CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH instruction G	ulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/ OFFICEHOLDER NAME	MS (MRS) MR FIRST Sally NICKNAME Aya	MI SUFFIX	OFFICE USE ONLY Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #: CO 707 W 18th Str San Angelo, TX AREA CODE PHONE NUMBER	_	JUL 1 6 2018
OFFICEHOLDER PHONE	(325) 416-6391		Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	AS JUANS / MAR FIRST	MI	Receipt # Amount \$
NAME	NICKNAME LAST MOSSEll	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (NO PO BOX PLEASE): APT / SI 2124 Guadalu San Angelo, TX	pe Street	ZIP COD€
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (325) 944-1137	EXTENSION	
9 REPORT TYPE	January 15 30th day before e		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01/01/20(8	THROUGH Ob/	Day Year 130/2018
11 ELECTION	ELECTION DATE Month Day Year Primary 11/06/2018 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (11 known Tustice of Pet 1 10m	the Peace Green County
	GO ТО	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Sally Au	gana	15 Filer ID (Ethics Commission Filers)
16 NOTICE FROM POLITICAL COMMITTEE(S)	SUPPORT THE CAN	NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXP DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MAN DISENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORTURES.	DE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITI	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN	s) \$ 6, 105.49
EXPENDITURE TOTALS	1	POLITICAL EXPENDITURES OF \$100 OR LESS, SITEMIZED	\$ 1,247.73 \$ 6,956.84
	4. TOTAL	POLITICAL EXPENDITURES	\$ 6,956.84
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY \$ 851.35
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS AY OF THE REPORTING PERIOD	1
18 AFFIDAVIT		• • • • • • • • • • • • • • • • • • • •	of perjury, that the accompanying report is Il information required to be reported by me
		Signature of 6	Candidate or Officeholder
AFFIX NOTARY STAM	P/SEALABOVE		
Sworn to and subsc	ribed before me,	by the said	, this the
day of	, 20,	to certify which, witness my hand and seal of off	ice.
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) Sally Ayana 5 Full name of contributor 4 Date 7 Amount of contribution (\$) 5-11-18 Ballard, Michael 6 Contributor address; City; State; Zip Code 2320 W Harris Ave SA 76901 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Veteran Amount of contribution (\$) H-21-18 Bridges, Elaine Contributor address; City; State; Zip Code \$1,000 PO Box 3605 San Angelo, TX 76902 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#:_ Amount of contribution (\$) 2-26-18 4-5-18 Burks, James Contributor address; City; State; Zip Code 1913 N Harrison SA 76901 Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:___ Amount of contribution (\$) 1-11-18 Chase, Virginia Contributor address; City; State; Zip Code 4140 Village East Circle SH 7604 Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) 4-13-18 Jones, Annabelle Contributor address; City; State; Zip Code 3854 Parkwood SA 76904 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired out-of-state PAC (ID#:_ Date Amount of contribution (\$) Lasswell, Stella Sotu 1-8-18 Contributor address; City; State; Zip Code 1909 Douglas Dr SA 76904 Principal occupation (Joh title (See Instructions) Employer (See #125 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date 2-26-18 Lewis, Mary Contributor address; City; State; Zip Code 1914 Hudson St SA 76903 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired

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

		·····	
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Sally Ayana	3 Filer ID (Ethics Commission Filers)	
4 Date 4 -/3 - 18	5 Full name of contributor out-of-state PAC McClendon, WJ Rev 6 Contributor address; City; State; 3625 Willow Brook Dr	SR Zip Code	7 Amount of contribution (\$) # 75
8 Principal occu Minis	1	9 Employer (See Instruct	ions)
Date 6-26-18	Full name of contributor out-of-state PAC Molinar, Monette Contributor address; City; State; 508 W Concho Ave SY		Amount of contribution (\$) # ///
	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 1-31-18 46-18	Full name of contributor out-of-state PAC MDSSell TVC9 Contributor address; City; State; 2124 Guadalupe St SA	Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	RAM International	Zip Code 76904	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)

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

The	instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	Sally Ayana	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Rider, Jane 6 Contributor address; City; State; Zlp Code	7 Amount of contribution (\$)
8 Principal occu	4110 Hunting In SA 76904 pation / Job title (See Instructions) 9 Employer (See Instructions)	tions)
Date	Full name of contributor	Amount of contribution (\$)
4-30-18	Salladay, Ronald Contributor address; City; State; Zip Code	#150
	3821 Hillcrest Dr SA 76904	
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date &	Full name of contributor out-of-state PAC (ID#:) Villagreal, Tony Contributor address; City; State; Zip Code 1820 College Hills Blud SA 76904	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
April 30,	Full name of contributor out-of-state PAC (IDN:) Ward, Joan R Contributor address; City; State; Zip Code 3129 Senic Vista SA 76904	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	tions)

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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME Sally Hyana 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 1-8-18 Wehner, Sherry 2-8-18 6 Contributor address; City; State; Zip Code 5-8-18 2606 Jann Dr SA 76904 7 Amount of contribution (\$) #175 8 Principal occupation / Job title (See Instructions) Full name of contributor Amount of contribution (\$) 1-8-18 Youker, Christian R Contributor address; City; State; Zip Code #80 1517 S. Harrison SA 7690 Principal occupation / Job title (See Instructions) Waste Disposal Inc Waste Disposal Inc Date Amount of contribution (\$) 6-28-18 Tom Green County Democratic Party Contributor address; County Democratic Party State; Zip Code Principal occupation / Job title (See Instructions) SA 76902 Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:____ Amount of contribution (\$) Contributor address; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

			HILLIAN
Th	e Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAME	Sally Ayana		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$ -2
		16 76400	8 Amount of Contribution \$\frac{9}{4} \text{In-kind contribution description}\$ \$\frac{1}{7} \text{Check if travel outside of Texas. Complete Schedule T.} \$\text{or (FOR NON-JUDICIAL)(See Instructions)}\$
D. C.	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	in (FOR NOW-SODICIAL) (See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date 3-21-18	Full name of contributor out-of-state PAC (ID#:		Amount of In-kind contribution description Gontribution \$ Envelope 5 Check if travel outside of Texas. Complete Schedule T.
	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICIAL)(See Instructions)
	principal occupation (FOR JUDICIAL)	Contribu	tor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contrib⊔tor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form	Trm. 1 Total pages Schedule A2:
Sally Ayana	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIL	IBUTIONS \$
5 Date 6 Full name of contributor Out-of-state PAC (ID#:	8 Amount of 9 In-kind contribution description
3-23-18 Shoemaker, Linda 7 Contributor address; City; State; Zip Coo	
PO Box 62892 SH 7696	Check if travel outside of Texas. Complete Schedule
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution Contribution \$ description
3-30-18 Shoemaker, Linda Contributor address; City; State; Zip Co.	
PO BOX 62892 SA 76	Gheck if travel outside of Texas. Complete Schedule
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL) (See Instructions)
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)	
ATTACH ADDITIONAL COPIES OF T	

LOANS			SCHEDULE E
The	Instruction Guide explains how to compl	ete this form.	1 Total pages Schedule E:
2 FILER NAME Sa	lly Ayana		3 Filer ID (Ethics Commission Filers)
	NITEMIZED LOANS		\$ 144
5 Date of loan	7 Name of lender	PAC (ID#:)	9 Loan Amount (\$)
1-16-18	Quana Calle		# 6DO
6 is lender a financial institution?	•	State; Zip Code	10 Interest rate
Y N	107 W 18th St	Sp ————————————————————————————————————	11 Maturity date
12 Principal occupati	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Col	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable		State; Zip Code 21 Employer (See Instructions)	
Principal Occupa	itor, (and matrocours)	2. Employer (See instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
2-3-18	Acana Salla		#150
ls lender a financial		State; Zip Code	Interest rate
Institution?	707 W 18+4 St	SA 76903	Maturity date
Principal occupati Retired	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Col	ateral	Check if personal funds were account (See instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupat	ion (See Instructions)	Employer (See Instructions)	
if i	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NI	

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sally Ayana 144 TOTAL OF UNITEMIZED LOANS 7 Name of lender Loan Amount (\$) Date of loan out-of-state PAC (ID#: 4,000 Ayana, Sally 8 Lender address; City; State; Zip Code 10 Interest rate 6 Is lender a financial Institution? 707 W 18th St SA 76903 11 Maturity date 13 Employer (See Instructions) 12 Principal occupation / Job title (See Instructions) 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) none 17 Name of guarantor 16 GUARANTOR 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City: State: Zip Code not applicable 20 Principal Occupation (See Instructions) 21 Employer (See Instructions) Loan Amount (\$) Date of loan Name of lender out-of-state PAC (ID#:__ Ayana, Sally City; 3-16-18 Is lender a financial Institution? 707 W 18th St SA 76903 Maturity date (N) Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Description of Collateral Check if personal funds were deposited into political account (See Instructions) none GUARANTOR Amount Guaranteed (\$) Name of guarantor INFORMATION State; Zip Code Guarantor address; not applicable Principal Occupation (See Instructions) Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS SCHEDULE E 1 Total pages Schedule E: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Sally Ayana 144 4 TOTAL OF UNITEMIZED LOANS 5 Date of loan 7 Name of lender 9 Loan Amount (\$) out-of-state PAC (ID#:____ 3-24-18 Ayana, Sally. 6 Is lender 8 Lender address; City; State; Zip Code # 100 a financial Institution? 707 W 18th St SA 16903 11 Maturity date 12 Principal occupation / Job title (See Instructions) Ketived 14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) M none 16 GUARANTOR 17 Name of guarantor 19 Amount Guaranteed (\$) INFORMATION 18 Guarantor address; City; State; Zip Code not applicable 21 Employer (See Instructions) 20 Principal Occupation (See Instructions) Loan Amount (\$) Date of loan Out-of-state PAC (ID#:____ #200 4-04-18 Ayana, Sally Lender address; City; State; Zip Code is lender a financial 707 W 18th St SA 76903 Institution? Maturity date Principal occupation / Job title (See Instructions) Employer (See Instructions) Description of Collateral Check if personal funds were deposited into political account (See instructions) ✓ none **GUARANTOR** Name of guarantor Amount Guaranteed (\$) INFORMATION Guarantor address; City; State; Zip Code not applicable Principal Occupation (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

LOANS		SCHEDULE E
The instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 144
_	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender 8 Lender address; Gity; saliquity:	State; Zip Code	10 Interest rate
ν N 707 W 18+4 St	SA 76903	11 Maturity date
12 Principal occupation / Job title (See Instructions) Retired	13 Employer (See Instructions)	
14 Description of Collateral A none	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION 17 Name of guarantor	·	19 Amount Guaranteed (\$)
18 Guarantor address; City; S	State; Zip Code	
20 Principal Occupation (See Instructions)	21 Employer (See Instructions)	
r 1-18	PAC (ID#:)	Loan Amount (\$)
	State; Zip Code	Interest rate
a financial Institution? Y TOT W 18 th St	SA 76903	Maturity date
Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions)	
Description of Collateral ☑ none	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR Name of guarantor INFORMATION		Amount Guaranteed (\$)
Guarantor address; City;	State; Zip Code	
Principal Occupation (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	elete this form.	1 Total pages Schedule E:
2 FILER NAME	ially Ayana		3 Filer ID (Ethics Commission Filers)
	NITEMIZED LOANS		\$
5 Date of loan 5-23-18			9 Loan Amount (\$)
6 Is lender a financial Institution?	1	State; Zip Code SA 76900	10 Interest rate 11 Maturity date
	on / Job title (See Instructions)	13 Employer (See Instructions)	
Retired			
14 Description of Collateral		15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	18 Guarantor address; City;	State; Zip Code	
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender ut-of-state	PAC (ID#:)	Loan Amount (\$)
6-15-18	Ayana, Sally		
Is lender a financial Institution?	,	State; Zip Code	Interest rate
Y N	701 W 18th St	SA- 16403	Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla		Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupation	ion (See Instructions)	Employer (See Instructions)	
lf I	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE	

	LOANS			SCHEDULE E	
	The	Instruction Guide explains how to comp	elete this form.	1 Total pages Schedule E:	
2	FILER NAME Aya	na, Sally		3 Filer ID (Ethics Commission Filers)	
4	· · · · · · · · · · · · · · · · · · ·	NITEMIZED LOANS		\$ 144	
5	Date of loan 6-19-18	7 Name of lender out-of-state Agana, Sally			
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate	
12	Y N	707 W 18 ⁺⁵ St	SH 76903 13 Employer (See Instructions)	11 Maturity date	
-	Retired	on 7 300 title (See manushons)	conpressor (cod menaghana)		
14	Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political	
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)	
	not applicable	18 Guarantor address; City;	State; Zip Code		
20	Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)		
	Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)	
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate	
	Y N			Maturity date	
	Principal occupation	l Job title (See Instructions)	Employer (See Instructions)		
	Description of Coll	ateral	Check if personal funds were account (See Instructions)		
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)	
		Guarantor address; City;	State; Zip Code		
	not applicable				
	Principal Occupati	on (See Instructions)	Employer (See Instructions)		
	If i	ATTACH ADDITIONAL CO	PIES OF THIS SCHEDULE AS NE		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Office Overhead/Rental Expense Poling Expense Event Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Printing Expense Salaries/Wages/Contract Labor

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

Travel In District
Travel Out Of District Other (enter a category not listed above)

Candidate/Officeholder/Politica	d Committee	Legal Services	Salaries	/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment		The instruction 0	luide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NA	Sally	Ayana		3 Filer ID (Ethics Commission Fil	lers)
4 Date 1-6-18	5 Payee nar		pears ; State; Zip Code			
6 Amount (\$)	7 Payee ad	dress; City	; State; Zip Code			-
450	1312	Rio Gra	indest S	5A 7690	<i>!</i>	
8	(a) Category	(See Categories listed a	t the top of this schedule)	(b) Description		
PURPOSE				Check if travel	outside of Texas. Complete Schedule Y.	
OF EXPENDITURE	Cons	iulting E	xpenses	Check if Aust	lin, TX, officeholder living expense	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/OF		ite / Officeholder n	ame	Office sought	Office held	
Date	Payee nar	ne				
1-15-18	Sherl	ey Spear	`S			
Amount (\$)	Payee ad	dress; City	; State; Zip Code			
400	13/2	Rio Gran	nde St S	A 76901		
	Category	(See Categories listed a	t the top of this schedule)	Description		
PURPOSE	<u> </u>	_		Check if travel o	outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Consul	ting Exp	unses	Check if Austi	in, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OF		te / Officeholder n	ame	Office sought	Office held	
Date	Payee na	me				
1-30-18	Sher	ey Spea	irs			
Amount (\$)	Payee ad		; State; Zip Code			
# 650	Consu	Hing Ex	pense 5			
	Category	(See Categories listed a	t the top of this schedule)	Description		*****
PURPOSE	1210	Ringara	- CF	Check if travel o	xutside of Texas. Complete Schedule T.	
OF EXPENDITURE	13/4	in a care	est * 16901	Check if Aust	in, TX, officeholder living expense	
	San	Hngelo, T	~70401			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ite / Officeholder i	name	Office sought	Office held	·
	ATT	ACH ADDITION	AL COPIES OF THE	S SCHEDULE AS NE	EDED	

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

Candidate/Officeholder/Politica Credit Card Payment	l Committee Le	gal Services	Salaries/Wa	ges/Contract Labor	Other (enter a cat	egory not listed above)	
Credit Card Payment		The Instruction Guide expl	ains how to co	mplete this form.			
1 Total pages Schedule F1:	2 FILER NAM Sall	g Ayana			3 Filer ID (Eti	nics Commission Filers)	
4 Date 1-30-18	5 Payee name	ice Max					
6 Amount (\$)	7 Payee addre	ess; City; State;	Zip Code				
\$183 20	4225	Sunset Dr	SA	76904			
8	(a) Category (S	ee Categories listed at the top of th	is schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Offi	ce Supplies	٢	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/OI		/ Officeholder name		Office sought		Office held	
Date	Payee name	1					
1-24-18		ce Max					
Amount (\$)	Payee addre		•				
\$117.97	422	5 Sunset	Blvd :	SA 769	104		
	Category (S	ee Categories listed at the top of th	nis schedule)	Description			
PURPOSE OF EXPENDITURE	Off	ice Supplie	Check if travel outside of Texas. Complete S Check if Austin, TX, officeholder living				
		• ;					
Complete <u>ONLY</u> if direct expenditure to benefit C/OF		/ Officeholder name	<u> </u>	Office sought		Office held	
Date	Payee name	9					
2-2-18	Minis	iterial Allia	ne				
Amount (\$)	Payee addre	ess; City; State;	Zip Code				
¥375	1100	MLK Blud	SA	76903			
	Category (S	ee Categories listed at the top of th	nis schedule)	Description			
PURPOSE OF EXPENDITURE	Aud	torium Re	ent	r	outside of Texas. Complet		
Complete <u>QNLY</u> if direct expenditure to benefit C/OH		/ Officeholder name		Office sought		Office held	
ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundralsing Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/Donations Made By Polling Expense Travel In District Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee 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 Ayang 3 Filer ID (Ethics Commission Filers) 4 Date Ministerial Alliance 7 Payeo address; City; State; Zip Code 2-2-18 6 Amount (\$) MLK Blvd SA 76903 4150 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Check if travel outside of Texas. Complete Schedule T. 1/2 month's rent Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Sherley Spears 2-15-18 City; State; Zip Code Amount (\$) 1312 Rio Grande SA 76901 #500 Category (See Categories listed at the top of this schedule) Description ___ Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Check if Austin, TX, officeholder living expense Consulting Expense EXPENDITURE Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 2-2-18 Ministerial Alliance Payee address; City; State; Zip Code Amount (\$) ¥150 SA 76403 1100 MLK Blvd Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Rent (1/2 mo) Suitez Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Cradidate/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/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Onicendider/Political Cred: Card Payment	The instruction Guide explains how to c	complete this form.	Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME Sally Ayana		3 Filer ID (Ethics Commission Filers)			
4 Date 2-22-18	5 Payee name Sherley Spears					
6 Amount (\$) #500	7 Payee address; City; State; Zip Code 1312 Rio Grande SA	76901				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check il travel outside of Texas. Complete Schedule T. Check il Austin, TX, officehelder fiving expense					
9 Complete ONLY If direct expenditure to benefit C/OF	Candidate / Officeholder name H	Office sought	Office held			
Date	Payee name		NEW CONTROL OF THE CO			
3-1-18	Ministerial Alliance					
Amount (\$)	Payee address; City; State; Zip Code					
	1100 MLK Blud SA	76903				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) March Rent Suite 2		skle af Texas. Complete Schedule T. TX, afficeholder living expanse			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
3-6-18	Office Max					
Amount (\$)	Payee address; City; State; Zip Code					
* 195.45	4225 Sunset Or SA	76904	,			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supplies	1 [iside of Texas. Compilete Schedule T. , TX, officeholder living expenso			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fecs Food/Beverage Expense Gift/Awards/Memorials Expense Leoal 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 Out Of District
Other (Applied & Applied & A

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 Agana 3 Filer ID (Ethics Commission Filers) 4 Date 3-30-18 Sherley Spears
7 Payoo address; City; State; Zip Code 6 Amount (\$) 1312 Rio Grande St SA 76901 (b) Description (a) Category (See Categories listed at the top of this schedule) Check il travel outside of Texas. Complete Schedule T. PURPOSE Consulting Expenses Gheck if Austin, TX, officeholder living expense OF EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Minkterial Alliame 4-1-18 City; State; Zip Code Amount (\$) 1100 MLK Blvd SA 76903. Category (See Categories listed at the top of this schedule) Check it travel outside of Texas. Complete Schedule T. PURPOSE April Rent Suite 2 __ Check if Austin, TX, officeholder living expense OF EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Q's Printing 4-11-18 Amount (\$) City; State; Zip Code 243.56 SA 76901 20 N. Howard St Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE OF EXPENDITURE Printing Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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 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 Out of District
Other (enter a category not listed above)

Candidate/Officeholder/Political Committee 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 3 Filer ID (Ethics Commission Filers) Sally Ayana 5 Payee name Ministerial Alliance 7 Payee address; City; State; Zip Code 6 Amount (\$) 1100 MLK Blud SA 76903 (b) Description (a) Category (See Categories listed at the top of this schedule) 8 Check if travel outside of Texas. Complete Schedule T. April Rent Check if Austin, TX, officeholder living expense OF EXPENDITURE Office sought Candidate / Officeholder name Office held 9 Complete ONLY if direct expenditure to benefit C/OH Pavee name 5-13-18 John Thomas Amount (\$) City; State; Zip Code ¥120 1801 Lillie SA 76903 Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF EXPENDITURE Check if Austin, TX, officeholder living expense Advertising Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 5-23-18 Amount (\$) SA 76901 20 N Howard St Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. PURPOSE Printing Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment		Fees Of Food/Beverage Expense Pri Gitt/Awards/Memorials Expense Pri		ment/Reimbursement head/Rental Expense ense sense ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Faymen	The	Instruction Guide explain	ns how to co	omplete this form.			
1 Total pages Schedule F1:		Sally Aya	ina		3 Filer ID (Ethics Commission Filers)		
4 Date 6-1-18	5 Payee name Winist	enial Allian	ice				
6 Amount (\$)	7 Payee address;		ip Code				
#350	1100 m	LK Blud					
8	(a) Category (See Ca	ategories listed at the top of this	schedule)	(b) Description			
PURPOSE	June Rent			Check if travel outside of Texas. Complete Schedule T.			
OF EXPENDITURE	1						
	Use of	- Conference	Km				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		fficeholder name		Office sought	Office held		
Date	Payee name						
6-18-18	Q's Pr	inting					
Amount (\$)	Payee address;	City; State; 2	ip Code				
#240.32	20 N	Howard S	t	SH 7690	51		
	Category (See C	ategories listed at the top of this	schedule)	Description			
PURPOSE			Check if travel outside of Texas. Complete Schedu'e T.				
OF EXPENDITURE	Printing		Check if Austin, TX, officeholder living expanse				
Complete ONLY if direct expenditure to benefit C/OF		fficeholder name	A. P.	Office sought	Office held		
Date	Payee name						
Amount (\$)	Payee address;	City; State; 2	Zip Code				
PURPOSE OF EXPENDITURE	Category (See C	ategories listed at the top of this	schedule)	<u></u>	iside of Texas. Compilate Schedule T. . TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Officeholder name		Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							