

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) <p style="text-align: center;">-</p> | 2 Total pages filed: <p style="text-align: center;">11</p> |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS (MRS) / MR FIRST MI MARY K NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">Kelleher</p> | OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; text-align: center; font-weight: bold; font-size: 1.5em; color: blue;">RECEIVED</div> <p style="color: red; font-weight: bold; font-size: 1.2em;">APR 04 2019</p> <p style="color: blue; font-weight: bold;">BY: ...BANK... 4:32 p.m.</p> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 1.2em;">7901 Randol Mill Fort Worth TX 76120</p> | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(817) 880-5419</p> | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI KRISTINA H. NICKNAME LAST SUFFIX <p style="text-align: center; font-size: 1.2em;">Savage</p> | | |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <p style="font-size: 1.2em;">2841 Willing Ave Fort Worth TX 76110</p> | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION <p style="font-size: 1.2em;">(817) 507-6742</p> | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) | | |
| 10 PERIOD COVERED | Month Day Year Month Day Year <p style="font-size: 1.2em;">1 / 16 / 2019 THROUGH 3 / 25 / 2019</p> | | |
| 11 ELECTION | ELECTION DATE Month Day Year <p style="font-size: 1.2em;">5 / 4 / 2019</p> | ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Special | |
| 12 OFFICE | OFFICE HELD (if any) | 13 OFFICE SOUGHT (if known) <p style="font-size: 1.2em;">Board of Directors, Tarrant Regional Water District</p> | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Mary K Kelleher

15 Filer ID (Ethics Commission Filers)

^

16 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

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 1,310.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,010.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 2,042.43

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

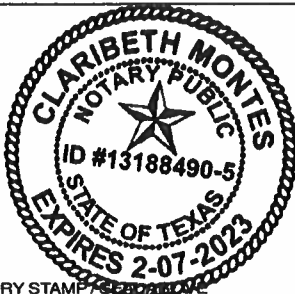
\$ 1,967.57

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ -

18 AFFIDAVIT



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.

Mary K. Kelleher

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP HERE

Sworn to and subscribed before me, by the said

Mary Kelleher

this the

4

day of April, 2019, to certify which, witness my hand and seal of office.

[Signature]

Claribeth Montes

Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

| | | |
|---|---|--|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2700.00 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2042.43 |
| 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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Mary K. Kelleher**

3 Filer ID (Ethics Commission Filers)

4 Date
1/20/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Timothy Nold

7 Amount of contribution (\$)
\$ 100.00

6 Contributor address; City; State; Zip Code
1017 Pavillion St Fort Worth TX 76102

8 Principal occupation / Job title (See Instructions)
RPLS

9 Employer (See Instructions)
Transglobal Services

Date
1/20/19

Full name of contributor out-of-state PAC (ID#: _____)
Wayne Arendsee

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
1928 Kensington Dr Fort Worth TX 76110

Principal occupation / Job title (See Instructions)
real estate

Employer (See Instructions)
self

Date
2/11/19

Full name of contributor out-of-state PAC (ID#: _____)
Jennifer Frank

Amount of contribution (\$)
\$ 100.00

Contributor address; City; State; Zip Code
5322 Westminstr Ct S Fort Worth TX 76133

Principal occupation / Job title (See Instructions)
real estate

Employer (See Instructions)
self

Date
2/13/19

Full name of contributor out-of-state PAC (ID#: _____)
Steven Poole

Amount of contribution (\$)
\$ 250.00

Contributor address; City; State; Zip Code
3612W 5th St Fort Worth TX 76107

Principal occupation / Job title (See Instructions)
Executive Director

Employer (See Instructions)
United Educators Assn.

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Mary K. Kelleher**

3 Filer ID (Ethics Commission Filers)

4 Date
3/1/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Alexander Kim

7 Amount of contribution (\$)
\$250.00

6 Contributor address; City; State; Zip Code
3005 E Belknap St Fort Worth TX 76111

8 Principal occupation / Job title (See Instructions)
attorney

9 Employer (See Instructions)
Tarrant County

Date
3/11/19

Full name of contributor out-of-state PAC (ID#: _____)
Bob Lukeman
Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$100.00

1923 White Settlement Rd Fort Worth TX 76107

Principal occupation / Job title (See Instructions)
photographer

Employer (See Instructions)
self

Date
3/14/19

Full name of contributor out-of-state PAC (ID#: _____)
Brenda Helmer
Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$500.00

2951 Oak Park Circle Fort Worth TX 76109

Principal occupation / Job title (See Instructions)
community volunteer

Employer (See Instructions)
self

Date
3/18/19

Full name of contributor out-of-state PAC (ID#: _____)
Vicki Foster
Contributor address; City; State; Zip Code

Amount of contribution (\$)
\$100.00

8117 Berkshire Fort Worth TX 76137

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Mary K. Kelleher**

3 Filer ID (Ethics Commission Filers)

4 Date **3/17/19**
 5 Full name of contributor out-of-state PAC (ID#: _____)
Steve Hollern
 6 Contributor address; City; State; Zip Code
PO Box 12205 Fort Worth TX 76110

7 Amount of contribution (\$)
\$ 200.00

8 Principal occupation / Job title (See Instructions)
CPA-Public

9 Employer (See Instructions)
self

Date **3/17/19**
 Full name of contributor out-of-state PAC (ID#: _____)
Robert & Darlia Hobbs
 Contributor address; City; State; Zip Code
PO Box 136369 Fort Worth TX 76136

Amount of contribution (\$)
\$ 80.00

Principal occupation / Job title (See Instructions)
business owner

Employer (See Instructions)
self

Date **3/17/19**
 Full name of contributor out-of-state PAC (ID#: _____)
Clyde Picht
 Contributor address; City; State; Zip Code
5016 Maranda Way Fort Worth TX 76123

Amount of contribution (\$)
\$ 100.00

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)

Date **3/17/19**
 Full name of contributor out-of-state PAC (ID#: _____)
Anne M. Goss
 Contributor address; City; State; Zip Code
4000 Hildring Ave Fort Worth TX 76109

Amount of contribution (\$)
\$ 100.00

Principal occupation / Job title (See Instructions)
retired

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Mary K. Kelleher**

3 Filer ID (Ethics Commission Filers)

4 Date
3/17/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Kelvin Dilks

7 Amount of contribution (\$)
\$120.00

6 Contributor address; City; State; Zip Code
7113 Stone Villa Ct. N Richland Hills TX 76182

8 Principal occupation / Job title (See Instructions)
retired

9 Employer (See Instructions)
self

Date
3/17/19

Full name of contributor out-of-state PAC (ID#: _____)
Steve Tharnton

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
1701 Lee Ave Fort Worth TX 76164

Principal occupation / Job title (See Instructions)
retired

Employer (See Instructions)

Date
3/17/19

Full name of contributor out-of-state PAC (ID#: _____)
Patsy Paxton

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
6341 Glen Knoll Dr Fort Worth TX 76119

Principal occupation / Job title (See Instructions)
juvenile probation

Employer (See Instructions)
Tarrant County

Date
3/18/19

Full name of contributor out-of-state PAC (ID#: _____)
Eric Beal

Amount of contribution (\$)
\$100.00

Contributor address; City; State; Zip Code
1595 Pearson Ln Southlake TX 76092

Principal occupation / Job title (See Instructions)
attorney

Employer (See Instructions)
self

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **5**

2 FILER NAME **Mary K Kelleher**

3 Filer ID (Ethics Commission Filers)

4 Date
3/19/19

5 Full name of contributor out-of-state PAC (ID#: _____)
Laurie Richardson

7 Amount of contribution (\$)
\$100.00

6 Contributor address; City; State; Zip Code
5129 Cancho Valley Tr Fort Worth 76126

8 Principal occupation / Job title (See Instructions)
retired

9 Employer (See Instructions)

Date
3/19/19

Full name of contributor out-of-state PAC (ID#: _____)
Dale O'Neal

Amount of contribution (\$)
\$200.00

Contributor address; City; State; Zip Code
PO Box 2000 Mansfield TX 76063

Principal occupation / Job title (See Instructions)
attorney / ministry

Employer (See Instructions)
self

Date

Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor out-of-state PAC (ID#: _____)
Contributor address; City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 3 | 2 FILER NAME Mary K Kelleher | 3 Filer ID (Ethics Commission Filers) - |
|--|--|---|

| | |
|----------------------------|----------------------------------|
| 4 Date 2/10/2019 | 5 Payee name Joey Rios |
|----------------------------|----------------------------------|

| | |
|------------------------------------|---|
| 6 Amount (\$) \$1,000.00 | 7 Payee address; City; State; Zip Code 1818 Roberts Ct Off Road Fort Worth TX 76114 |
|------------------------------------|---|

| | | |
|---|--|---|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense digital media |
|---|--|---|

| | | | |
|--|--|-----------------------------|-------------|
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Mary K Kelleher | Office sought TRWD Board | Office held |
|--|--|-----------------------------|-------------|

| | |
|------------------|---|
| Date 3/7/2019 | Payee name Watkins Printing Services |
|------------------|---|

| | |
|-------------------------|---|
| Amount (\$) \$611.26 | Payee address; City; State; Zip Code PO Box 14412 Haltom City TX 76117 |
|-------------------------|---|

| | | |
|-------------------------------|--|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense cards, labels |
|-------------------------------|--|--|

| | | | |
|---|--|-----------------------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Mary K Kelleher | Office sought TRWD Board | Office held |
|---|--|-----------------------------|-------------|

| | |
|-------------------|------------------------------|
| Date 3/12/2019 | Payee name 141 IONOS Inc. |
|-------------------|------------------------------|

| | |
|------------------------|--|
| Amount (\$) \$93.00 | Payee address; City; State; Zip Code 701 Lee Rd Chesterbrook PA 19087 |
|------------------------|--|

| | | |
|-------------------------------|---|--|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense website |
|-------------------------------|---|--|

| | | | |
|---|--|-----------------------------|-------------|
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name Mary K Kelleher | Office sought TRWD Board | Office held |
|---|--|-----------------------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 3 | 2 FILER NAME Mary K Kelleher | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 3/18/2019 | 5 Payee name ESP Paperie | |
| 6 Amount (\$) \$50.00 | 7 Payee address; City; State; Zip Code 2837 Willing Ave Fort Worth TX 76110 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Printing Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Thank you notes & invitations |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Mary K Kelleher Office sought: TRWD Beard Office held: | |
| Date 3/20/2019 | Payee name Office Depot | |
| Amount (\$) \$68.17 | Payee address; City; State; Zip Code 401 Carroll St Fort Worth TX 76107 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Printing Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense ink |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Mary K Kelleher Office sought: TRWD Beard Office held: | |
| Date 3/19/2019 | Payee name Rahr & Sons Brewing | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 701 Galveston Ave Fort Worth TX 76104 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Food / Beverage Expense | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense beer |
| | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name: Mary K Kelleher Office sought: TRWD Beard Office held: | |
| ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED | | |

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 3 | 2 FILER NAME Mary K Kelleher | 3 Filer ID (Ethics Commission Filers) - |
|---|---|--|

| | |
|-----------------------------------|--|
| 4 Date 3/19/2019 | 5 Payee name Events by Chef Tyler |
|-----------------------------------|--|

| | |
|---|--|
| 6 Amount (\$) \$120.00 | 7 Payee address; City; State; Zip Code 5736 Tourist Dr N Ridland Hills TX 76117 |
|---|--|

| | | |
|---|--|--|
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food / Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense food |
|---|--|--|

| | | | |
|---|---|------------------------------------|-------------|
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name Mary K Kelleher | Office sought TRWD Board | 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 <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 (\$) | 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 |
|--|-------------------------------|---------------|-------------|

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED