

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS (MRS) MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
<p><i>Sally Ayana</i></p>			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE		
	<p><i>707 W 18th Street San Angelo, TX 76903</i></p>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<p><i>(325) 416-6391</i></p>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI
	NICKNAME	LAST	SUFFIX
<p><i>Ivey Mossell</i></p>			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE		
	<p><i>2124 Guadalupe Street San Angelo, TX 76901</i></p>		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
	<p><i>(325) 944-1137</i></p>		
9 REPORT TYPE	<input 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 checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year
	<p><i>01/01/2018</i></p>		<p>THROUGH</p>
<p><i>06/30/2018</i></p>			
11 ELECTION	ELECTION DATE		ELECTION TYPE
	Month	Day	Year
<p><i>11/06/2018</i></p>		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if known)
			<p><i>Justice of the Peace Pet 1 Tom Green County</i></p>

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

14 C/OH NAME Sally Ayana **15 Filer ID (Ethics Commission Filers)**

16 NOTICE FROM POLITICAL COMMITTEE(S)

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.

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC <input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME
	COMMITTEE ADDRESS	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 2,062
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,105.49
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 1,247.73
	4. TOTAL POLITICAL EXPENDITURES	\$ 6,956.84
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 851.35
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,484.00

18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, 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

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Sally Ayana</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Sally Ayana		3 Filer ID (Ethics Commission Filers)
4 Date 5-11-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballard, Michael	7 Amount of contribution (\$) # 75
6 Contributor address; City; State; Zip Code 2320 W Harris Ave SA 76901		
8 Principal occupation / Job title (See Instructions) Retired Veteran		9 Employer (See Instructions)
Date 4-21-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, Elaine	Amount of contribution (\$) # 1,000
Contributor address; City; State; Zip Code PO Box 3605 San Angelo, TX 76902		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2-26-18 4-5-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burks, James	Amount of contribution (\$) # 70
Contributor address; City; State; Zip Code 1913 N Harrison SA 76901		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-11-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chase, Virginia	Amount of contribution (\$) # 100
Contributor address; City; State; Zip Code 4140 Village East Circle SA 76904		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5
2 FILER NAME Sally Ayana		3 Filer ID (Ethics Commission Filers)
4 Date 1-29-18 3-3-18	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Currie, David 6 Contributor address; City; State; Zip Code 494 Ridgelande Lane Christoval TX 76935	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) Builder		9 Employer (See Instructions)
Date 4-13-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Annabelle Contributor address; City; State; Zip Code 3854 Parkwood SA 76904	Amount of contribution (\$) \$70
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 1-18 1-8-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lasswell, Stella Soto Contributor address; City; State; Zip Code 1909 Douglas Dr SA 76904	Amount of contribution (\$) \$125
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 2-26-18 4-5-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Mary Contributor address; City; State; Zip Code 1914 Hudson St SA 76903	Amount of contribution (\$) \$70
Principal occupation / Job title (See Instructions) Retired		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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
5

2 FILER NAME *Sally Ayana* 3 Filer ID (Ethics Commission Filers)

4 Date *4-13-18* 5 Full name of contributor out-of-state PAC (ID#: _____) *McClendon, WJ Rev SR* 7 Amount of contribution (\$) *\$75*
6 Contributor address; City; State; Zip Code *3625 Willow Brook Dr 76904*

8 Principal occupation / Job title (See Instructions) *Minister* 9 Employer (See Instructions)

Date *6-26-18* Full name of contributor out-of-state PAC (ID#: _____) *Molinar, Monette* Amount of contribution (\$) *\$100*
Contributor address; City; State; Zip Code *508 W Concho Ave SA 76903*

Principal occupation / Job title (See Instructions) *Financial Advisor* Employer (See Instructions)

Date *1-31-18* Full name of contributor out-of-state PAC (ID#: _____) *Mossell Ivy* Amount of contribution (\$) *\$200*
4-6-18 Contributor address; City; State; Zip Code *2124 Guadalupe St SA 76901*

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date Full name of contributor out-of-state PAC (ID#: _____) Amount of contribution (\$) *\$100*
RAM International Contributor address; City; State; Zip Code *7401 Aspen SA 76904*

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form. 1 Total pages Schedule A1:
5

2 FILER NAME Sally Ayana 3 Filer ID (Ethics Commission Filers)

4 Date <u>1-11-18</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Rider, Jane</u>	7 Amount of contribution (\$) <u>\$200</u>
	6 Contributor address; City; State; Zip Code <u>4110 Hunting Ln SA 76904</u>	

8 Principal occupation / Job title (See Instructions) Retired 9 Employer (See Instructions)

Date <u>4-30-18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Salladay, Ronald</u>	Amount of contribution (\$) <u>\$150</u>
	Contributor address; City; State; Zip Code <u>3821 Hillcrest Dr SA 76904</u>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>2-28-18</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Villarreal, Tony</u>	Amount of contribution (\$) <u>\$100</u>
	Contributor address; City; State; Zip Code <u>1820 College Hills Blvd SA 76904</u>	

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Date <u>April 30, 2018</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ward, Joan R</u>	Amount of contribution (\$) <u>\$100</u>
	Contributor address; City; State; Zip Code <u>3129 Senic Vista SA 76904</u>	

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Sally Ayana

3 Filer ID (Ethics Commission Filers)

4 Date

1-8-18
2-8-18
5-8-18

5 Full name of contributor

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

Wehner, Sherry

6 Contributor address;

City; State; Zip Code

2606 Jann Dr SA 76904

7 Amount of contribution (\$)

\$175

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-8-18

Full name of contributor

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

Youker, Christian R

Contributor address;

City; State; Zip Code

1517 S. Harrison SA 7690

Amount of contribution (\$)

\$80

Principal occupation / Job title (See Instructions)

Waste Disposal Inc

Employer (See Instructions)

Date

6-28-18

Full name of contributor

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

Tom Green County Democratic Party

Contributor address;

City; State; Zip Code

PO Box 3300 SA 76902

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)

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.		1 Total pages Schedule A2: 2	
2 FILER NAME Sally Ayana		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 3-16-18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shoemaker, Linda	8 Amount of Contribution \$ \$ 70	9 In-kind contribution description Stamps
7 Contributor address; City; State; Zip Code PO Box 62892 SA 76406		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		11 Employer (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 3-21-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shoemaker, Linda	Amount of Contribution \$ \$ 39.99	In-kind contribution description Envelope s
Contributor address; City; State; Zip Code PO Box 62892 SA 76406		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		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)			

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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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2	
2 FILER NAME Sally Ayana		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 3-23-18	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shoemaker, Linda	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code PO Box 62892 SA 76906		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		11 Employer (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 3-30-18	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shoemaker, Linda	Amount of Contribution \$ \$277.10	In-kind contribution description Printing letters
	Contributor address; City; State; Zip Code PO Box 62892 SA 76906		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Retired		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 THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 6
2 FILER NAME Sally Ayana		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 144
5 Date of loan 1-16-18	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayana, Sally	9 Loan Amount (\$) \$ 600
6 Is lender a financial institution? Y (N)	8 Lender address; City; State; Zip Code 707 W 18th St SA	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 2-3-18	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayana, Sally	Loan Amount (\$) \$150
Is lender a financial institution? Y (N)	Lender address; City; State; Zip Code 707 W 18th St SA 76903	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 complete this form.

1 Total pages Schedule E:

6

2 FILER NAME

Sally Ayana

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 144

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

Ayana, Sally

9 Loan Amount (\$)

\$9,000

6 Is lender a financial institution?

Y N

8 Lender address; City; State; Zip Code

707 W 18th St SA 76903

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

not applicable

18 Guarantor address; City; State; Zip Code

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

3-16-18

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

Ayana, Sally

Loan Amount (\$)

\$200

Is lender a financial institution?

Y N

Lender address; City; State; Zip Code

707 W 18th St SA 76903

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

not applicable

Guarantor address; City; State; Zip Code

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 complete this form.		1 Total pages Schedule E: 6
2 FILER NAME Sally Ayana		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 144
5 Date of loan 3-24-18	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayana, Sally	9 Loan Amount (\$) \$100
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code 707 W 18th St SA 76903	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 4-04-18	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayana, Sally	Loan Amount (\$) \$200
Is lender a financial institution? Y N	Lender address; City; State; Zip Code 707 W 18th St SA 76903	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
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 complete this form.

1 Total pages Schedule E:

6

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 144

5 Date of loan

7 Name of lender out-of-state PAC (ID#: _____)

9 Loan Amount (\$)

\$325

6 Is lender a financial institution?
Y N

8 Lender address; City; State; Zip Code

10 Interest rate

11 Maturity date

Ayana, Sally

707 W 18th St SA 76903

12 Principal occupation / Job title (See Instructions)

Retired

13 Employer (See Instructions)

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

6-1-18

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

Ayana, Sally

Loan Amount (\$)

Is lender a financial institution?
Y N

Lender address; City; State; Zip Code

Interest rate

707 W 18th St SA 76903

Maturity date

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

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 complete this form.		1 Total pages Schedule E:
2 FILER NAME <i>Sally Ayana</i>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan <i>5-23-18</i>	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ayana, Sally</i>	9 Loan Amount (\$)
6 Is lender a financial institution? Y N	8 Lender address; City; State; Zip Code <i>707 W. 18th St SA 76903</i>	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) <i>Retired</i>		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan <i>6-15-18</i>	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Ayana, Sally</i>	Loan Amount (\$)
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code <i>707 W 18th St SA 76903</i>	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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 complete this form.		1 Total pages Schedule E: 6
2 FILER NAME Ayana, Sally		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 144
5 Date of loan 6-19-18	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayana, Sally	9 Loan Amount (\$)
6 Is lender a financial Institution? Y (N)	8 Lender address; City; State; Zip Code 707 W 18th ST SA 76903	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Retired		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Travel Out Of District
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: 7	2 FILER NAME Sally Ayana	3 Filer ID (Ethics Commission Filers)
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4 Date 1-6-18	5 Payee name Sherley Spears
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6 Amount (\$) \$50	7 Payee address; City; State; Zip Code 1312 Rio Grande St SA 76901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-15-18	Payee name Sherley Spears
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Amount (\$) 1/400	Payee address; City; State; Zip Code 1312 Rio Grande St SA 76901
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expenses	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 1-30-18	Payee name Sherley Spears
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Amount (\$) \$650	Payee address; City; State; Zip Code Consulting Expenses
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) 1312 Rio Grande St San Angelo, TX 76901	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Sally Ayana	3 Filer ID (Ethics Commission Filers)
4 Date 1-30-18	5 Payee name Office Max	
6 Amount (\$) \$183.26	7 Payee address; City; State; Zip Code 4225 Sunset Dr SA 76904	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Supplies	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 1-24-18	Payee name Office Max	
Amount (\$) \$117.97	Payee address; City; State; Zip Code 4225 Sunset Blvd SA 76904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supplies	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	
Date 2-2-18	Payee name Ministerial Alliance	
Amount (\$) \$375	Payee address; City; State; Zip Code 1100 MLK Blvd SA 76903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Auditorium Rent	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 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		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Sally Ayers	3 Filer ID (Ethics Commission Filers)
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4 Date 2-2-18	5 Payee name Ministerial Alliance
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6 Amount (\$) \$150	7 Payee address; City; State; Zip Code 1100 MLK Blvd SA 76903
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) 1/2 month's rent Suites	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-15-18	Payee name Sherley Spears
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Amount (\$) \$500	Payee address; City; State; Zip Code 1312 Rio Grande SA 76901
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 2-2-18	Payee name Ministerial Alliance
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Amount (\$) \$150	Payee address; City; State; Zip Code 1100 MLK Blvd SA 76903
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Rent (1/2 mo) Suites	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	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 <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 3-1-18	Payee name Ministerial Alliance	
Amount (\$)	Payee address; City; State; Zip Code 1100 MLK Blvd SA 76903	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) March Rent Suite 2	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

Date 3-6-18	Payee name Office Max	
Amount (\$) #195.45	Payee address; City; State; Zip Code 4225 Sunset Dr SA 76904	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Office Supplies	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Sally Aganu	3 Filer ID (Ethics Commission Filers)
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4 Date 3-30-18	5 Payee name Sherley Spears
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6 Amount (\$) \$300	7 Payee address; City; State; Zip Code 1312 Rio Grande St SA 76901
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expenses	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-1-18	Payee name Minksterial Alliance
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Amount (\$) \$300	Payee address; City; State; Zip Code 1100 MLK Blvd SA 76903
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) April Rent Suite 2	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4-11-18	Payee name Q's Printing
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Amount (\$) \$243.56	Payee address; City; State; Zip Code 20 N. Howard St SA 76901
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Sally Ayana	3 Filer ID (Ethics Commission Filers)
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4 Date 5-1-18	5 Payee name Ministerial Alliance
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6 Amount (\$) \$300	7 Payee address; City; State; Zip Code 1100 MLK Blvd SA 76903
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) April Rent	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-23-18	Payee name John Thomas
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Amount (\$) \$120	Payee address; City; State; Zip Code 1801 Lillie SA 76903
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5-23-18	Payee name Q's Printing
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Amount (\$)	Payee address; City; State; Zip Code 20 N Howard St SA 76901
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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
Credit Card Payment

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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME Sally Ayana	3 Filer ID (Ethics Commission Filers)
4 Date 6-1-18	5 Payee name Ministerial Alliance	
6 Amount (\$) \$ 350	7 Payee address; City; State; Zip Code 1100 MLK Blvd	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) June Rent Use of Conference Rm	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date 6-18-18	Payee name Q's Printing	
Amount (\$) \$ 240.32	Payee address; City; State; Zip Code 20 N Howard St SH 76901	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	

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