

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers)	<b>2</b> Total pages filed: <b>5</b>	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <b>MS.</b>	FIRST <b>MARY</b>	MI <b>K</b>	<b>OFFICE USE ONLY</b>  Date Received <b>1/17/2023</b>  <b>8:59 AM</b> <b>E. Garcia</b>  Date Hand-delivered or Date Postmarked  Receipt #      Amount \$  Date Processed  Date Imaged
	NICKNAME	LAST <b>KELLEHER</b>	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  Change of Address	ADDRESS / PO BOX;      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>7901 RANDOL MILL ROAD FORT WORTH TX 76120</b>			
	AREA CODE <b>(817 )</b>	PHONE NUMBER <b>880-5419</b>	EXTENSION	
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR <b>MR.</b>	FIRST <b>LARRY</b>	MI <b>D</b>	
	NICKNAME	LAST <b>LANGSTON</b>	SUFFIX	
<b>7</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);      APT / SUITE #;      CITY;      STATE;      ZIP CODE <b>7901 RANDOL MILL ROAD FORT WORTH TX 76120</b>			
	AREA CODE <b>( 817 )</b>	PHONE NUMBER <b>360-0896</b>	EXTENSION	
<b>9</b> REPORT TYPE	<input checked="" 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 type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
<b>10</b> PERIOD COVERED	Month <b>7</b>	Day <b>1</b>	Year <b>22</b>	THROUGH      Month <b>12</b>
<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE	
	Month <b>5</b>	Day <b>1</b>	Year <b>21</b>	<input checked="" type="checkbox"/> General <input type="checkbox"/> Special <input type="checkbox"/> Other Description
<b>12</b> OFFICE	OFFICE HELD (if any) <b>BOARD OF DIRECTORS, TRWD</b>		<b>13</b> OFFICE SOUGHT (if known) <b>NA</b>	
<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  Additional Pages	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	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME  
MARY K. KELLEHER

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)	\$	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 LAST DAY OF REPORTING PERIOD	\$	816.63
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

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.

\_\_\_\_\_  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is MARY K. KELLEHER, and my date of birth is 4/2/63.

My address is 7901 RANDOL MILL ROAD, FORT WORTH, TX, 76120, TARRANT.

(street) (city) (state) (zip code) (country)

Executed in TARRANT County, State of TEXAS, on the 15TH day of JANUARY, 2023.

Mary Kelleher  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

**FORM C/OH  
COVER SHEET PG 3**

**19** FILER NAME

**MARY K. KELLEHER**

**20** Filer ID (Ethics Commission Filers)

**21** SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

1.	SCHEDULE A1: 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	\$ 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	\$ 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	\$ 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

# 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: <b>2</b>
2 FILER NAME <b>MARY K. KELLEHER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>07/01/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>BANK OF AMERICA</b> 6 Contributor address; City; State; Zip Code <b>100 NORTH TRYON CHARLOTTE, NC 28255</b>	7 Amount of contribution (\$) <b>16.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>08/01/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BANK OF AMERICA</b> Contributor address; City; State; Zip Code <b>100 NORTH TRYON CHARLOTTE, NC 28255</b>	Amount of contribution (\$) <b>16.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>09/01/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BANK OF AMERICA</b> Contributor address; City; State; Zip Code <b>100 NORTH TRYON CHARLOTTE, NC 28255</b>	Amount of contribution (\$) <b>16.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>10/01/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BANK OF AMERICA</b> Contributor address; City; State; Zip Code <b>100 NORTH TRYON CHARLOTTE, NC 28255</b>	Amount of contribution (\$) <b>16.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>2</b>
2 FILER NAME <b>MARY K. KELLEHER</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>11/01/2022</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>BANK OF AMERICA</b> ..... 6 Contributor address; City; State; Zip Code <b>100 NORTH TRYON CHARLOTTE, NC 28255</b>	7 Amount of contribution (\$)  <b>16.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>12/01/2022</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>BANK OF AMERICA</b> ..... Contributor address; City; State; Zip Code <b>100 NORTH TRYON CHARLOTTE, NC 28255</b>	Amount of contribution (\$)  <b>16.00</b>
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)
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)

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