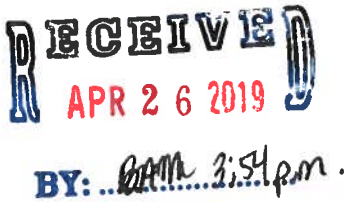


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

|  |   |   |                           |
|--|---|---|---------------------------|
| The C/OH Instruction Guide explains how to complete this form.                           |   | 1 Filer ID (Ethics Commission Filers)<br>-  | 2 Total pages filed:<br>8 |
| 3 CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR FIRST MI<br>MARY K<br>NICKNAME LAST SUFFIX<br>Kelleher  | <b>OFFICE USE ONLY</b>  |                           |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE<br>7901 Randal Mill<br>Fort Worth TX 76120   | Date Received<br>  |                           |
| 5 CANDIDATE / OFFICEHOLDER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(817) 880-5419  | Date Hand-delivered or Date Postmarked  |                           |
| 6 CAMPAIGN TREASURER NAME  | MS / MRS / MR FIRST MI<br>Kristina H.<br>NICKNAME LAST SUFFIX<br>Savage   | Receipt #   | Amount \$                 |
| 7 CAMPAIGN TREASURER ADDRESS<br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>2841 Willing Ave<br>Fort Worth TX 76110  |   |                           |
| 8 CAMPAIGN TREASURER PHONE   | AREA CODE PHONE NUMBER EXTENSION<br>(817) 507-6742  |   |                           |
| 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)<br><input type="checkbox"/> July 15 <input checked="" 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      THROUGH      Month Day Year<br>3 / 26 / 2019      THROUGH      4 / 24 / 2019  |   |                           |
| 11 ELECTION  | ELECTION DATE<br>Month Day Year<br>5 / 4 / 2019   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description<br><input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Special |                           |
| 12 OFFICE  | OFFICE HELD (if any)  | 13 OFFICE SOUGHT (if known)<br>Board of Directors<br>Tarrant Regional Water District  |                           |

**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)

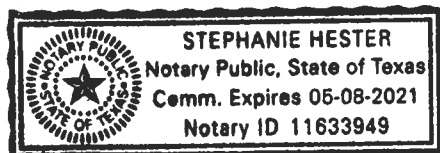
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO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

|  |                                      |                |
|--|--------------------------------------|----------------|
| <input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC<br><br><input type="checkbox"/> Additional Pages | COMMITTEE TYPE                       | COMMITTEE NAME |
|  | COMMITTEE ADDRESS                    |                |
|  | COMMITTEE CAMPAIGN TREASURER NAME    |                |
|  | COMMITTEE CAMPAIGN TREASURER ADDRESS |                |

|                         |   |            |
|-------------------------|---|------------|
| 17 CONTRIBUTION TOTALS  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 2360.00 |
|                         | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                  | \$ 2588.00 |
| EXPENDITURE TOTALS      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED   | \$ 4948.00 |
|                         | 4. TOTAL POLITICAL EXPENDITURES   | \$ 6872.58 |
| CONTRIBUTION BALANCE    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD                                    | \$ 42.99   |
| 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.



AFFIX NOTARY STAMP / SEAL ABOVE

Mary Kelleher  
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Mary Kelleher, this the 26<sup>th</sup> day of April, 2019, to certify which, witness my hand and seal of office.

Stephanie Hester  
Signature of officer administering oath

Stephanie Hester  
Printed name of officer administering oath

Tx Notary Public  
Title of officer administering oath

# SUBTOTALS - C/OH

# FORM C/OH COVER SHEET PG 3

| 19 FILER NAME<br><i>Mary K Kelleher</i>   |   | 20 Filer ID (Ethics Commission Filers) |
|---|---|--|
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                      | \$ <i>2588.00</i>                      |
| 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              | \$ <i>6872.58</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 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: **3**

2 FILER NAME **Mary K Kelleher**

3 Filer ID (Ethics Commission Filers)  
—

4 Date  
**3/29/2019**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Susan W Kennemer**

7 Amount of contribution (\$)  
**100.00**

6 Contributor address; City; State; Zip Code  
**451 Cocks Lane Fort Worth TX 76120**

8 Principal occupation / Job title (See Instructions)  
**retired**

9 Employer (See Instructions)

Date  
**3/29/2019**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Elaine Talbert**

Amount of contribution (\$)  
**100.00**

Contributor address; City; State; Zip Code  
**2928 5th Ave Fort Worth TX 76110**

Principal occupation / Job title (See Instructions)  
**retired**

Employer (See Instructions)

Date  
**3/29/2019**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Allen Tocker**

Amount of contribution (\$)  
**200.00**

Contributor address; City; State; Zip Code  
**PO Box 571 Euless TX 76039**

Principal occupation / Job title (See Instructions)  
**trucking**

Employer (See Instructions)  
**self**

Date  
**3/29/2019**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Lori Mayfield**

Amount of contribution (\$)  
**500.00**

Contributor address; City; State; Zip Code  
**1329 Newsom Mand Springtown TX**

Principal occupation / Job title (See Instructions)  
**trucking**

Employer (See Instructions)  
**self**

**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: **3**

2 FILER NAME **Mary K. Kelleher**

3 Filer ID (Ethics Commission Filers)  
-

4 Date  
**3/29/2019**

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Jennifer Frank**

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code  
**5322 Westminster Ct S Fort Worth TX 76133**

**93.00**

8 Principal occupation / Job title (See Instructions)  
**real estate**

9 Employer (See Instructions)  
**self**

Date  
**3/29/2019**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**DeBera Wilson**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**Po Box 100494 Fort Worth TX 76109**

**75.00**

Principal occupation / Job title (See Instructions)  
**investments**

Employer (See Instructions)  
**self**

Date  
**3/29/2019**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Patricia Salinas**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**5112 Morris Heights Dr Arlington TX**

**100.00**

Principal occupation / Job title (See Instructions)  
**Juvenile officer**

Employer (See Instructions)  
**Tarrant County**

Date  
**3/29/2019**

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)  
**Desiree Sage**

Amount of contribution (\$)

Contributor address; City; State; Zip Code  
**6418 Lorraine Park Colleyville TX 76034**

**250.00**

Principal occupation / Job title (See Instructions)  
**investments**

Employer (See Instructions)  
**self**

**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: **3**

2 FILER NAME

**B** Mary K Kelleher

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/2019

5 Full name of contributor

Lon Burnam

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.00

6 Contributor address;

2103 6th Ave Fort Worth TX 76104

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

4/12/2019

Full name of contributor

Eric Beal

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

1595 Pearson Ln Southlake TX 76092

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/19/2019

Full name of contributor

Alexander Kim

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

250.00

Contributor address;

3005 E Belknap St Fort Worth TX 76111

City; State; Zip Code

Principal occupation / Job title (See Instructions)

attorney

Employer (See Instructions)

Tarrant County

Date

4/19/2019

Full name of contributor

Darlia Hobbs

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

570.00

Contributor address;

PO Box 136369 Fort Worth TX 76136

City; State; Zip Code

Principal occupation / Job title (See Instructions)

business owner

Employer (See Instructions)

self

**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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
Credit Card Payment

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

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

The Instruction Guide explains how to complete this form.

|                                     |   |   |   |  |  |
|-------------------------------------|---|---|---|--|--|
| 1 Total pages Schedule F1: <b>2</b> |   | 2 FILER NAME <b>Mary K Kelleher</b>   |   | 3 Filer ID (Ethics Commission Filers) <b>-</b> |  |
| 4 Date <b>3/23/2019</b>             |   | 5 Payee name <b>Joey Rios</b>   |   |  |  |
| 6 Amount (\$) <b>\$ 1000.00</b>     |   | 7 Payee address; City; State; Zip Code<br><b>1818 Roberts Ct Off Road Fort Worth TX 76114</b> |   |  |  |
| 8<br><b>PURPOSE OF EXPENDITURE</b>  | (a) Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>                          |   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>digital media</b> |  |  |
|                                     | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name<br><b>Mary K Kelleher</b> |   | Office sought<br><b>TRWD Board</b>  |  |  |
| Date<br><b>4/6/2019</b>             | Payee name<br><b>Joey Rios</b>  |   |   |  |  |
| Amount (\$) <b>\$ 5500.00</b>       | Payee address; City; State; Zip Code<br><b>1818 Roberts Ct Off Road Fort Worth TX 76114</b>                             |   |   |  |  |
| <b>PURPOSE OF EXPENDITURE</b>       | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense</b>                              |   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>digital media</b>     |  |  |
|                                     | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name<br><b>Mary K Kelleher</b> |   | Office sought<br><b>TRWD Board</b>  |  |  |
| Date<br><b>4/8/2019</b>             | Payee name<br><b>Vista Print</b>  |   |   |  |  |
| Amount (\$) <b>\$ 171.23</b>        | Payee address; City; State; Zip Code<br><b>275 Wyman St Waltham MA 02451</b>  |   |   |  |  |
| <b>PURPOSE OF EXPENDITURE</b>       | Category (See Categories listed at the top of this schedule)<br><b>Advertising Expense<br/>promotin</b>                 |   | Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br><b>promo cards</b>       |  |  |
|                                     | 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate / Officeholder name<br><b>Mary K Kelleher</b> |   | Office sought<br><b>TRWD Board</b>  |  |  |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

