CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1 CAMPAIGN FINANCE REPORT** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. FIRST м MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** K MS. MARY NAME Date Received SUFFIX LAST NICKNAME KELLEHER APT / SUITE #; CITY STATE; ZIP CODE ADDRESS / PO BOX; 4 CANDIDATE / 7901 RANDOL MILL ROAD FORT WORTH TX **OFFICEHOLDER MAILING** 76120 **ADDRESS** Change of Address PHONE NUMBER **EXTENSION** AREA CODE 5 CANDIDATE/ or Date Postmarked **OFFICEHOLDER** (817 880-5419 PHONE Amount \$ Receipt # FIRST MS / MRS / MR 6 CAMPAIGN **TREASURER** LARRY D MR. Date Processed NAME LAST SUFFIX NICKNAME Date Imaged LANGSTON STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: STATE ZIP CODE 7 CAMPAIGN 7901 RANDOL MILL ROAD FORT WORTH TX 76120 **TREASURER ADDRESS** (Residence or Business) AREA CODE PHONE NUMBER EXTENSION 8 CAMPAIGN **TREASURER** (817 PHONE 360-0896 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment Officeholder Only) **Exceeded Modified** Final Report (Attach C OH - FR) July 15 8th day before election Reporting Limit Month Day Year 10 PERIOD Year Month Day COVERED 22 15 12 1 22 7 **THROUGH ELECTION TYPE ELECTION DATE** 11 ELECTION Other Primary Runoff Month Day Year Description General Special 1 21 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE BOARD OF DIRECTORS, TRWD NA THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **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

15 C/OH NAME MARY K. KELLEHER		16 Filer	ID (Ethics C	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ı	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$.	96.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$	816.63
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	e and co	rrect and inc	ludes all information
	quired to be reported by me under Title 15, Election Code.			
	Signature of Ca	andidate	or Officehole	der
	MI lata althou aution below			
	Please complete either option belov	W:		
(4) 885 114				
(1) Affidavit				
NOTARY STAMP/SEA	L			
Success to and authorithod	before me by this the		day of	1
Sworn to and subscribed			_ 00, 0	
20, to certify	which, witness my hand and seal of office.			
at the state of th			Title of offic	er administering oath
Signature of officer administr				
	OR			
(2) Unsworn Declarat	ion			
My name is MARY K	. KELLEHER, and my date of birth is	s 4/2/6	3	
My address is 7901 R	ANDOL MILL ROAD FORT WORTH T	X	76120	TARRANT
wy address is		' - (state)	(zip code)	(country)
Executed in TARRAN	()		2023	•
	Man (mon	2.0	leh B)
	Signature of Cand	lidate/Offi	ceholder (De	eclarant)
	5.3.5.6.0		'	,

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	FILER NAME ARY K. KELLEHER	nmissio	n Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDU L E		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	s	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	96.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	s	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	s	0.00
11.	SCHEQULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		0.00

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

MARY K. KELLEHER	The	instruction Guide explains how to	complete th	is form.	1 Total pages Schedule A1: 2
BANK OF AMERICA 16 Contributor address: City: State: Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255 Bank OF AMERICA 16 Contributor address: City: State: Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255 Principal occupation / Job title (See Instructions) Date 08/01/2022 Full name of contributor out-of-state PAC (IDR:		KELLEHER	46.4		3 Filer ID (Ethics Commission Filers)
Date Date Date Date Date Date Date Date	1 Date			AC (ID#:)	
Date Date Date Date Date Date Date Date	07/01/2022	O Communication distances,			16.00
BANK OF AMERICA Contributor address: City: State: Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor BANK OF AMERICA Contributor address: City: State: Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255 Principal occupation / Job title (See Instructions) Employer (See Instructions) The state PAC (IDN:	Principal occur	pation / Job title (See Instructions)		9 Employer (See Instruct	ions)
Contributor address: City: State; Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor BANK OF AMERICA Contributor address: City: State: Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 16.00 Amount of contribution (\$) Date Full name of contributor BANK OF AMERICA Contributor address: City: State: Zip Code 10/01/2022 Contributor address: City: State: Zip Code 10/01/2022 Contributor address: City: State: Zip Code 10/01/2022 Contributor address: City: State: Zip Code 10/01/2022	Date		out-of-state P	AC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Pull name of contributor BANK OF AMERICA Contributor address; City; State; Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Amount of contribution (\$) Contributor address; City: State; Zip Code 10/01/2022 Contributor address; City: State; Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255	08/01/2022	BANK OF AMERICA			16.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor BANK OF AMERICA Contributor address: City: State: Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 16.00 The principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) BANK OF AMERICA Contributor address: City: State: Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255	, 0, 0 11 m 0 m m		•		10.00
Date Date Date Date Date Date Date Date		100 NORTH TRYON CH	ARLOTTE	:, NC 28255	
BANK OF AMERICA Contributor address; City; State: Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor BANK OF AMERICA Contributor address; City: State: Zip Code 10/01/2022 Out-of-state PAC (ID4:	Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Contributor address; City; State; Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor BANK OF AMERICA Contributor address; City: State; Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255	Date			PAC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor BANK OF AMERICA Contributor address; City: State; Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255	09/01/2022	BANK OF AMERICA			16.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID4:	00/01/2022		•	- ' '	10.00
Date Full name of contributor BANK OF AMERICA Contributor address; City: State; Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255		100 NORTH TRYON CH	ARLOTTE	E, NC 28255	
10/01/2022 BANK OF AMERICA Contributor address; City: State; Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255	Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
10/01/2022 Contributor address; City: State; Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255	Date	Full name of contributor	out-of-state	PAC (ID#:)	Amount of contribution (\$)
100 NORTH TRYON CHARLOTTE, NC 28255	40/04/0000	BANK OF AMERICA			40.00
	10/01/2022	Contributor address;	City;	State; Zip Code	10.00
Principal occupation / Job title (See Instructions) Employer (See Instructions)		100 NORTH TRYON CH	IARLOTTI	E, NC 28255	
	Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
		Mary Mary Mary Mary Mary Mary Mary Mary			

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

Date S Full name of contributor Pank (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (IDs:	FILER NAME	Instruction Guide explains how to	complete this	s form.	1 Total pages Schedule A1: 2 3 Filer ID (Ethics Commission Filers)
BANK OF AMERICA 6 Contributor address; City; State: Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) 16.00 16.00 Principal occupation / Job title (See Instructions) Amount of contribution (\$) 16.00 16.0	MARY K.	KELLEHER			
State: Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255 100 NORTH TR	Date	BANK OF AMERICA	AMERICA		
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BANK OF AMERICA Contributor address: City: State: Zip Code 100 NORTH TRYON CHARLOTTE, NC 28255 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address: City: State: Zip Code	Principal occu			<u></u>	ons)
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Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Principal occu	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Date	Full name of contributor	out-of-state P/	\C (ID#:)	Amount of contribution (\$)
Date Full name of contributor out-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City: State; Zip Code		Contributor address;	City;	State; Zip Code	
Contributor address; City: State; Zip Code	Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	lions)
Contributor address; City; State; Zip Code	Date	Full name of contributor	out-of-state P	AC (ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)		Contributor address;	- mark		
	Principal occi	upation / Job title (See Instructions)		Employer (See Instruc	tions)
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If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.