

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

| | | | |
|--|---|---|-------|
| 15 C/OH NAME MARY K. KELLEHERO | | 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 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 0 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ | 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 96.00 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ | 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 0 |

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.

Mary K. Kelleher

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 [REDACTED].

My address is 7901 RANDOL MILL ROAD, FORT WORTH, TX, 76120, USA.
(street) (city) (state) (zip code) (country)

Executed in TARRANT County, State of TEXAS, on the 15TH day of JULY, 2024.
(month) (year)

Mary K. 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 |
| 2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ 0 |
| 3. SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ 0 |
| 4. SCHEDULE E: LOANS | | \$ 0 |
| 5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 96.00 |
| 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ 0 |
| 7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0 |
| 8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ 0 |
| 9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | | \$ 0 |
| 10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | | \$ 0 |
| 11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | | \$ 0 |
| 12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | | \$ 0 |

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: **2**

2 FILER NAME

MARY K. KELLEHER

3 Filer ID (Ethics Commission Filers)

4 Date

01/01/2024

5 Full name of contributor

BANK OF AMERICA

out-of-state PAC (ID#: _____)

6 Contributor address;

100 NORTH TRYON

City;

CHARLOTTE

State;

NC

Zip Code

28255

7 Amount of contribution (\$)

16.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

02/01/2024

Full name of contributor

BANK OF AMERICA

out-of-state PAC (ID#: _____)

Contributor address;

100 NORTH TRYON

City;

CHARLOTTE

State;

NC

Zip Code

28255

Amount of contribution (\$)

16.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

03/01/2024

Full name of contributor

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Contributor address;

100 NORTH TRYON

City;

CHARLOTTE

State;

NC

Zip Code

28255

Amount of contribution (\$)

16.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

04/01/2024

Full name of contributor

BANK OF AMERICA

out-of-state PAC (ID#: _____)

Contributor address;

100 NORTH TRYON

City;

CHARLOTTE

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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

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|---|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: 2 |
| 2 FILER NAME MARY K. KELLEHER | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 05/01/2024 | 5 Full name of contributor out-of-state PAC (ID#: _____) BANK OF AMERICA 6 Contributor address; City; State; Zip Code 100 NORTH TRYON CHARLOTTE NC 28255 | 7 Amount of contribution (\$) 16.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |

| | | |
|---|--|---|
| Date 06/01/2024 | Full name of contributor out-of-state PAC (ID#: _____) BANK OF AMERICA Contributor address; City; State; Zip Code 100 NORTH TRYON CHARLOTTE NC 28255 | Amount of contribution (\$) 16.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

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