CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (E	Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MR3 / MR	Lawan	da	MI	OFFICE USE ONLY
	NICKNAME ** W	endy	Alley	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	PO BOX	1072 Coli	West 5		FEB 0 1 2024
Change of Address			э.		Y: \(\(\)
5 CANDIDATE/ OFFICEHOLDER PHONE	(979) -	733-7 <i>6</i> 7	7	TENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS (M)	Keith	_	MI	Receipt # Amount \$ / Date Processed
\$0.000 cmp.cocmp	NICKNAME	Webb		SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	The state of the s	#ENDOSES ESTERATORIS SESTIMATORIS SESTIMATORI SESTIMATORIS SESTIMATORIS SESTIMATORIS SESTIMATORIS SESTIMATORI	/ SUITE #;	CITY:	STATE; ZIP CODE
(Residence or Business)	2456	CR 106	Colum	bus T	(78934
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	100.00	TENSION	1
PHONE (979) 732-7941					
9 REPORT TYPE	January 15	30th day befo	re election	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before	e election	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year
COVERED	_01	17/202	THROUG	000	05/2024
11 ELECTION	ELECTION DAY	Year Prima	ary Runoff	Other Description	
	03/05	2024 Gene	eral Special		
12 OFFICE	OFFICE HELD (if any)	13 or	Shevi	tt.
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER. THESE EXPENDITU	JRES MAY HAVE BEEN	MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN	TREASURER NAME		
		COMMITTEE CAMPAIGN	TREASURER ADDRE	ESS	
		GO T	O PAGE 2		

FORM C/OH CANDIDATE / OFFICEHOLDER **COVER SHEET PG 2** CAMPAIGN FINANCE REPORT 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) " Wendn TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR TOTALS CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. \$ **TOTALS** \$ 2,578.12 TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 1,713.32 BALANCE OF REPORTING PERIOD **OUTSTANDING** TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE \$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code Signature of Candidate or Officeholder Please complete either option below: scribed before me by to certify which, witness my hand and seal of office

Printed name of officer administering oath

Signature of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

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

19 FILERNAME Lawanda Wendy Alley 20 Filer ID (Ethics Col	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	*1, 950 ***
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	s 325.%
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$2,578.12
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

if the reques	ted information is not applicable, DO NOT include this page in the t	ероп.
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Lawanda "Wendy" Alley	3 Filer ID (Ethics Commission Filers)
4 Date 9-13-23	5 Full name of contributor out-of-state PAC (10#:) Don - Betty Adams 6 Contributor address; City: State; Zip Code 2520 George Rd. La Grange TX 78945	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
10-1-42	Contributor address; City; State; Zip Code 101 W. State St. Eagle LakeTX77434	#250. %x
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
9.21.23	Bill Durbin Contributor address; City; State; Zip Code 1712 Charter Columbus TX 78934	\$ 100 ou/xx
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor	Amount of contribution (\$)
10.2-23	Contributor address; City: State; Zip Code	\$500.°%x
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	JEEDED

SCHEDULE A1

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

104000		•
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Lawanda Wendy Alley	3 Filer ID (Ethics Commission Filers)
4 Date 0.24.23	5 Full name of contributor out-of-state PAC (ID#:	
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See I	nstructions)
Date	Full name of contributor	Amount of contribution (\$)
10.10.33	Lovi An Gobert Contributor address; City; State; Zip Code 1420 Front st. Columbus TX789;	#250.01/xx
Principal occuj	pation / Job title (See Instructions) Employer (See Instructions)	
Date	Full name of contributor) Amount of contribution (\$)
11-6-23	Richard Krenek Contributor address; City: State; Zip Code 708 Piney Creek Bellville TX774	# 100 -00/XX
Principal occu	pation / Job title (See Instauctions) Employer (See I	
Date 11 - [1	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See I	

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SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule AT: 2 FILER NAME Lawanda "Wendy Alley" 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor Bebe Hargrove 1 Total pages Schedule AT: 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor Bebe Hargrove 1 Total pages Schedule AT: 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 4 Date Follows General Columbus TX 78934 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor Blake Chri Stew Jok S Summit Weiman X78916 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Blake Chri Stew Jok S Summit Weiman X78916 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 5 500 . % 4 500 . % Amount of contribution (\$) Contributor address: City: State: Zip Code Full name of contributor Gav y Chandler Contributor address: City: State: Zip Code Full name of contributor Gav y Chandler Contributor address: City: State: Zip Code Full name of contributor Gav y Chandler Contributor address: City: State: Zip Code Full name of contributor Full name of contributor Gav y Chandler Contributor address: City: State: Zip Code Full name of contributor Full name of contributor Gav y Chandler Contributor address: City: State: Zip Code Full name of contributor Full name of contributor Full name of contributor Gav y Chandler Employer (See Instructions)	If the reques	sted information is not applicable, DO NOT inclu	de this page in the r	ероп.
La Wanda "Wendy HILLY 4 Date 5 Full name of contributor	The	Instruction Guide explains how to complete this for	rm.	1 Total pages Schedule A1:
4 Date 5 Full name of contributor Rebel Hangrove 6 Contributor address; Po Box 1071 Columbus TX 78934 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Pincipal occupation / Job title (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) # 500.0% Amount of contribution (\$) Contributor address: City: State: Zip Code Amount of contribution (\$) Amount of contribution (\$) Contributor address: City: State: Zip Code Amount of contribution (\$) Amount of contribution (\$) Cavy Chandler Cavy Chandler Contributor address: City: State: Zip Code Amount of contribution (\$)	2 FILER NAME	Lawanda "Wenda" A	-11ey	3 Filer ID (Ethics Commission Filers)
8 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Principal occupation / Job title (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 (\$) Date Full name of contributor Contributor address: City: State: Zip Code Contributor address: City: State: Zip Code Contributor (\$) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Date Full name of contributor Con	4 Date		· · · · · · · · · · · · · · · · · · ·	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (S) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City: State: Zip Code Blake Christen Contributor address; City: State: Zip Code Date Full name of contributor Contributor address; City: State: Zip Code Date Full name of contributor Contributor address: City: State: Zip Code Date Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (S) Employer (See Instructions) Amount of contribution (S) Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contributor Contributor address: City: State: Zip Code Full name of contribution Contributor address: City: State: Zip Code Full name of contribution Contributor address: City: State: Zip Code Full name of contribution Contributor address: City: State: Zip Code Full name of contribution Contributor address: City: Contributor State: City: State: Zip Code Full name of contribution Contributor address: City: Contributor State: City: State: Code Amount of contribution Contributor address: City: Contributor State: City: Contributor State: City: Code Contributor State: City: Code Contributor State: City: Code	1-10.24	6 Contributor address; City;	State; Zip Code	\$ 500. %x
Billy Kahn Contributor address: City: State: Zip Code #100.0%(X 903 Bowie Columbus TX 18934 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Blake Christen Contributor address: City: State: Zip Code 206 S. Summit Weimautx 1896 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Cary Chandler Contributor address: City: State: Zip Code #500.0%xx 10-23.23 Contributor address: City: State: Zip Code #500.0%xx	8 Principal occu			ons)
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Date Full name of contributor Contributor address: City: State: Zip Code Contributor City: State: Zip Code Code Contributor Amount of contribution (\$) Contributor address: City: State: Zip Code Code Code Code Code Code Code Code	Date			Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Blake Chri Sten Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) \$500.00 V Date Full name of contributor Out-of-state PAC (ID#:	1-9.24	Contributor address; City;	State; Zip Code	# 100.00/xx
Blake Christen 1-13.24 Blake Christen Contributor address; City; State; Zip Code 206 S. Summit Weimant 1X 1896 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Gary Chandler 10-23.23 Contributor address; City; State; Zip Code 100 Kryka Chumbus TX 78934	Principal occu	V	- 	ons)
Contributor address; City; State; Zip Code 206 S. Summit Weiman IX 1896 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Gavy Chandler Contributor address; City; State; Zip Code 10-23-23 Contributor address; City; State; Zip Code 100 Krupka Columbus IX 78934	Date		#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Gavy Chandler Contributor address; City; State: Zip Code # 500 **XX 100 KrupRa Columbus TX 78934	1-13.24	Contributor address; City;		\$ 500. %√
Gary Chandler 10-23.23 Contributor address; City; State: Zip Code # 500.00xx 100 Krupka Columbus TX 78934	Principal occu			ons)
Gary Chandler 10-23.23 Contributor address; City; State: Zip Code # 500.00xx 100 Krupka Columbus TX 78934				
		Gary Chandler	-	-
	Principal occu			ions)
	<u> </u>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE A1

If the reques	sted 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 FILER NAME	LaWanda "Wendy" Alley	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#	7 Amount of contribution (\$)
10.24-23	6 Contributor address; City; State; Zip Code	# 500. %x
8 Principal occu	Po Box 68 Eagle Lake Tx 77434 pation / Job title (See Instructions) 9 Employer (See Instructions)	ctions)
Date	Full name of contributor	Amount of contribution (\$)
10.30.33	Contributor address; City; State; Zip Code	# 50.00/xx
	unknown	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
1-25-24	Bill Dur bin Contributor address; City; State; Zip Code	# 100.00/xx
	1712 Charter Columbus TX 78934	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	ctions)
Date	Full name of contributor	Amount of contribution (\$)
1-25-24	Lori An Gobert Contributor address; City; State; Zip Code	#1,000.00/xX
	1420 Frontst. Columbus TX 78934	
Principal occu	pation / Job title (See Instructions) Employer (See Instruc	ctions)
		•

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SCHEDULE A1

The	Instruction Guide explains how to complete this t	form.	1 Total pages Schedule A1:
FILER NAME	Lawanda "Wendn"	Allen	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out of-state PAC (ID#:	7 Amount of contribution (\$)
31-24	6 Contributor address; City;	State: Zip Code STX 78934	# 100.0%x
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (Lee and Heidi May	10#:)	Amount of contribution (\$)
22.24		State; Zip Code	#750. The
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)

NON-MONETARY (IN-KIND) POLITICAL

SCHEDULE A2

CONTRIBUTIONS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A2: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Lawarda Wenda Alley # 325.00/XX TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS 9 In-kind contribution 6 Full name of contributor ut-of-state PAC (ID# Amount of 5 Date Contribution \$ | description Wanda-Keith Web!
7 Contributor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL)(See Instructions) Contributor's job title (FOR JUDICIAL) (See Instructions) 12 Contributor's principal occupation (FOR JUDICIAL) 15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) 14 Contributor's employer/law firm (FOR JUDICIAL) 16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) out-of-state PAC (ID#: Full name of contributor In-kind contribution Amount of Date Contribution \$ description City; State: Zip Code Contributor address; Check if travel outside of Texas. Complete Schedule T. Employer (FOR NON-JUDICIAL)(See Instructions) Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Contributor's job title (FOR JUDICIAL) (See Instructions) Contributor's principal occupation (FOR JUDICIAL) Law firm of contributor's spouse (if any) (FOR JUDICIAL) Contributor's employer/law firm (FOR JUDICIAL) If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Loan Repayment/Reimburseme Fees Office Overhead/Rental Expense

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

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 Qut Of District Other (enter a category not listed above)

Oreon Caron ayment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME Lawanda Wen	dy Alley 3 Filer ID (Ethics Commission Filers)
4 Date 9-21-23	B: D Graphics	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
3,634.85	731 Walnut st. Colu	imbus TX 78934
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	advertisingexpense	political signs
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
10-9-23	Colorado County	Citizen Wewspaper
Amount (\$)	Payee address;	City; State; Zip Code
\$500.00	Po Box 548 Colu	mbus TX 78934
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		0 1
OF EXPENDITURE	advertising expense	newspaper political ad
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
11-7-23	K Faye Desig	n.s
Amount (\$)	Payee address;	City; State; Zip Code
\$300.00	1074 Baronlane C	olumbusTX78934
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF	1 2 176	
EXPENDITURE	advertising expense	Kooziespoliticul
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Politica		ages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	
1 Total pages Schedule F1:	2 FILER NAME Lawanda "We	endy Allen	3 Filer ID (Ethics Commission Filers)
4 Date 10-6.23	5 Payee name Create Space		
6 Amount (\$)	7 Payee address;	City;	\$tate; Zip Code
95.20	717 Walnut Colum	ousTX 7	8934
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE		1	1 1 1 1
OF EXPENDITURE	advertisingexpense	donation	to Church auction
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n. TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10.10.23	Idaho Cemetery	Etsy	
Amount (\$)	Payee address;	City	\$tate; Zip Code
#216.49	2015 loth Ave Pocat	ello Ic	083201
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE	1100	•	
OF EXPENDITURE	advertising expense	bumper	stickers 100 ct.
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Os	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10.17.23	Sypenn Etsy		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 162.36	14 N madison Ave	SpringVa	lley NY 10977
	Category (See Categories listed at the top of this schedule)	Description	J ·
PURPOSE			. 1
OF EXPENDITURE	advertising expense	Campaig	in ink pens
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Gift/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services 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 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 5 Payee name 10.18.23 6 Amount (\$) 7 Payee address Zip Code 8 **PURPOSE** positical caps/ball hats OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Zip Code Pocatello ID Category (See Categories listed at the top of this schedule) **PURPOSE** Dumper Stickers 100ct. OF EXPENDITURE Check if Austin, TX, afficeholder living expense Office sought Office held Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Date tickers Fox Etsy Zip Code 1032 Matthews Run Way Roseville C Category (See Categories listed at the top of this schedule) **PURPOSE** political strckers | ape EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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SCHEDULE F1

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

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica				
Credit Card Payment	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Lawanda Wendn Allen 3 Filer ID (Ethics Commission Filers)			
11.13-23	Juarez Kreationz			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
[♥] 230.°°	1166 Nelson Ln. Cut Spring TX 78933			
8	(a) Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE OF EXPENDITURE	advertising expense political business cards			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin. TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name Office sought Office held			
Date	Payee name			
11-27-23	Colorado County Citizen newspaper			
Amount (\$)	Payee address; City; State; Zip Code			
\$167.50	Po Box 548 Columbus TX 78934			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF EXPENDITURE	advertising expense political newspaper ad			
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held			
Date	Payee name			
12-18-23	Runandwin Store Etsy			
Amount (\$)	Payee address; City; State; Zip Code			
*417.85	Po Box 2096 Aiken, SC 29802			
	Category (See Categories listed at the top of this schedule) Description			
PURPOSE OF EXPENDITURE	advertising expense campaignemery boards 15000			
	Check if travel outside of Texas. Complete Schedule T. 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				

SCHEDULE F1

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

	EXPENDITURE	CATEGORIES FO	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	ll Committee Legal Services	Office Overhe Polling Exper ense Printing Expe Salaries/Wag	ense ges/Contract Labor	Solicitation/Fundraising Transportation Equipm Travel In District Travel Out Of District Other (enter a category	ent & Related Expense
	The Instruction Guide	explains how to con	nplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Lawand	a' Wend	n' Alley	3 Filer ID (Ethics	Cammission Filers)
1-8-24	5 Payee name Small Tou	un Adi	vertisin	g	
6 Amount (\$)	7 Payee address;		City;	\$tate;	Zíp Code
* 214.34	1223 Walnus	t st. Co	lumbus-	TX 7897	34
8	(a) Category (See Categories listed at the	top of this schedule) ((b) Description		
PURPOSE					,
OF EXPENDITURE	advertisingexp	ense	political	disclain	iev sticker
	(C) Check if travel outside of Texas. C	Complete Schedule T.	Check if Austin	n, TX, officeholder living e	xpense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought	C	ffice held
Date	Payee name				
1-11-24	Jackies	weat			
Amount (\$)	Payee address;		City;	State;	Zip Code
#928.73	1177 Pinegu	voodsR.	d. Alle	gtonTX-	18935
	Category (See Categories listed at the to	pp of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising ex	penses	Politi	cal sign	1.5
	Check if travel outside of Texas. C	omplete Schedule T.	Check if Austin	, TX, officeholder living e	xpense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name		Office sought	0	ffice held
Date	Payee name			+	
1-16.24	Jackie	Sweat	•		
Amount (\$)	Payee address;	·	City;	State;	Zip Code
\$576.45	1177 Piney	Woods	Rd. Alle	yton Tx.	78935
	Category (See Categories listed at the to	p of this schedule)	Description	, –	
PURPOSE OF EXPENDITURE	advertisinger	pense	Politica	d signs	
	Check if travel outside of Texas. C	omplete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name		Office sought	C	Office held
	ATTACH ADDITIONAL C	OPIES OF THIS SO	CHEDULE AS NEE	DED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment		Salaries/W Guide explains how to c	ages/Contract Labor	Other (enter a categor	y not listed abové)
1 Total pages Schedule F1:	2 FILER NAME LAW	anda 'W	endy" Alle	3 Filer ID (Ethics	Commission Filers)
4 Date 72.24	5 Payee name Jack	cie Swea	+1	<i>J</i>	
6 Amount (\$)	7 Payee address;		City;	State;	Zip Code
#1,361.06	1177Pine	y Woods R	ld. Alleyt	on TX 7	8934
8	(a) Category (See Categories liste	d at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	advertising ex	pense	Politica	I Sign-	3
	(c) Check if travel outside of	Texas, Complete Schedule T.	Check if Aust	tin, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder	name	Office sought		Office held
Date	Payee name	A .			
1.25.24	Colorado	County	Citize	n News	Daper
Amount (\$)	Payee address;		City;	\$tate;	Zip Code
#160.00	POBOX5	18 Colum	bus TX	78934	
	Category (See Categories listed	at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertisinge	xpense	Politice	ul newspo	iper ad
	Check if travel outside of	Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder	name	Office sought		Office held
Date	Payee name				
1-30.24	Weima	ir Mercu	ury Nei	wspape	r
Amount (\$)	Payee address;		City;	State;	Zip Code
\$ 176.50	200W. W	Jain St. U	Jeimar	TX789	62
	Category (See Categories listed	l at the top of this schedule)	Description		
PURPOSE	1			_	,
OF EXPENDITURE	advertising	expense	politica	lnewspa	perad.
	Check if travel outside or	Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder	name	Office sought		Office held
	ATTACH ADDITION	NAL COPIES OF THIS	SCHEDULE AS NE	EDED	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (approximately profile the province)

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salanes The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1:	² FILER NAME Lawanda 'W	lendy Alley 3 Filer ID (Ethics Commission Filers)	
4 Date 1-29. 24	5 Payee name Jackie SWLO		
6 Amount (\$)	7 Payee address;	City; State; Zip Code	
* 720.56	1177 Piney woods 1	Rd Alleyton TX 78934	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	advertising expense	political signs	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
1-31-24	Colorado County	Newspaper	
Amount (\$)	Payee address;	City; State; Zip Code	
#160.00/xx	PoBox548 Columb	ous TX 78934	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	advertising expense	political neuspaper ad	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held	
expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

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EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic	Event Expense Loar Fees Offic Food/Beverage Expense Poliit By Gift/Awards/Memorials Expense Print	Repayment/Reimbursement coverhead/Rental Expense and Expense are Expense and Expense are E	
1 Total pages Schedule G:	2 FILER NAME La Wanda 'W.	endy Allen 3 Filer ID (Ethics Commission Filers)	
4 Date 11-13-23	5 Payee name	ablican Party	
Amount (\$) To be political contributions intended	7 Payee address;	agle Lake TX 77434	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule Office Categories listed at the top of this schedule (C) Check if travel outside of Texas. Complete Schedule T.	filing fee	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
Date 0, -4 - 23	Payee name Kevin Dyer		
Amount (\$) \$ 50 - 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 / 0 /	Payee address; 1403 Prairie St.	Columbus TX 78934	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule CAULUTISITY EXPLINISE Check if travel outside of Texas. Complete Schedule T	campaisnlogodesign	
Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held			
Date	Payee name		
Amount (\$)	Payee address;	City; State; Zip Code	
Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			