

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: 7 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR <input checked="" type="checkbox"/> FIRST LAST SUFFIX Sally Ayana | OFFICE USE ONLY | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 707 West 18 th Street San Angelo, TX 76903 | Date Received OCT 29 2018 | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE PHONE NUMBER EXTENSION (325) 716-6391 | Date Hand-delivered or Date Postmarked | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST LAST SUFFIX Ivey Mossell | Receipt # | Amount \$ |
| 7 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2124 Guadalupe St San Angelo, TX 76901 | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (325) 944-1137 | | |
| 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 type="checkbox"/> July 15 <input checked="" 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 Month Day Year Sept / 28 / 2018 THROUGH Oct / 27 / 2018 | | |
| 11 ELECTION | ELECTION DATE Month Day Year 11 / 06 / 2018 | ELECTION TYPE <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) Justice of the Peace Pct 1 Tom Green County | |

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**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.

COMMITTEE TYPE
 GENERAL
 SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

| | | |
|-------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------|
| 17 CONTRIBUTION TOTALS | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 241.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 2,191.62 |
| EXPENDITURE TOTALS | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED | \$ 145.26 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 2,042.58 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ 1,671.08 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ |

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.

Sally Ayana
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sally Ayana, this the 29th day of October, 2016, to certify which, witness my hand and seal of office.

R. Olivas
Signature of officer administering oath

Rudy Olivas
Printed name of officer administering oath

Elec. Coord.
Title of officer administering oath

SUBTOTALS - C/OH

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

| | | |
|---------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| 19 FILER NAME | | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS NAME OF SCHEDULE | | SUBTOTAL AMOUNT |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 2,191.62 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 0 |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ 0 |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ 0 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 2,049.58 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ 0 |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ 0 |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ 0 |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ 0 |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 0 |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0 |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

Sally Ayana

3 Filer ID (Ethics Commission Filers)

4 Date

10-15-18

5 Full name of contributor out-of-state PAC (ID#: _____)

Ballard, Michael

6 Contributor address; City; State; Zip Code 76901

2320 W. Harris Ave San Angelo, TX

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

Retired Military Disabled

9 Employer (See Instructions)

Date

10-05-18

Full name of contributor out-of-state PAC (ID#: _____)

Barbour, Denise

Contributor address; City; State; Zip Code 76904

2902 Woodland Cir San Angelo, TX

Amount of contribution (\$)

\$ 75.00

Principal occupation / Job title (See Instructions)

Homemaker

Employer (See Instructions)

Date

10-15-18

Full name of contributor out-of-state PAC (ID#: _____)

Miller, Dorothy

Contributor address; City; State; Zip Code 76903

2100 Shelton San Angelo, TX

Amount of contribution (\$)

\$ 50.00
\$ 50.00

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

10-15-18

Full name of contributor out-of-state PAC (ID#: _____)

Rice, Barbara

Contributor address; City; State; Zip Code 76903

323 W. 12th St San Angelo, TX

Amount of contribution (\$)

\$ 125.00

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:

2

2 FILER NAME

Sally Ayana

3 Filer ID (Ethics Commission Filers)

4 Date

10-25-18

5 Full name of contributor out-of-state PAC (ID#: _____)

Shoemaker, Linda

6 Contributor address; City; State; Zip Code 76904

2169 Gun Club Rd San Angelo, TX

7 Amount of contribution (\$)

\$ 200.00

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

10-5-18

Full name of contributor out-of-state PAC (ID#: _____)

TGC Democratic Party

Contributor address; City; State; Zip Code 76903

12 E. Twobig San Angelo, TX

Amount of contribution (\$)

\$ 1,100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10-18-18

Full name of contributor out-of-state PAC (ID#: _____)

(PAYPAL Trsf) Busbee, Warren

Contributor address; City; State; Zip Code 76904

Grandview Ave San Angelo, TX

Amount of contribution (\$)

\$ 250.00

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)

Determination of PayPal records pending

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor 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
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: | | 2 FILER NAME <i>Sally Ayana</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date | | 5 Payee name <i>Gethsemane Missionary Baptist Church</i> | | | |
| 6 Amount (\$) <i>\$150.00</i> | | 7 Payee address: City; State; Zip Code <i>1720 MLK Blvd. San Angelo, TX 76903</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) <i>Other - Refund</i> | | (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 ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>10-12-18</i> | | Payee name <i>Sylvia Pate</i> | | | |
| Amount (\$) <i>\$1,029.07</i> | | Payee address: City; State; Zip Code <i>5178 Cralle Rd. Christoval, TX 76935</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i> | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought Office held | |
| Date <i>10-16-18</i> | | Payee name <i>San Angelo Ministerial Alliance</i> | | | |
| Amount (\$) <i>\$300.00</i> | | Payee address: City; State; Zip Code <i>1100 MLK BLVD San Angelo, TX 76903</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) <i>Office Overhead</i> | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY 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 | 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: | | 2 FILER NAME <i>Sally Ayana</i> | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date <i>10-14-18</i> | | 5 Payee name <i>Sylvia Pate</i> | | | |
| 6 Amount (\$) <i>\$ 18.25</i> | | 7 Payee address; City; State; Zip Code <i>5178 Cralle Rd. Christoval, TX 76935</i> | | | |
| 8 PURPOSE OF EXPENDITURE | | (a) Category (See Categories listed at the top of this schedule) <i>Advertising Expenses</i> | | (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 ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| Date <i>10-14-18</i> | | Payee name <i>PAYPAL FEE online</i> | | | |
| Amount (\$) <i>\$ 7.55</i> | | Payee address; City; State; Zip Code <i>online</i> | | | |
| PURPOSE OF EXPENDITURE | | Category (See Categories listed at the top of this schedule) <i>PAYAL FEE</i> | | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |
| 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 | |
| Complete ONLY if direct expenditure to benefit C/OH | | Candidate / Officeholder name | | Office sought | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED