: center; margin: 0;">OFFICE USE ONLY</p> <p style="font-size: 2em; font-weight: bold; color: blue; margin: 0;">RECEIVED</p> <p style="color: red; font-weight: bold; margin: 0;">FEB 26 2024</p> <p style="font-size: 1.5em; color: blue; margin: 0;">BY: <u>[Signature]</u></p> <p style="font-size: 1.2em; color: blue; margin: 0;">Hand delivered</p> </div> | |
| | NICKNAME LAST SUFFIX <u>"Wendy" Alley</u> | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>Po Box 1072 Columbus TX 78934</u> | | |
| <input type="checkbox"/> Change of Address | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(979) 733-7077</u> | Date Received | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI <u>Keith</u> | Date Hand-delivered or Date Postmarked | |
| | NICKNAME LAST SUFFIX <u>Webb</u> | Receipt # Amount \$ | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>2456 CR 106 Columbus TX 78934</u> | Date Processed | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <u>(979) 732-7941</u> | Date Imaged | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year THROUGH Month Day Year <u>02 / 06 / 2024</u> <u>02 / 24 / 2024</u> | | |
| 11 ELECTION | ELECTION DATE: Month Day Year <u>03 / 05 / 2024</u> ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special | | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <u>Sheriff</u> | |
| 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. | | |
| | <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME |
| | <input type="checkbox"/> GENERAL | | COMMITTEE ADDRESS |
| | <input type="checkbox"/> SPECIFIC | | COMMITTEE CAMPAIGN TREASURER NAME |
| | | | COMMITTEE CAMPAIGN TREASURER ADDRESS |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

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

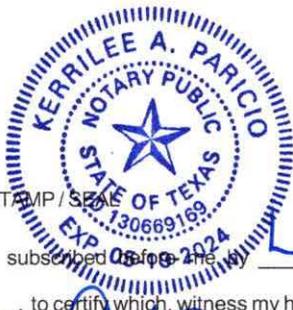
| | | |
|---|---|---|
| 15 C/OH NAME <i>Lawanda "Wendy" Alley</i> | | 16 Filer ID (Ethics Commission Filers) |
| 17 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ <i>790.88</i> |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ <i>8,750.88</i> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <i>235.11</i> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <i>8,075.05</i> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <i>1,833.38</i> |
| 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.

Lawanda Wendy Alley
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL
Sworn to and subscribed before me this *26th* day of *February*, 20*24*, to certify which, witness my hand and seal of office.
Kerrilee A. Paricio
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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 <i>LaWanda "Wendy" Alley</i> | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ <i>7,960.⁰⁰/₁₀₀</i> |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ <i>790.88</i> |
| 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 | \$ <i>7,839.94</i> |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ <i>235.11</i> |
| 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 <i>Lawanda "Wendy" Alley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2/6/24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Morgan Barten</i> | 7 Amount of contribution (\$) |
| | 6 Contributor address; City; State; Zip Code <i>1022 Burford Columbus TX 78934</i> | <i>\$ 400.00/xx</i> |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>2/9/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John + Sharon Alley</i> | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code <i>1005 Pine Bluff Lane Allegerton TX 78935</i> | <i>\$ 500.00/xx</i> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2/9/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Lawrence + Sandi Carr</i> | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code <i>Po Box 279 Altair TX 77412</i> | <i>\$ 100.00/xx</i> |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2/9/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Nancy Lytle</i> | Amount of contribution (\$) |
| | Contributor address; City; State; Zip Code <i>Columbus TX 78934</i> | <i>\$ 20.00/xx</i> |
| 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 <i>Lawanda "Wendy" Alley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2/9/24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Charlotte Tilotta-Sylvester Bedford</i> | 7 Amount of contribution (\$) <i>\$ 50.⁰⁰/xx</i> |
| 6 Contributor address; City; State; Zip Code <i>Columbus TX 78934</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>2/9/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>R J Jauernig</i> | Amount of contribution (\$) <i>\$ 50.⁰⁰/xx</i> |
| Contributor address; City; State; Zip Code <i>310 Bonham st. Columbus TX 78934</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2/9/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Barbara Peterman</i> | Amount of contribution (\$) <i>\$ 50.⁰⁰/xx</i> |
| Contributor address; City; State; Zip Code <i>302 Bonham Columbus TX 78934</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2/9/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shaven Moore</i> | Amount of contribution (\$) <i>\$ 50.⁰⁰/xx</i> |
| Contributor address; City; State; Zip Code <i>1635 Travis Columbus TX 78934</i> | | |
| 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 <i>LaWanda "Wendy" Alley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2/9/24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kathryn Klauber</i> | 7 Amount of contribution (\$) <i>\$ 50.⁰⁰/xx</i> |
| 6 Contributor address; City; State; Zip Code <i>Po Box 185 Columbus TX 78934</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>2/9/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Melissa Parker</i> | Amount of contribution (\$) <i>\$ 100.⁰⁰/xx</i> |
| Contributor address; City; State; Zip Code <i>624 Preston St. Columbus TX 78934</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2/9/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Bill & Colette Durham</i> | Amount of contribution (\$) <i>\$ 370.⁰⁰/xx</i> |
| Contributor address; City; State; Zip Code <i>1712 Charter St. Columbus TX 78934</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2/12/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Krystle Warschak</i> | Amount of contribution (\$) <i>\$ 100.⁰⁰/xx</i> |
| Contributor address; City; State; Zip Code <i>101 Schmitt Creek Rd Alleton TX 78015</i> | | |
| 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 <i>LaWanda "Wendy" Alley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2/12/24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Don & Betty Adams</i> | 7 Amount of contribution (\$) <i>\$4,000.⁰⁰/xx</i> |
| | 6 Contributor address; City; State; Zip Code <i>2520 George Rd LaGrange TX 78945</i> | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>2/16/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jimmie & Barbara Class</i> | Amount of contribution (\$) <i>\$500.⁰⁰/xx</i> |
| | Contributor address; City; State; Zip Code <i>Po Box 68 Eagle Lake TX 77434</i> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2/20/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William "Bill" & Colette Durbin</i> | Amount of contribution (\$) <i>\$110.⁰⁰/xx</i> |
| | Contributor address; City; State; Zip Code <i>1712 Charter st. Columbus TX 78934</i> | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2/21/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ernest Ramirez</i> | Amount of contribution (\$) <i>\$200.⁰⁰/xx</i> |
| | Contributor address; City; State; Zip Code <i>202 W Union st Eagle Lake TX 77434</i> | |
| 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 <i>Lawanda "Wendy" Alley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2/20/24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Karin Glueck</i> | 7 Amount of contribution (\$) <i>\$ 25.00/xx</i> |
| 6 Contributor address; City; State; Zip Code <i>436 Dewees Columbus TX 78934</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>2/20/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>unknown donation</i> | Amount of contribution (\$) <i>50.00/xx</i> |
| Contributor address; City; State; Zip Code | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2/20/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debrae Damon</i> | Amount of contribution (\$) <i>\$ 10.00/xx</i> |
| Contributor address; City; State; Zip Code <i>Columbus TX 78934</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2/20/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Amber + Mark Becerra</i> | Amount of contribution (\$) <i>\$ 25.00/xx</i> |
| Contributor address; City; State; Zip Code <i>4315 Hwy 71 Columbus TX 78934</i> | | |
| 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 <i>LaWanda Wendy Alley</i> | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2/21/24</i> | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heidi May</i> | 7 Amount of contribution (\$) <i>\$ 500.00/xx</i> |
| 6 Contributor address; City; State; Zip Code <i>1806 Zimmerscheidt Newulum TX 78950</i> | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date <i>2/21/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alison Kovell</i> Mark | Amount of contribution (\$) <i>\$ 500.00/xx</i> |
| Contributor address; City; State; Zip Code <i>1070 Angel Lake Rd Alleyton TX 78935</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2/23/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Alison Mark Kovell</i> | Amount of contribution (\$) <i>\$ 100.00/xx</i> |
| Contributor address; City; State; Zip Code <i>1070 Angel Lake Rd Alleyton TX 78935</i> | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date <i>2/23/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>William Bill Colette Durbin</i> | Amount of contribution (\$) <i>\$ 100.00/xx</i> |
| Contributor address; City; State; Zip Code <i>1712 Charter st. Columbus TX 78934</i> | | |
| 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> | | |

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 | | \$ | |
| 5 Date <i>2/9/24</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Keith + Wandy Webb</i> | 8 Amount of Contribution \$ <i>\$325.00</i> | 9 In-kind contribution description <i>Colorado County Citizen newspaper 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 <i>2/12/24</i> | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Keith + Wandy Webb</i> | Amount of Contribution \$ <i>\$233.88</i> | In-kind contribution description <i>Weimar Mercury newspaper ad</i> |
| 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. | |
| 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. | | | |

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>\$232.00/xx</i> | |
| 5 Date <i>2/23/24</i> | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Heidi May</i> | 8 Amount of Contribution \$ <i>\$232.00/xx</i> | 9 In-kind contribution description <i>KULM radio ads</i> |
| 7 Contributor address; City; State; Zip Code <i>1806 Zimmerscheidt Rd New Ulm TX 78950</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 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 2/6/24 | 5 Payee name Colorado County Citizen | |
| 6 Amount (\$) \$ 220.00/x | 7 Payee address; Po Box 548 Columbus TX 78934 | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising expense | (b) Description political newspaper ad |
| | (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 2/7/24 | Payee name Weimar Mercury Newspaper | |
| Amount (\$) \$ 150.00/x | Payee address; 200 W. Main St. Weimar TX 78962 | City; State; Zip Code |
| 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 2/9/24 | Payee name Jackie Sweat | |
| Amount (\$) \$ 432.34 | Payee address; 1177 Pineywoods Rd Alleyton TX 78935 | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expense | Description political signs |
| | <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>La Wanda "Wendy" Alley</i> | 3 Filer ID (Ethics Commission Filers) |
| 4 Date <i>2/9/24</i> | 5 Payee name <i>Colorado County Citizen Newspaper</i> | |
| 6 Amount (\$) <i>\$ 190.00/xx</i> | 7 Payee address; City; State; Zip Code <i>PO Box 548 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 newspaper ad</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>2/12/24</i> | Payee name <i>Jackie Sweat</i> | |
| Amount (\$) <i>\$ 256.20</i> | Payee address; City; State; Zip Code <i>1177 Pineywoods 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 <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought / Office held |
| Date <i>2/13/24</i> | Payee name <i>Seth Galindo Weimar Mercury</i> | |
| Amount (\$) <i>\$ 150.00/xx</i> | Payee address; City; State; Zip Code <i>200 W. Main St. Weimar TX 78962</i> | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) <i>advertising expense</i> | Description <i>political newspaper Political election flyer, ad web/png</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 LaWanda "wendy" Alley | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/13/24 | 5 Payee name Jackie Sweat | |
| 6 Amount (\$) \$166.53 | 7 Payee address; City; State; Zip Code 1177 Pinegroves Alletton TX 78935 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising expense | (b) Description (300) 5x7 Color Political Flyers |
| | (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 2/13/24 | Payee name USPS | |
| Amount (\$) \$32.68 | Payee address; City; State; Zip Code 1221 Walnut Columbus TX 78934 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expense | Description Glidden political mailers |
| | <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 2/13/24 | Payee name USPS | |
| Amount (\$) \$421.43 | Payee address; City; State; Zip Code 100 E. Main St. Weimar TX 78962 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expense | Description weimar political mailers |
| | <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 2/13/24 | 5 Payee name USPS | |
| 6 Amount (\$) \$95.21 | 7 Payee address; City; State; Zip Code 1402 US Hwy 90A Sheridan TX 77475 423 Hwy 715 Nada TX 77460 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising expense | (b) Description Sheridan Nada political mailers |
| | (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 2/13/24 | Payee name USPS | |
| Amount (\$) \$354.44 | Payee address; City; State; Zip Code 100 E. Main St. Eagle Lake TX 77434 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expense | Description Eagle Lake political mailers |
| | <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 2/14/24 | Payee name USPS | |
| Amount (\$) \$23.75 | Payee address; City; State; Zip Code 4159 US 90 Altair TX 77412 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expense | Description Altair political mailers |
| | <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 2/14/24 | 5 Payee name USPS | |
| 6 Amount (\$) \$98.25 | 7 Payee address; 1221 Walnut St. Columbus TX 78934 | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising expense | (b) Description Allegton political mailers |
| | (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 2/14/24 | Payee name USPS | |
| Amount (\$) \$616.11 | Payee address; 1221 Walnut Columbus TX 78934 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expense | Description Columbus political mailers |
| | <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 2/14/24 | Payee name USPS | |
| Amount (\$) \$186.96 | Payee address; 824 Pecan St. New Ulin TX 78950 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expense | Description New Ulin political mailers |
| | <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 Lalwanda "Wendy" Alley | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/14/24 | 5 Payee name USPS | |
| 6 Amount (\$) \$56.03 | 7 Payee address; City; State; Zip Code 506 Arthur St Garwood TX 77442 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising expense | (b) Description Garwood political mailers |
| | (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 2/14/24 | Payee name USPS | |
| Amount (\$) \$35.12 | Payee address; City; State; Zip Code 2215 Tuttle St Rock Island TX 77470 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expense | Description Rock Island political mailers |
| | <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 2/15/24 | Payee name Small Town Advertising - Cody Brune | |
| Amount (\$) \$97.43 | Payee address; City; State; Zip Code 1223 Walnut St Columbus TX 78934 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expense | Description political sign |
| | <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 2/15/24 | 5 Payee name Small Town Advertising - Cody Brune | |
| 6 Amount (\$) \$1,256.79 | 7 Payee address; City; State; Zip Code 1223 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 mailers 10,000 6x9 cardstock gloss |
| | (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 2/15/24 | Payee name USPS | |
| Amount (\$) \$85.26 | Payee address; City; State; Zip Code 182 N Front St. Cut Spring TX 78933 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expense | Description Cut Spring Political mailers |
| | <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 2/15/24 | Payee name USPS | |
| Amount (\$) \$20.91 | Payee address; City; State; Zip Code 8423 Hwy 715 Nada TX 77460 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising expense | Description Nada Political mailers |
| | <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 2/15/24 | 5 Payee name KULM KNR G Radio | |
| 6 Amount (\$) \$ 696.00 | 7 Payee address; City; State; Zip Code 325 Radioln Columbus TX 78934 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising expense | (b) Description radio ads |
| | <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 2/19/24 | Payee name Weimar Mercury Newspaper | |
| Amount (\$) \$ 463.50 | 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 x2 |
| | <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 2/20/24 | Payee name Colorado County Citizen Newspaper | |
| Amount (\$) \$ 1,370.00 | 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 x2 |
| | <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>2/20/24</i> | 5 Payee name <i>Banner Press Newspaper</i> | |
| 6 Amount (\$) <i>\$ 365.⁰⁰/xx</i> | 7 Payee address; City; State; Zip Code <i>1217 Bowie 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 newspaper ad</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 |
| Date | Payee name | |
| Amount (\$) | 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 |
| Date | Payee name | |
| Amount (\$) | 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 |

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 | 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 G: | 2 FILER NAME Lawanda "Wendy" Alley | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 2/6/24 | 5 Payee name Julianne Busselma | |
| 6 Amount (\$) \$130.00 <input type="checkbox"/> Reimbursement from political contributions intended | 7 Payee address: Columbus TX 78934 | City; State; Zip Code |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) advertising expense | (b) Description digital photos |
| | <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 2/9/24 | Payee name Seth Galindo | |
| Amount (\$) \$70.00 <input type="checkbox"/> Reimbursement from political contributions intended | Payee address: 270 Evans Rd Alleton TX 78935 | City; State; Zip Code |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) advertising expense | Description Digital PDF/PNG Political Flyers |
| | <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 2/7/24 | Payee name Cheerful Ren Etsy | |
| Amount (\$) \$35.11 <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) advertising expense | Description political buttons |
| | <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 |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |