CANDIDAT	FORM C/OH COVER SHEET PG 1					
The C/OH instruction Guide explains how to complete this form.				2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS (MRS) MR FIRS	ST	MI	OFFIC	E USE ONLY	
NAME	Sally NICKNAME LAST Ayana OFFICE USE ONLY Date Received					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #: CITY; STATE; ZIP CODE JAN 16 2018 707 West 18 th St					
Change of Address	San Angelo, T	X 169	03			
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUM (325) $7/6$		EXTENSION	Date Hand-deliver	ed or Date Postmarked	
6 CAMPAIGN TREASURER	MST MRS / MR FIRS		MI	Receipt #	Amount \$	
NAME	NICKNAME LAS	÷9	SUFFIX	Date Processed		
	Mos	sell		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT/SUITE #; CITY; STATE; ZIP CODE 2124 Quadalupe St. Santage 10, TX 76901					
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM (325) 944		EXTENSION			
9 REPORT TYPE	January 15 3	Oth day before election	Runoff	treasurer	after campaign appointment der Only)	
	July 15 81	h day before election	Exceeded \$500 limit	Final Rep	oort (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day 12/14/	^{Уевг} 2 <i>017</i> тні	ROUGH 01/	Day Ye	9 / g	
11 ELECTION	ELECTION DATE Month Day Year 63/06/2018	Primary	Runoff Other Description	E		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know	·		
			Justice of	the Peace Precin	et 1	

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	ally Ayo	15 FIG	er ID (Ethics Commission Filers)			
16 NOTICE FROM POLITICAL 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	***************************************				
	GENERAL					
	SPECIFIC	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME				
Additional Pages						
		COMMITTEE CAMPAIGN TREASURER ADDRESS				
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 160.00			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1160.00			
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED \$ 311.46					
	4. TOTAL POLITICAL EXPENDITURES \$ 1,008					
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 559.85					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$					
18 AFFIDAVIT						
RUDY OLIVAS Notary Public 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.						
STATE OF TEXAS My Comm. Exp. 07-16-2019 Sally lyana						
Signature of Candidate or Officeholder						
AFFIX NOTARY STAM	P/SEALABOVE		, _			
Sworn to and subscribed before me, by the said Sally Hand, this the						
day of, 2018, to certify which, witness my hand and seal of office.						
12 Olwar	\	Kudy Olivas	Elec. Copr.			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

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FORM C/OH COVER SHEET PG 3

18 FILERNAME Sally Ayana	20 Filer ID (Éthics Cor	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	*	\$ 1,000.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 0
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		* 4
4. SCHEDULE E: LOANS		\$ -
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 556.92
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 FU	NDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT RETURNED TO FILER	rions	\$

MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Sally Ayuna	3 Filer ID (Ethics Commission Filers)
	5 Full name of contributor out-of-state PAC (IDE:) David Currie 6 Contributor address; City: State; Zip Code PO BOX 3300 San Angelo, TX 76902	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instruc	tions)
Date - 7-18	Full name of contributor out-of-state PAC (ID#:) Tane Rider Contributor address; City; State; Zip Code H118 Hunnington Ln. San Angelo, TX 76904	Amount of contribution (\$) 4200
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:) I vey Mossell Contributor address; City; State; Zip Code 2124 Gruadalupe St. San Angelo, TX 76901	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date 12-20-17	Full name of contributor out-of-state PAC (ID#:) Linda Shoemaker Contributor address; City; State; Zip Code PC Box 62892 San Hogelo, TX 76906	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	
	if contributor is out-of-state PAC, please see instruction guide for additional	reporting requirements.

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MONET	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	ly Ayana	3 Filer ID (Ethics Commission Filers)
4 Date 12-27-18	5 Full name of contributor out-of-state PAC (ID#:) Billie De Witt 6 Contributor address; City: State; Zip Code 1111 Ash ford De San Angelo, TX 76901	10000
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instructions)	
Date	Full name of contributor out-of-state PAC (IDA:) John Thomas Contributor address; City; State; Zip Code San Angelo, Tx 76903	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	ilons)
AND BOARD AND AND AND AND AND AND AND AND AND AN	Full name of contributor out-of-state PAC (ID#:) Karl Wehner Full Contributor address; City: State; Zip Code 2606 Janu Dr., San Hngelo., TX 76904 Detailor / Job title (See Instructions) Employer (See Instruc	Amount of contribution (\$) #/ O O
Date 1-8-18	Full name of contributor out-of-state PAC (IDA:) Vinginia Chuse Contributor address; City; State; Zip Code 4140 Village East Cr San Hingelo, TX 76904	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N	EEDED

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memortals Expense Legal Services

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

Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME Sally Ayanco 3 Filer ID (Ethics Commission Filers) 4 Date 12-28-17 5 Payee name A Yellow Rose Event 7 Payee address; City; State; Zip Code 6 Amount (\$) #250°° 13/2 Rio Grande Sun Angelo, TX 76401 (b) Description 8 Check if travel outside of Texas. Complete Schedule T PURPOSE Consulting Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE 9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held A Yellow Rose Event 1-8-18 City: State: Zip Code Amount (\$) \$1500 13/2 Rio Grande St. Saw Angelo, TX 26901 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Consulting Expense Check if Austin, TX, officeholder living expense OF EXPENDITURE Complete ONLY If direct expenditure to benefit C/OH Office sought Candidate / Officeholder name Office held Payee name 1-8-18 Office Depot Amount (\$) City; State; Zip Code \$156 92 4272 Sunset Dr. San Angelo, TX 76904 Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Printing Expenses Check if Austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED www.ethics.state.tx.us

Revised 9/8/2015