

# 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

OFFICE USE ONLY

Date Received

RECEIVED

APR 04 2024  
10:18 P.M. A.C.  
City Secretary's Office

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

☐ Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY:

STATE:

ZIP CODE

(Residence or Business)

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

9 REPORT TYPE

☐ January 15

☒ 30th day before election

☐ Runoff

☐ 15th day after campaign  
treasurer appointment  
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded Modified  
Reporting Limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

Month

Day

Year

THROUGH

11 ELECTION

ELECTION DATE

Month

Day

Year

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other  
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

14 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

COMMITTEE NAME

☐ Additional Pages

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,910.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 6600.58
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,457.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 10,000

18 SIGNATURE 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

Please complete either option below:

## (1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ 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

OR

## (2) Unsworn Declaration

My name is Mark A. Aland, and my date of birth is [REDACTED].

My address is [REDACTED].

Executed in DeWitt (street) County, State of TX (city), on the 4 day of April (state), 2024 (zip code) (country).

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME

*Mark Alamo*

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE

SUBTOTAL  
AMOUNT

- |     |   |             |
|-----|---|-------------|
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 4,910.00 |
| 2.  | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 1968.16  |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$          |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 10,000   |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 6600.58  |
| 6.  | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$ 1600.00  |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS             | \$ 100.00   |
| 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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **8**

2 FILER NAME

**MARK P. LAND**

3 Filer ID (Ethics Commission Filers)

4 Date

**1/18/24**

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**JOHN BATES**

7 Amount of contribution (\$)

**50.00**

6 Contributor address;

City;

State;

Zip Code

**1808 DIETZ DR KENNY TX 75033**

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

**1/24/24**

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**MIKE RAFFERTY**

Amount of contribution (\$)

**500.00**

Contributor address;

City;

State;

Zip Code

**3948 BROADMOOR WAY KENNY TX 75033**

Principal occupation / Job title (See Instructions)

**RETIRED**

Employer (See Instructions)

Date

**2/23/24**

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**LINDA SZILAGYI**

Amount of contribution (\$)

**300.00**

Contributor address;

City;

State;

Zip Code

**3861 NARVALO WAY KENNY TX 75034**

Principal occupation / Job title (See Instructions)

**RETIRED**

Employer (See Instructions)

Date

**2/23/24**

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

**LARRY WIDOMAN**

Amount of contribution (\$)

**100.00**

Contributor address;

City;

State;

Zip Code

**3861 FRIOWAY KENNY TX 75034**

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mark P. Alamed

3 Filer ID (Ethics Commission Filers)

4 Date

2/29/24

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Verif Lucas

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

14834 Hollyleaf Dr Fungo TX 75035

8 Principal occupation / Job title (See Instructions)

REALTOR

9 Employer (See Instructions)

MY REALTY TOWN

Date

3/3/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

DR Paul Vessal

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1112 Rolling Thunder Rd Fungo TX 75036

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/3/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Saharshwar Abdellatif

Amount of contribution (\$)

5.00

Contributor address;

City;

State;

Zip Code

5205 Bulfinch Dr Garland TX 75043

Principal occupation / Job title (See Instructions)

REALTOR

Employer (See Instructions)

Date

3/10/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Osby Alamed

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

7904 Starly Dr Fungo TX 75036

Principal occupation / Job title (See Instructions)

STUDENT

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mark Plonk

3 Filer ID (Ethics Commission Filers)

4 Date

3/14/24

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Wesley News

7 Amount of contribution (\$)

500.00

6 Contributor address;

City;

State;

Zip Code

3915 BALFAC CT FORT TX 75034

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

3/15/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

PAUL PERKOFF

Amount of contribution (\$)

45.00

Contributor address;

City;

State;

Zip Code

7914 RUSKIN CIRCLE FORT TX 75034

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/18/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

STANLEY GORDON

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

641 BRIARCLIFF DR COPENHAGEN TX 75019

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

BHIC REAL ESTATE

Date

3/19/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Ryan Williams

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

[REDACTED]

Principal occupation / Job title (See Instructions)

COMMERCIAL DEVELOPMENT

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mark Piland

3 Filer ID (Ethics Commission Filers)

4 Date

3/19/24

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

TAL THEVENOT

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

City;

State;

Zip Code

8349 Fair Oaks Lane TX 75033

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/19/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

SALMA EVANS

Amount of contribution (\$)

25.00

Contributor address;

City;

State;

Zip Code

4267 BAY HARBOR LANE DFW TX 75034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/21/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

RAM KUNDEL

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

9651 Crown Ridge Dr FLD TX 75035

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3/25/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Julie Walsh

Amount of contribution (\$)

75.00

Contributor address;

City;

State;

Zip Code

11130 Monarch Dr FLD TX 75035

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mark Alford

3 Filer ID (Ethics Commission Filers)

4 Date

3/26/24

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

DAVID PENCE

7 Amount of contribution (\$)

25.00

6 Contributor address;

City;

State;

Zip Code

9579 CROWN MEADOW DR TX 75035 KANSAS

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/24/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

BETHANNI OSBORN

Amount of contribution (\$)

110.00

Contributor address;

City;

State;

Zip Code

12400 KYLE LAKE KANSAS TX 75036

Principal occupation / Job title (See Instructions)

Sales

Employer (See Instructions)

Date

3/27/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

CHRYSTLE MITCHELL

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

8057 BROAD HOLLOW BLVD TX 75034 KANSAS

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/29/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

LANCE WIDENBERG

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

3861 FLOWERY KANSAS TX 75034

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Mark P. Leland*

3 Filer ID (Ethics Commission Filers)

4 Date

*3/31/24*

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Lena Mesquich*

7 Amount of contribution (\$)

*50.00*

6 Contributor address;

City;

State;

Zip Code

*24 4104 Navarro Hwy Keno TX 75034*

8 Principal occupation / Job title (See Instructions)

*RETIRED*

9 Employer (See Instructions)

Date

*3/31/24*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Tikana Stricklin*

Amount of contribution (\$)

*250.00*

Contributor address;

City;

State;

Zip Code

*24 856 Capital Lane OK Keno TX 75036*

Principal occupation / Job title (See Instructions)

*ECAMISCU-NAT BDM*

Employer (See Instructions)

Date

*3/31/24*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Melinda Preston*

Amount of contribution (\$)

*50.00*

Contributor address;

City;

State;

Zip Code

*24 13370 Bayfield OK Keno TX 75034*

Principal occupation / Job title (See Instructions)

*CT Defending Freedom*

Employer (See Instructions)

Date

*3/31/24*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Keef Kufner*

Amount of contribution (\$)

*50.00*

Contributor address;

City;

State;

Zip Code

*24 8423 Tallford Ln Keno TX 75033*

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Mark A. Aland

3 Filer ID (Ethics Commission Filers)

4 Date

3/31/24

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

LARRY WALKER

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

24 5938 Indiana Boulevard KANSAS CITY MO 64114

8 Principal occupation / Job title (See Instructions)

Retired Organized - Self emp

9 Employer (See Instructions)

Date

3/31/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Debra White

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

24 1920 Natural Bridge Dr KANSAS CITY MO 64114

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

3/31/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

LARRY DECKERT

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

24 11338 Belt Trail Circle KANSAS CITY MO 64114

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/1/24

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Terri Palesch

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

24 2600 Chalk Knoll Ct AUSTIN TX 78735

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

*Mark P. Land*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/1/24*

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Jonis Stields*

7 Amount of contribution (\$)

*25.00*

6 Contributor address;

City;

State;

Zip Code

*7881 Meadow Hill Dr Keweenaw 75038*

8 Principal occupation / Job title (See Instructions)

*REACTOR*

9 Employer (See Instructions)

*WAIMA GROUP*

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 3

2 FILER NAME Mark P. Isaac

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date

3/3/24

6 Full name of contributor ☐ out-of-state PAC (ID#)

Rod De Mook

7 Contributor address; City; State; Zip Code

4701 PATTEN L W TX 75084

8 Amount of Contribution \$

375.00

9 In-kind contribution description

100 face value

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

DIRECTOR SENIOR HEALTHCARE

11 Employer (FOR NON-JUDICIAL) (See Instructions)

SELF

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

2/24/24

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

BANK LIVINGSTON BLANK

Contributor address; City; State; Zip Code

[REDACTED]

Amount of Contribution \$

696.89

In-kind contribution description

ROAD SIDE

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

BLANK

Employer (FOR NON-JUDICIAL) (See Instructions)

BI BANK

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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

Mark P. Leland

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

3/24/24

6 Full name of contributor

Rudy De Mool

☐ out-of-state PAC (ID#:

8 Amount of Contribution \$

61.66

9 In-kind contribution description

21A T102  
SICUT

7 Contributor address;

City;

State;

Zip Code

4701 PATTERSON BLVD  
75035

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

DRUG DEVELOPMENT

11 Employer (FOR NON-JUDICIAL) (See Instructions)

SELF

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

3/31/24

Full name of contributor

SAMUEL GALT

☐ out-of-state PAC (ID#:

Contributor address;

City;

State;

Zip Code

425 old number RD  
75035

Amount of Contribution \$

212.17

In-kind contribution description

T-SHIRT

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

REALTOR

Employer (FOR NON-JUDICIAL) (See Instructions)

BHG.

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.



# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

Mark Piland

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

2/29/24

6 Full name of contributor ☐ out-of-state PAC (ID#:

CASEY WAITS

8 Amount of Contribution \$

622.44

9 In-kind contribution description

ROAD SIGN

7 Contributor address; City; State; Zip Code

2950 MEADOWHURD FURCO TX 75033

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

INVESTMENT ADVISOR

11 Employer (FOR NON-JUDICIAL) (See Instructions)

SELF

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 Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

☐ Check if travel outside of Texas. Complete Schedule T.

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)

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

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

The Instruction Guide explains how to complete this form.		<b>1</b> Total pages Schedule E: <u>1</u>
<b>2</b> FILER NAME <u>MARK A. LAND</u>		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> TOTAL OF UNITEMIZED LOANS		\$ <u>10,000</u> <sup>00</sup>
<b>5</b> Date of loan <u>2/21/23</u>	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <u>MARK A. LAND</u>	<b>9</b> Loan Amount (\$)
<b>6</b> Is lender a financial Institution?  Y <input checked="" type="radio"/> N <input type="radio"/>	<b>8</b> Lender address; City; State; Zip Code <div style="background-color: black; height: 40px; width: 100%;"></div>	<b>10</b> Interest rate
		<b>11</b> Maturity date
<b>12</b> Principal occupation / Job title (See Instructions) <u>CONSULTANT</u>		<b>13</b> Employer (See Instructions) <u>SELF</u>
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> none		<b>15</b> <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
<b>16</b> GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal Occupation (See Instructions)		<b>21</b> 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 <input type="radio"/> N <input type="radio"/>	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		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
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**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
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: <b>6</b>	2 FILER NAME <b>Mark Aland</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>2/8/24</b>	5 Payee name <b>Kusco Press</b>	
6 Amount (\$) <b>1288.45</b>	7 Payee address; <b>520 CORN VISTA HEATH TX 75032</b>	City; State; Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Yard Signs</b>
	(c) <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 <b>2/14/24</b>	Payee name <b>Kusco Printing</b>	
Amount (\$) <b>93.12</b>	Payee address; <b>8585 Loma Verde Dr Kusco TX 75034</b>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Name Badges</b>
	<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 <b>2/26/24</b>	Payee name <b>Google LLC</b>	
Amount (\$) <b>12.00</b>	Payee address; <b>1600 Amphitheatre Dr Mt View CA 94043</b>	City; State; Zip Code
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>blackspace</b>
	<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**

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

## 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>MARK PILAND</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/27/24</i>	5 Payee name <i>PRINT NACZ</i>	
6 Amount (\$) <i>373.37</i>	7 Payee address; <i>1130 RUE H EAST, OLLINGTON TX 75033</i>	City; State; Zip Code
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Print Cards</i>
	(c) <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 <i>2/29/24</i>	Payee name <i>GORGIE CEC</i>	
Amount (\$) <i>53.73</i>	Payee address; <i>1600 Amphitheater Ave Mountain View CA 94043</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Workspace</i>
	<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 <i>3/8/24</i>	Payee name <i>SILVANA</i>	
Amount (\$) <i>162.38</i>	Payee address; <i>9410 Dallas Ave ST 160, FENCO TX 75033</i>	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Pop A. Baruch</i>
	<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**

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

## 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>MARK P. LIND</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/11/24</i>	5 Payee name <i>Keepers Assets</i>	
6 Amount (\$) <i>452.64</i>	7 Payee address; <i>520 LOMA VISTA, HEATH TX 75032</i>	City; State; Zip Code
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Fixed Signs</i>
	(c) <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 <i>3/12/24</i>	Payee name <i>KLOPE KLOATS</i>	
Amount (\$) <i>610.00</i>	Payee address; <i>1915 E VICTORY DR SAVANNAH GA 31404</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>REVENUE</i>	Description <i>MAGAZINE</i>
	<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 <i>3/27/24</i>	Payee name <i>HALLAND CLARK</i>	
Amount (\$) <i>75.19</i>	Payee address; <i>BI BANK 500 LAUREL ST, BATAVI LAURELA 70801</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>PRINTING</i>	Description <i>BANK CHECKS</i>
	<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**

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

## 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: <b>1</b>	2 FILER NAME <b>Mark Alamed</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/28/24</b>	5 Payee name <b>Rudys Country Store</b>	
6 Amount (\$) <b>283.34</b>	7 Payee address; <b>9829 DALLAS AVE</b>	City; <b>KILLEB</b> State; <b>TX</b> Zip Code <b>75054</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Event</b>	(b) Description <b>Meet &amp; Greet</b>
	(c) <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 <b>3/28/24</b>	Payee name <b>Spectrum</b>	
Amount (\$) <b>20.00</b>	Payee address; <b>12405 POWELL CMT AL</b>	City; _____ State; _____ Zip Code <b>170</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>M. Alamed</b>
	<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 <b>3/29/24</b>	Payee name <b>blitz.com</b>	
Amount (\$) <b>85.51</b>	Payee address; <b>500 TERRY A FRANKS</b>	City; _____ State; _____ Zip Code <b>San Francisco, CA</b>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>News</b>
	<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**

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

## 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: <u>6</u>		2 FILER NAME <u>Mark A. Land</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>3/31/24</u>		5 Payee name <u>Go99/2 CC</u>			
6 Amount (\$) <u>57.17</u>		7 Payee address; <u>1600 Amphitheatre Ave</u>		City; <u>Mountain View</u>	State; <u>CA</u> Zip Code <u>94048</u>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <u>RECREATION</u>		(b) Description <u>WORKSPACE</u>		
	(c) <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 <u>4/2/24</u>		Payee name <u>Community Impact</u>			
Amount (\$) <u>1,169.89</u>		Payee address; <u>16225 Impact Way</u>		City; <u>DFW</u>	State; <u>TX</u> Zip Code <u>78660</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>RECREATION</u>		Description <u>NEWSPAPER</u>		
	<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 <u>4/3/24</u>		Payee name <u>HOPE PLANTS</u>			
Amount (\$) <u>610.00</u>		Payee address; <u>1915 E VICTORY DR</u>		City; <u>SAVANNAH</u>	State; <u>GA</u> Zip Code <u>31404</u>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <u>RECREATION</u>		Description <u>MAGAZINES</u>		
	<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

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

### 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>MARK PILAND</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>3/1/24</i>	5 Payee name <i>Community Impact</i>	
6 Amount (\$) <i>1,149.89</i>	7 Payee address; City; State; Zip Code <i>14225 IMPACT WAY AFLUGERVILLE, TX 78660</i>	
8  PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>ADVERTISEMENT</i>	(b) Description <i>Newsprint</i>
	(c) <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>2/8/24 - 4/3/24</i>	Payee name <i>VERMO CITY</i>	
Amount (\$) <i>83.90</i>	Payee address; City; State; Zip Code <i>95 MORTON ST. New York, NY 10014</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Accounting</i>	Description <i>CONTRIBUTION Collection</i>
	<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	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 Office held

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# UNPAID INCURRED OBLIGATIONS

## SCHEDULE F2

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

### EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: <b>1</b>	2 FILER NAME <b>MARK P. LAND</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS		\$ <b>1600<sup>00</sup></b>

5 Date <b>2/27/24</b>	6 Payee name <b>RED ARROW</b>
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7 Amount (\$) <b>1600<sup>00</sup></b>	8 Payee address; <b>10300 Kuz Ridg 2 St Kuxco. TX 75033</b>	City;	State;	Zip Code
---	--	-------	--------	----------

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political	<input type="checkbox"/> Non-Political
-----------------------	---	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising</b>	(b) Description <b>Sign Department</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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TYPE OF EXPENDITURE	<input type="checkbox"/> Political	<input type="checkbox"/> Non-Political
---------------------	------------------------------------	--

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 <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 PERSONAL FUNDS

**SCHEDULE G**

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

<b>1</b> Total pages Schedule G: <u>1</u>	<b>2</b> FILER NAME <u>Mark P. Alamo</u>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date	<b>5</b> Payee name <u>GAMAL Abdel-HAFIZ</u>	
<b>6</b> Amount (\$) <u>100.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; <u>14860 MONITOR DR</u> <u>SUITE 206 DALLAS TX 75254</u>	City; State; Zip Code
<b>8</b> PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>	(b) Description <u>BACKGROUND CHECK</u>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name <u>MARK P. ALAMO</u>	Office sought <u>FIXED CITY COUNCIL PLACE 1</u>
		Office held <u>None</u>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
		Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name	Office sought
		Office held

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