#### **CANDIDATE / OFFICEHOLDER** FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 10 3 CANDIDATE/ MS / MRS / MR FIRST MI OFFICE USE ONLY **OFFICEHOLDER** Mary K NAME Date Received LAST SUFFIX NICKNAME Kelleher April 23, 2021 at 3:43 PM by Ellie APT / SUITE #; 4 CANDIDATE / ADDRESS / PO BOX: CITY; STATE; ZIP CODE **OFFICEHOLDER** 7901 Randol Mill Road Fort Worth TX 76120 Garcia MAILING **ADDRESS** Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER **EXTENSION** Date Hand-delivered or Date Postmarked **OFFICEHOLDER** (817)880-5419 PHONE Receipt # Amount \$ MS / MRS / MR FIRST МІ 6 CAMPAIGN **TREASURER** Larry D Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Langston STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN **TREASURER** Fort Worth TX 76120 7901 Randol Mill Road **ADDRESS** (Residence or Business) PHONE NUMBER EXTENSION 8 CAMPAIGN AREA CODE **TREASURER** PHONE 360-0896 (817 9 REPORT TYPE 30th day before election Runoff 15th day after campaign January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) 8th day before election July 15 Reporting Limit Year Dav 10 PERIOD Month COVERED 23 21 31 / 21 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Day Year Description General Special 21 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE Board of Directors Tarrant Regional Water District NA THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

9, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,			
15 C/OH NAME		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	TOTAL POLITICAL CONTRIBUTIONS     (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,560.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	769.73
	4. TOTAL POLITICAL EXPENDITURES	\$	2,329.73
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY \$	786.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE \$	0.00
18 SIGNATURE I S	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct	et and includes all information
rec	quired to be reported by me under Title 15, Election Code.		
	Oliverture of Oc		
	Signature of Ca	ndidate of C	Jilicenolder
	Places complete either ention below	<b>.</b>	
	Please complete either option below	7.	
(1) Affidavit			
NOTARY STAMP/SEA	-		
Sworn to and subscribed	before me by this the	d	lay of,
	which, witness my hand and seal of office.		
Signature of officer administe	ring oath Printed name of officer administering oath	Tit	le of officer administering oath
	OR SECTION SEC		
(2) Unsworn Declaration	on		
My name is	Kelleher and my date of birth is	April	2,1963
My address is <u>790 R</u>	andol Mill Road Fort Worth 7	X	120, Tarrant
Toose	takes and love	itate) (zip	code) (country)
Executed in <u>lavvan</u>	County, State of 1-4x(1), on the 10/14 day of 11/11	) a N	20 <u>∞/</u> (year)
	Signature of Candid	ate/Officeho	Ider (Declarant)
	oligitate of Candio		(~~~.~.~)

#### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	FILER NAME	20 Filer ID (Ethics Co	mmiss	sion Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	1,560.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	21,510.70
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			0.00
4.	4. SCHEDULE E: LOANS			0.00
5.	5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			769.73
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00
9.	9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$	0.00
10.	0. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$	0.00

#### 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: 5				
2 FILER NAME Mary Kellel	ner	3 Filer ID (Ethics Commission Filers)		
<b>4</b> Date	5 Full name of contributor out-of-state PAC (ID#:) Vicki Foster	7 Amount of contribution (\$)		
04/02/2021	6 Contributor address; City; State; Zip Code 8117 Berkshire Drive Fort Worth TX 76137	100.00		
<u></u>				
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/02/2021	Rey Landin  Contributor address; City; State; Zip Code	100.00		
	125 Fairweather Drive Burleson TX 76028			
Principal occup	ation / Job title (See Instructions)  Employer (See Instructions)	ions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/02/2021	Michelle Ade	30.00		
	9141 Tyne Trail Fort Worth TX 76118	30.00		
Principal occup	lation / Job title (See Instructions)  Employer (See Instructions)	iions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/02/2021	Emily Minor  Contributor address; City; State; Zip Code	25.00		
	549 Cross Ridge Circle N Fort Worth TX 76120	20.00		
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)		
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS NEEDED			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Mary Kellel	her		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Zena Ewbanks	(ID#:)	7 Amount of contribution (\$)
04/02/2021	6 Contributor address; City; 700 Leisure Drive Fort Wol	State; Zip Code	40.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/02/2021		State; Zip Code irie TX 75052	100.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC  Dale and Robin Sommerfeld	(ID#:)	Amount of contribution (\$)
04/02/2021	Contributor address; City; PO Box 201808 Arlingtor	State; Zip Code	110.00
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	cions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
04/02/2021	Mette Adams Blockhan  Contributor address; City;	State; Zip Code	50.00
Principal occup	8613 Hawkview Drive Fort Wo	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### 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 Mary Kellel	ner	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Heather Buen	7 Amount of contribution (\$)		
04/03/2021	6 Contributor address; City; State; Zip Code 9078 Riverfalls Drive Fort Worth TX 76120	25.00		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/05/2021	Raymond Pierce  Contributor address; City; State; Zip Code  6050 Hill Court Fort Worth TX 76148	300.00		
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/05/2021	Donnie and Patsy Paxton  Contributor address; City; State; Zip Code  6341 Glen Knoll Drive Fort Worth TX 76179	20.00		
Principal occup	Pation / Job title (See Instructions)  Employer (See Instructions)	tions)		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
04/05/2021	Kimberly Worley  Contributor address; City; State; Zip Code	30.00		
	6317 Courtside Drive Watauga TX 76148			
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	tions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	IEEDED		

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

#### SCHEDULE A1

If the reques	sted 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 Mary Kellel	her	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Brian Scott	7 Amount of contribution (\$)
04/05/2021	6 Contributor address; City; State; Zip Code 7920 Randol Mill Road Fort Worth TX 76120	50.00
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/06/2021	Lateph Adeniji  Contributor address; City; State; Zip Code  207 Seegers Drive Arlington TX 76018	100.00
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 04/07/2021	Full name of contributor out-of-state PAC (ID#:)  Christina Mathews  Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occup	500 Livingston Drive Hurst TX 76053  Detailor / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
04/09/2021	William Porter  Contributor address; City; State; Zip Code  PO Box 470821 Fort Worth TX 76147	100.00
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE A1

If the reques	sted information is not applicable, DO NOT in	clude this page in the	report.
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Mary Kellel	ner		3 Filer ID (Ethics Commission Filers)
4 Date	Eric Remington	(ID#:)	7 Amount of contribution (\$)
04/09/2021	6 Contributor address; City; 8000 Redwood Trail Fort Wo	State; Zip Code	20.00
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		(ID#:)	Amount of contribution (\$)
04/11/2021	Michelle Ryan Heckathorn  Contributor address; City;  7620 Grassland Drive Fort Wo	•	350.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			cions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;		
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	cions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
O4/11/2021  Principal occup  Date  Principal occup	Michelle Ryan Heckathorn  Contributor address; City;  7620 Grassland Drive Fort Word ation / Job title (See Instructions)  Full name of contributor out-of-state PAC  Contributor address; City;  Full name of contributor out-of-state PAC  Contributor address; City;	State; Zip Code Orth TX 76133  Employer (See Instruct  (ID#:)  State; Zip Code  Employer (See Instruct  (ID#:)  State; Zip Code	350.00  Amount of contribution (\$)  Amount of contribution (\$)

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 Mary Kelleher		3 Filer ID (Ethics Co	ımmission Filers)			
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 21,510.	\$ 21,510.70		
5 Date 04/16/2021	Don Woodard, Jr.		8 Amount of Contribution \$ 10,936.50	9 In-kind contribution I description I Campaign fliers I l		
10 Principal occ	pupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe	er (FOR NON-JUDICI/	AL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JU	IDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor		Amount of   In-kind contribution   description			
04/21/2021	Contributor address; City; State; 3100 W. 7th Street Suite 300 Fort Worth TX	Zip Code X 76107	10,574.20 Check if travel outside	CarripalyII IIIEIS       de of Texas. Complete Schedule T.		
Principal occi	upation / 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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundralsing Expense

Greek Gara't dymerk	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Mary Kelleher		3 Filer ID (Ethics	Commission Filers)	
4 Date	5 Payee name				
04/16/2021	Signs on the Cheap				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
769.73	11525A Suite 100	Austin	TX	78758	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Printing Expense	political signa	ge		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	lin, TX, officeholder living	expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office sought Office held		
Date	Payee name				
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, 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 NE	EDED		