#### CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM JCOR-C/OH

1	Filer ID (Eth	ics Commission Filers)	2 Total pages filed:					
Ē	00081704		23				OFFICE U	
3	CANDIDATE /	MS / MRS / MR	FIRST			MI	Date Received	
ľ	OFFICEHOLDER	The Honorable	Lela D.			IVII	ELECTRONICA 07/18/2023	LLY FILED
	NAME	NICKNAME				SUFFIX		
		NICKNAWE	LAST Mays			SUFFIX		
4	ORIGINAL	January 15			Other (sp	ecify)	Date Hand-delivered or I	Date Postmarked
ľ	REPORT TYPE	X July 15	Exceeded modified			(cony)	Receipt #	Amount
		30th day before election	15th day after cam					Amount
			appointment (office	holder only)			Date Processed	
		8th day before election	Final Report (Attac					
5	ORIGINAL PERIOD	Month Day Year	THROUGH		Day	Year	Date Imaged	
L		01/01/2023	THROUGH	06/30/	2023			
6	EXPLANATION OF C							
	Update address into	and added contributions.						
<b> </b> -	AFFIDAVIT							
ľ	AFFIDAVII			vear, or affirm, u correct.	under pe	nalty of perjury	v, that this corrected	report is true
			Che	eck the box nex	t to any a	and all applical	ble statements:	
			X	was made in	good fai	th and without	affirm that the origin an intent to mislead ned in the report.	
				Other report	t <b>s:</b> Isv	wear, or affirm,	that I am filing this c	corrected
				that the repor	rt as orig	inally filed is in	ss day after the date accurate or incomplention in the report a	ete. I
				filed was mad				0
					The	Honorable Le	ela D. Mays	
					Signatur	e of Candidate	or Officeholder	
	AFFIX NOTARY ST	AMP / SEAL ABOVE						
	Sworn to and subsc	ribed before me, by the said				, this tl	he	day
	of	, 20, to certi	fy which, witness my	hand and seal	of office.			
	Cignoture of offic	or administoring asth	Drinted name of a	fficor administr	vring cott		Title of officer admini	storing ooth
_	Signature of offic	er administering oath	Printed name of o	meer auministe	ang oatr	I	Title of officer admini	stening Oath
		Remember To Atta	ach Any Part Of Jed To Report A				ort Form	
		Need	icu io Report A		Solie	010115		

#### JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM JC/OH COVER SHEET PG 1

The JC/OH Instruction	Guide explains how to con	plete this form.	1 Filer ID (Ethics Commi 00081704		2 Total pages fi	led: 23
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	h	JSE ONLY
OFFICEHOLDER	The Honorable	Lela D.				JSE UNET
NAME	The Honorable	Lola D.			Date Received	
					ELECTRONIC	ALLY FILED
	NICKNAME	LAST		SUFFIX		
	-	Mays				
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; AP	T / SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered o	r Date Postmarked
MAILING	288 Ashwood Lane					
ADDRESS					Receipt #	Amount
Change of Address	Sunnyvale, TX 75182					
	,				Date Processed	
					Date Imaged	
5 CAMPAIGN	MS / MRS / MR	FIRST			MI	
TREASURER					IVII	
NAME	Mr.	Derryle G.				
	NICKNAME	LAST			SUFFIX	
		Peace				
6 CAMPAIGN	STREET ADDRESS (NO P	O BOX PLEASE);	AP	r / SUITE #; CITY;	STA	ATE; ZIP CODE
TREASURER	5633 Twineing St.					
ADDRESS						
(Residence or Business)	Dellas TV 75227					
	Dallas, TX 75227					
7 CAMPAIGN	AREA CODE PHO		EXTENSION			
TREASURER	(214) 236-6727					
PHONE	(214) 230-0727					
8 REPORT						
TYPE	January 15	30th day before	e election	Runoff	15th day after ca	mpaign treasurer
				L	appointment (offi	
	X July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Atta	ach C/OH-FR)
9 PERIOD	Month Day Year			Month Day	Year	
COVERED	01/01/2023	TI	HROUGH	06/30/202	3	
10 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month Day Year		Primary	Runoff	Other	
			Seneral	Special		
				i		
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)	
	District Judge District 28	3 Dallas				
	1			•		
		GO	TO PAGE 2			
Forms provided by Te	exas Ethics Commission	www.et	hics.state.tx.u	S	Versi	on V3.5.1.a18ea2ca

#### JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2 3 of 23

I

13 C / OH NAME	Mays, Lela D. (The H	onorable)	<b>14</b> Filer ID 00081704	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	enditures made by political hout the candidate's or offic nation only if they receive n			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	ME			
		COMMITTEE CAMPAIGN TREASURER AD	DRESS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS(OTHER ES OF LOANS, OR CONTRIBUTIONS MADE		\$ 0.00
		ICAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF L	OANS)	<b>\$</b> 4,160.84
EXPENDITURE TOTALS	· · · · ·	ZED POLITICAL EXPENDITURES	,	\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		<b>\$</b> 7,396.00
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF T RIOD	HE LAST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOAN TING PERIOD	S AS OF THE LAST DAY	<b>\$</b> 473.78
17 AFFIDAVIT				
			enalty of perjury, that the a des all information required ode.	
		The	e Honorable Lela D. May	'S
		Signati	ure of Candidate or Officeho	blder
AFFIX NO	TARY STAMP / SEAL AB	DVE		
		aid		day
of	2.			
Signature of offi	cer administering oath	Printed name of officer administering oa	th Title of office	er administering oath
Forms provided by Te	exas Ethics Commissior	www.ethics.state.tx.us		Version V3.5.1.a18ea2ca

### FORM JC/OH

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			C	OVER SHEE	<b>T PG 3</b> 4 of 23
18 FII	LER NAM	1E	19 Filer ID	(Ethics Commissi	on Filers)
M	ays, Lel	a D. (The Honorable)	00081704		
		E SUBTOTALS SCHEDULE		SUBTOTAL	AMOUNT
1.	X	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$	4,160.84
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	
4.		SCHEDULE E(J): LOANS (JUDICIAL)		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	S	\$	7,396.00
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTI	ONS	\$	

SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED

SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SUBTOTALS - JC/OH

8.

9.

10.

11.

12.

TO FILER

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A(J)1

The Instruc	ction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1: Sch: 1/3 Rpt: 5/23
2 FILER NAME		<b>3</b> Filer ID (Ethics Commission Filers)	
Mays, Lela D	). (The Honorable)		00081704
4 Date 03/08/2023	5 Full name of contributor out-of-state PAC (ID#: Ashford , George		7 Amount of Contribution (\$) \$242.28
	6 Contributor address; City; State; Zip Code		
	Dallas , TX 75201-3801		
8 Contributor's F Attorney	Principal Occupation	9 Contributor's Job Title Attorney	
10 Contributor's e	mployer/law firm	11 Law firm of contributor's sp	oouse (if any)
Law Office o	f George Ashford		
12 If contributor is	s a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/08/2023	Cox III, Thomas		\$970.61
	Contributor address; City; State; Zip Code		
	Dallas, TX 75225		
	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	mployer/law firm	Law firm of contributor's sp	oouse (if any)
	f Thomas Cox		
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/07/2023	Hoy, Natasha		\$250.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75208		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	Law firm of contributor's sp	oouse (if any)
Law Office o	f Natasha Hoy		
If contributor is	s a child, law firm of parent(s) (if any)		
⊢orms provided	by Texas Ethics Commission www.ethic	s.state.tx.us	Version V3.5.1.a18ea2ca

### MONETARY POLITICAL CONTRIBUTIONS

### SCHEDULE A(J)1

The Instrue	ction Guide explains how to complete this t	form.	1 Total pages Schedule A(J)1: Sch: 2/3 Rpt: 6/23
2 FILER NAME Mays, Lela D	D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081704
4 Date 03/08/2023	<ul> <li>5 Full name of contributor out-of-state PAC (ID#: Kay, Bruce</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>		7 Amount of Contribution (\$) \$242.28
	Dallas, TX 75201		
8 Contributor's F	Principal Occupation	9 Contributor's Job Title	
Attorney		Attorney	
10 Contributor's e	employer/law firm f Bruce Kaye	<b>11</b> Law firm of contributor's sp	bouse (if any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/08/2023	Knox, Bill		\$1,000.00
	Contributor address; City; State; Zip Code		
	Dallas, TX 75202		
Contributor's F	Principal Occupation	Contributor's Job Title	
Attorney		Attorney	
	employer/law firm	Law firm of contributor's sp	bouse (if any)
Law Office o			
If contributor is	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of Contribution (\$)
03/08/2023			\$485.06
	Contributor address; City; State; Zip Code		
	Grand Prairie, TX 75052		
Contributor's F	Principal Occupation	Contributor's Job Title	
Retired Judg	le	Retired Judge	
	employer/law firm	Law firm of contributor's sp	oouse (if any)
State of Texa	as		
If contributor is	s a child, law firm of parent(s) (if any)		
Eorms provided	hy Texas Ethics Commission www.ethic	es state ty us	Version V3 5 1 a18ea2ca

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 **1** Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. Sch: 3/3 Rpt: 7/23 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Mays, Lela D. (The Honorable) 00081704 5 Full name of contributor 4 Date Amount of Contribution (\$) out-of-state PAC (ID#: 7 03/08/2023 \$970.61 Wilson, Russell 6 Contributor address; City; State; Zip Code Dallas, TX 75201 Contributor's Principal Occupation 9 Contributor's Job Title 8 Attorney Attorney 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) Law Office of Russell Wilson 12 If contributor is a child, law firm of parent(s) (if any)

			E	XPENDITURE CA	TEGOR	RIES FOR	BOX 8	(a)				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Overhead/Rental Expense         Transportatic           Food/Beverage Expense         Polling Expense         Travel in Dist           GitfuAwards/Memorials Expense         Printing Expense         Travel Out of						Transportation E Travel in District Travel Out of Dis	vel Out of District HER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	
	Sch: 1/16 Rpt: 8/23		Mays, Lela D. ( <sup>-</sup>	The Honorable)						00081704		
4	Date 01/07/2023		Payee name Adobe									
6	Amount (\$)	7	Payee address;	City;	State <sup>.</sup>	Zip Co	le					_
Ŭ	\$16.23											
8	PURPOSE OF EXPENDITURE			egories listed at the top o I/Rental Expension		edule)				le of Texas. Com officeholder living	plete Schedule T. g expense	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeho	lder name	0	office sou	lht			Office he	eld	
	Date		Payee name									
	02/07/2023		Adobe									
	Amount (\$) \$16.23		Payee address; 11501 Domain I Austin, TX 7875		State;	Zip Co	le					
	PURPOSE OF EXPENDITURE			egories listed at the top o I/Rental Expension		edule)				le of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeho	lder name	0	office sou	lht			Office he	eld	
	Date		Payee name									=
	03/07/2023		Adobe									
	Amount (\$) \$16.23		Payee address; 11501 Domain I	City; Dr.	State;	Zip Co	le					
			Austin, TX 7875	8								
	PURPOSE OF EXPENDITURE			egories listed at the top o		edule)				le of Texas. Com officeholder living	plete Schedule T. g expense	
	Complete ONLY if direct expenditure to benefit C/OF		andidate/Officeho	lder name	0	)ffice sou	Iht			Office he	eld	

			EXPEN	DITURE CATEGOR	RIES FOR	BOX 8(a)					
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Fees         Office Overhaed/Rental Expense         Transportatio           Food/Beverage Expense         Polling Expense         Travel in Dist           Gift/Awards/Memorials Expense         Printing Expense         Travel Out of								
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID	(Ethics Commission Filers)		
	Sch: 2/16 Rpt: 9/23		Mays, Lela D. (The H	onorable)				00081704			
4	Date 04/07/2023		Payee name Adobe								
6	Amount (\$)	7	Payee address; City	r: State:	; Zip Co	le					
	\$16.23										
8	PURPOSE OF EXPENDITURE		Category <sub>(See Categories I</sub> Office Overhead/Ren		edule)			ide of Texas. Com , officeholder living			
						Program					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	ame C	Dffice sou	ht		Office he	əld		
	Date		Payee name								
	05/07/2023		Adobe								
	Amount (\$)		Payee address; City	; State;	; Zip Co	le					
	\$16.23		11501 Domain Dr.								
			Austin, TX 78758								
	PURPOSE OF EXPENDITURE		Category <sub>(See Categories I</sub> Office Overhead/Ren		iedule)			ide of Texas. Com , officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	ame C	Dffice sou	ht		Office he	eld		
-	Date		Payee name								
	06/07/2023		Adobe								
	Amount (\$)		Payee address; City	r State	; Zip Co	le					
	\$16.23		11501 Domain Dr.	,	, <b>1</b>						
			Austin, TX 78758								
	PURPOSE OF		Category (See Categories I		edule)	(b) Description			rists Ochodula Z		
	EXPENDITURE		Office Overhead/Ren	al Expense				ide of Texas. Com , officeholder living			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder na	ame C	Dffice sou	ht		Office he	eld		

			EXPENDITURE CATEGO	RIES FOF	BOX 8(a)		
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Legal Services The Instruction Guide explains	Office Ove Polling Ex Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 3/16 Rpt: 10/23		Mays, Lela D. (The Honorable)				00081704
4	Date	5	Payee name				
	05/12/2023		Bath and Body Works				
6	Amount (\$)	7	Payee address; City; State	; Zip Co	de		
	\$95.62		2063 Town East Mall	· •			
			Mesquite, TX 75150				
8	PURPOSE	(a)	-		(b) Description		
ľ	OF	(a)	Category (See Categories listed at the top of this sch Event Expense	nedule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE		Event Expense		Check if Austin	, тх	, officeholder living expense
					Event with co	ourt	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name (	Office sou	ght		Office held
	Date		Payee name				
	02/06/2023		Bridging the Gap Foundation				
	Amount (\$)		Payee address; City; State	; Zip Co	de		
	\$321.52		1134 Spring Lake Dr.				
			Duncanville, TX 75137				
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sch Event Expense	nedule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office sou	ght		Office held
-	Data	<u> </u>					
	Date 01/20/2023		Payee name Campaign Partner				
				7:- 0-			
	Amount (\$) \$49.00		Payee address; City; State P.O. Box 118	; Zip Co	ue		
	\$49.00		P.O. B0X 118				
			Still River, MA 01467				
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sch	nedule)	(b) Description		
	EXPENDITURE		Advertising Expense				ide of Texas. Complete Schedule T. , officeholder living expense
-	Complete ONLY if direct	L(	Candidate/Officeholder name	Office sou	ght		Office held
	expenditure to benefit C/OF				-		
-							

			EXPENDITURE CATEGOR	RIES FOF	BOX 8(a)			
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains I	Travel in District Travel Out of District	ment & Related Expense			
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (E	thics Commission Filers)
	Sch: 4/16 Rpt: 11/23		Mays, Lela D. (The Honorable)				00081704	
4	Date	5	Payee name					
	02/20/2023		Campaign Partner					
6	Amount (\$)	7	Payee address; City; State;	Zip Co	le			
-	\$49.00		P.O. Box 118	1				
			Still River, MA 01467					
8	PURPOSE	(0)			(b) Description			
ð	OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	ide of Texas. Complete	Schedule T
	EXPENDITURE		Advertising Expense				, officeholder living exp	
					Website			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	Office sou	Jht		Office held	
	Date		Payee name					
	03/20/2023		Campaign Partner					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$49.00		P.O. Box 118					
			Still River, MA 01467					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Advertising Expense	edule)			ide of Texas. Complete , officeholder living exp	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	)ffice sou	Jht		Office held	
	Date		Pavee name					
	04/20/2023		Campaign Partner					
	Amount (\$)		Payee address; City; State;	Zip Co	le			
	\$49.00		P.O. Box 118	·				
			Still River, MA 01467					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this sche	edule)	(b) Description	outsi	ide of Texas. Complete	Schedule T
	EXPENDITURE		Advertising Expense				, officeholder living exp	
-	Complete ONLY if direct	L(	Candidate/Officeholder name C	Office sou	Jht		Office held	
	expenditure to benefit C/OF							
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)										
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide exp	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)							
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)			
	Sch: 5/16 Rpt: 12/23		Mays, Lela D. (The Honorable)					00081704			
4	Date	5	Payee name								
	05/20/2023		Campaign Partner								
6	Amount (\$)	7	Payee address; City; S	State;	Zip Co	le					
	\$49.00		P.O. Box 118								
			Still River, MA 01467								
8	PURPOSE	(a)	Category (See Categories listed at the top of t	his scheo	dule)	(b) Description					
	OF EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T.			
							I, TX	a, officeholder living expense			
						Website					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice sou	ht		Office held			
	Date		Payee name								
	06/20/2023		Campaign Partner								
_	Amount (\$)		Payee address; City;	State:	Zip Co	le					
	\$49.00		P.O. Box 118	etato,	p 00.						
	Q+0.00		1.0. Dox 110								
			Still River, MA 01467								
	PURPOSE OF	(a)	Category (See Categories listed at the top of t	his scheo	dule)	(b) Description					
	EXPENDITURE		Advertising Expense					ide of Texas. Complete Schedule T. 3. officeholder living expense			
						Website	, .,				
_	Complete ONLY if direct		Candidate/Officeholder name	Of	ffice soug	ht		Office held			
	expenditure to benefit C/OI										
	Date		Payee name								
	01/30/2023		Chase Bank								
_	Amount (\$)			Stato:	Zip Co	10					
	\$15.00		P.O. Box 659754	State,		ie					
	φ13.00		F.O. D0X 039734								
			San Antonio, TX 78265-9754								
	PURPOSE	(a)	Category (See Categories listed at the top of t	his sched	dule)	(b) Description					
	OF EXPENDITURE		Fees					ide of Texas. Complete Schedule T.			
	EXPENDITORE						I, TX	a, officeholder living expense			
						Bank fees					
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Of	ffice sou	ht		Office held			
		1									

	EXPENDITURE CATEGORIES FOR BOX 8(a)									
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Rep Office Ove Polling Ex Printing E Salaries/V	aymei erhead pense xpens Xpens Vages	nt/Reimbursement d/Rental Expense e e /Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)		
	Sch: 6/16 Rpt: 13/23		Mays, Lela D. (The Honorable)					00081704		
4	Date 02/28/2023		Payee name Chase Bank							
6 Amount (\$) \$15.00 7 Payee address; City; State; Zip Code P.O. Box 659754 San Antonio, TX 78265-9754										
8	PURPOSE	(2)	Cotogon		(h)	Description				
8       PURPOSE       (a) Category (See Categories listed at the top of this schedule)       (b) Description         OF       Fees       Check if travel outside of Texas. Complete Schedule T.         Check if Austin, TX, officeholder living expense       Bank fees										
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	03/30/2023		Chase Bank							
	Amount (\$)		Payee address; City; State	e; Zip Co	ode					
	\$15.00		P.O. Box 659754 San Antonio, TX 78265-9754							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Fees	chedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held		
	Date		Payee name							
	04/30/2023		Chase Bank							
	Amount (\$) \$15.00		Payee address; City; Stat P.O. Box 659754	e; Zip Co	ode					
			San Antonio, TX 78265-9754							
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this so Fees	chedule)	(b)			de of Texas. Complete Schedule T. officeholder living expense		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Office sou	ight			Office held		

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Imittee Legal Services The Instruction Guide exp		Office Over Polling Exp Printing Ex Salaries/W	pense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			-	3	Filer ID (Ethics Commission Filers)
	Sch: 7/16 Rpt: 14/23		Mays, Lela D. (The Honorable)					00081704
4	Date	5	Payee name					
	05/30/2023		Chase Bank					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	de		
	\$15.00		P.O. Box 659754					
			San Antonio, TX 78265-9754					
8	PURPOSE	(a)	Category (See Categories listed at the top of	this saha	dulo)	(b) Description		
-	OF		Fees	unis sche	dule)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE					Check if Austin	, TX	, officeholder living expense
						Bank fees		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	Of	ffice sou	ght		Office held
_	Date		Pavee name					
	06/30/2023		Chase Bank					
		<u> </u>		Stata:	Zin Co			
	Amount (\$)			State;	Zip Co	le		
	\$15.00		P.O. Box 659754					
			San Antonio, TX 78265-9754					
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of Fees	this sche	edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		andidate/Officeholder name	Ot	ffice sou	ght		Office held
-	Date		Payee name					
	03/10/2023		Clayton, Daniel					
_	Amount (\$)			Stata:	Zip Co			
	\$1,000.00		2400 S. Ervay St.	State,	Zip Co			
	φ1,000.00		2400 S. Elvay St.					
			Dallas, TX 75215					
	PURPOSE	(a)	Category (See Categories listed at the top of	this sche	dule)	(b) Description		
	OF EXPENDITURE		Consulting Expense					ide of Texas. Complete Schedule T. , officeholder living expense
-	Complete ONLY if direct		andidate/Officeholder name	0	ffice soug	tht		Office held
	expenditure to benefit C/OI			0	300	<u></u>		
-								

		EXPENDITURE CATEGO				
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayme Office Overhea Polling Expens Printing Expen Salaries/Wage	ent/Reimbursement ad/Rental Expense se ise iss/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed a	
1	Total pages Schedule F1:				3 Filer ID (Ethics Commis	sion Filers)
	Sch: 8/16 Rpt: 15/23	Mays, Lela D. (The Honorable)			00081704	,
4	Date	Payee name		•		
	03/15/2023	Constant Contact				
6	Amount (\$)	Payee address; City; State	; Zip Code			
	\$10.65	L601 Trapelo Rd.				
		at Reservoir Place				
		Waltham, MA 02451				
L						
8	PURPOSE OF	Category (See Categories listed at the top of this sch	nedule) (b)	Description		
	EXPENDITURE	Advertising Expense			utside of Texas. Complete Schedule T. TX, officeholder living expense	
				Computer pro		
				Computer pro	gram	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	andidate/Officeholder name	Office sought		Office held	
	Date	Payee name				
	02/15/2023	Constant Contact				
⊢	Amount (\$)	Payee address; City; State	; Zip Code			
	\$10.65	L601 Trapelo Rd.	, 20 0000			
	Φ10.05	-				
		at Reservoir Place				
		Waltham, MA 02451				
	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sch Advertising Expense	nedule) (b)		utside of Texas. Complete Schedule T. TX, officeholder living expense <b>gram</b>	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	andidate/Officeholder name	Office sought		Office held	
_						
	Date	Payee name				
	03/15/2023	Dallas Morning News				
	Amount (\$)	Payee address; City; State	; Zip Code			
	\$23.40	1954 Commerce St.				
		Dallas, TX 75201				
	PURPOSE	Category (See Categories listed at the top of this sch	nedule) (b)	Description		
	OF EXPENDITURE	Office Overhead/Rental Expense			utside of Texas. Complete Schedule T.	
					TX, officeholder living expense	
				Newspaper		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Officeholder name	Office sought		Office held	

	EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fe Fo Gi nmittee Le	vent Expense bes pod/Beverage Expense ift/Awards/Memorials Expen egal Services <b>he Instruction Guide e</b>	Offic Polli se Prin Sala	ce Overhe ng Expen ting Expe tries/Wag	nse es/Contract Labor		Travel in District Travel Out of Dis	quipment & Related Expense
1	Total pages Schedule F1:	FILER NAME					3	Filer ID	(Ethics Commission Filers)
	Sch: 9/16 Rpt: 16/23		. (The Honorable)					00081704	
4	Date 06/12/2023	Payee name Fluellen's							
6	Amount (\$) \$43.00	Payee address 1408 Elm St. Dallas, TX 75		State; Zip	) Code				
8 PURPOSE OF EXPENDITURE (a) Category (See Categorie Event Expense				of this schedule)	(b			de of Texas. Com officeholder living	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	andidate/Office	holder name	Office	sough	t		Office he	eld
	Date	Payee name							
	03/08/2023	Frank Crowle	y Parking Garage						
	Amount (\$) \$120.00	Payee address 133 N RIverfr		State; Zip	) Code				
	PURPOSE OF EXPENDITURE	Dallas, TX 75 Category <sub>(See</sub> Event Expens	Categories listed at the top of	of this schedule)	(b		ı, TX,	de of Texas. Com officeholder living Ig for court e	expense
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Office	holder name	Office	sough	t		Office he	eld
	Date	Payee name							
	05/24/2023	Go Daddy							
	Amount (\$) \$30.16	Payee address 2155 E Go Da	-	State; Zip	) Code				
		Tempe, AZ 8	5284						
	PURPOSE OF EXPENDITURE		Categories listed at the top o ead/Rental Expense		(b			de of Texas. Com officeholder living	
	Complete ONLY if direct expenditure to benefit C/OF	andidate/Office	holder name	Office	sough	t		Office he	eld

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe nmittee Legal Services The Instruction Guide		Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 10/16 Rpt: 17/23		Mays, Lela D. (The Honorable)					00081704
4	Date	5	Payee name				•	
	05/23/2023		Hart, Desmond					
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	le		
	\$180.00		133 N. Riverfront #31					
			Dallas, TX 75207					
8	PURPOSE	(a)	Category (See Categories listed at the top	p of this sche	edule)	(b) Description		
	OF EXPENDITURE		Event Expense					ide of Texas. Complete Schedule T.
						Law enforce		, officeholder living expense
						Law emore	nei	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oł		Candidate/Officeholder name	C	Dffice sou	ht		Office held
_	Date		Payee name					
	03/25/2023		Iglehon, Sosa					
		_	-	Ctoto	Zin Co			
	Amount (\$)		Payee address; City;	State;	Zip Co	ie		
	\$400.00		288 Ashwood Lane					
			Sunnyvale, TX 75182					
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top Office Overhead/Rental Expen		edule)			ide of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name	C	Office sou	ht		Office held
	Date		Payee name					
	03/09/2023		Kiss Donuts					
	Amount (\$)		Payee address; City;	State:	Zip Co	le		
	\$42.78		4701 N Galloway Ave	,	I			
			Mesquite, TX 75150					
	PURPOSE OF	(a)	Category (See Categories listed at the top	p of this sch	edule)	(b) Description		ide of Taura Departure Only 11 T
	EXPENDITURE		Food/Beverage Expense					ide of Texas. Complete Schedule T. , officeholder living expense
-	Complete ONLY if direct		Candidate/Officeholder name	C	Office sou	ht		Office held
	expenditure to benefit C/OI	H						

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reimbursement Fees Od/Beverage Expense Sift/Awards/Memorials Expense Sift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	· · · ·	3 Filer ID (Ethics Commission Filers)				
-	Sch: 11/16 Rpt: 18/23	Mays, Lela D. (The Honorable)	00081704				
4	Date 02/13/2023	Payee name Mama's Daughters					
6	Amount (\$) \$51.32	Payee address; City; State; Zip Code 2014 Irving Blvd Dallas, TX 75207					
8	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. h, TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	06/01/2023	Metrocare Services					
	Amount (\$) \$112.00	Payee address; City; State; Zip Code 1345 River Bend Dr. Suite 200 Dallas, TX 75247					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. I, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/29/2023	My Video Production					
	Amount (\$) \$2,948.73	Payee address;City;State;Zip Code1690 FM 423					
		Frisco, TX 75003					
	PURPOSE OF EXPENDITURE		outside of Texas. Complete Schedule T. n, TX, officeholder living expense c <b>tion</b>				
	Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Event Expense Loan Repayment/Reinbur Fees Office Overhead/Rental Expense Office Overhead/Rental Expense Polling Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract L The Instruction Guide explains how to complete this for	pense Transportation Equipment & Related Expense Travel in District Travel Out of District abor OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)				
	Sch: 12/16 Rpt: 19/23	Mays, Lela D. (The Honorable)	00081704				
4	Date 03/08/2023	Payee name PayPal					
6	Amount (\$) \$125.84	Payee address; City; State; Zip Code 2211 N. First St. San Jose, CA 95131					
8	PURPOSE OF EXPENDITURE		tion k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	03/29/2023	Popeye's					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$19.44	4700 Rodd Dallas, TX 75207					
	PURPOSE OF EXPENDITURE		tion ĸ if travel outside of Texas. Complete Schedule T. ĸ if Austin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				
	Date	Payee name					
	01/04/2023	Resendez, Herlinda					
	Amount (\$) \$250.00	Payee address; City; State; Zip Code 3102 Dusty Oak					
		Dallas, TX 75227					
	PURPOSE OF EXPENDITURE		k if travel outside of Texas. Complete Schedule T. k if Austin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sought	Office held				

	EXPENDITURE CATEGORIES FOR BOX 8(a)						
	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains f	Office Ove Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME			3	Filer ID (Ethics Commission Filers)
	Sch: 13/16 Rpt: 20/23		Mays, Lela D. (The Honorable)				00081704
4	Date 05/23/2023		Payee name Richmond, Prentice				
6	Amount (\$) \$180.00		Payee address; City; State; 133 N. Riverfront #31 Dallas, TX 75207	Zip Co	le		
8	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Event Expense	edule)	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense nt cost for Narcan distribution
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		candidate/Officeholder name C	office sou	ht		Office held
	Date		Payee name				
	05/15/2023		Rocky Jones				
	Amount (\$) \$140.00		Payee address; City; State; 133 N. Riverfront Blvd Dallas, TX 75207	Zip Co	le		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the top of this sche Event Expense	edule)	Check if Austin	, TX,	ide of Texas. Complete Schedule T. , officeholder living expense ement to Pelican House
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name C	office sou	ht		Office held
	Date		Payee name				
	05/12/2023		Sam's Club				
	Amount (\$) \$173.51		Payee address; City; State; 5555 S. Buckner Blvd	Zip Co	le		
			Dallas, TX 75228				
	PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this sche Food/Beverage Expense	edule)		, TX	ide of Texas. Complete Schedule T. , officeholder living expense Celebration
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name C	)ffice sou	ht		Office held

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made E Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense	Office Over Polling Exp Printing Ex Salaries/W	oense ages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 14/16 Rpt: 21/23		Mays, Lela D. (The Honoral	ole)				00081704
4	Date	5	Payee name				I	
	01/03/2023		Storquest Storage					
6	Amount (\$)	7	Payee address; City;	State	; Zip Coo	le		
	\$82.00		920 US 80					
			Mesquite, TX 75149					
8	PURPOSE	(a)	Category (See Categories listed at th	ne ton of this sch	edule)	(b) Description		
	OF		Office Overhead/Rental Exp		icuaic)		outsi	ide of Texas. Complete Schedule T.
	EXPENDITURE							, officeholder living expense
						Campaign st	ora	ge
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		andidate/Officeholder name	(	Office soug	lht		Office held
	Date		Payee name					
	02/03/2023		Storquest Storage					
	Amount (\$)		Payee address; City;	State	; Zip Coo	le		
	\$82.00		920 US 80					
			Mesquite, TX 75149					
	PURPOSE	(a)	Category (See Categories listed at th	ne top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Exp		,			ide of Texas. Complete Schedule T.
								, officeholder living expense
						Campaign st	ora	ge
	Complete ONLY if direct		Candidate/Officeholder name		Office souc	.bt		Office held
	expenditure to benefit C/OI			(	Juice sout	hu		Office field
	Data	<u> </u>						
	Date 03/03/2023		Payee name Storquest Storage					
				Ctoto	· Zin Co			
	Amount (\$) \$82.00		Payee address; City; 920 US 80	State	; Zip Coo	ie		
	φ02.00		920 03 80					
			Mesquite, TX 75149					
	PURPOSE	(a)	Category (See Categories listed at th	ne top of this sch	nedule)	(b) Description		
	OF EXPENDITURE		Office Overhead/Rental Exp	oense				ide of Texas. Complete Schedule T.
								, officeholder living expense
						Campaign st	ura	Ŋе
_	Complete ONL V if direct	Ļ	Candidate/Officeholder name		Office cours	bt		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OF			C	Office soug	pric		
-								

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense nmittee Legal Services The Instruction Guide expla	Office O Polling E Printing Salaries	verhea xpens Expens Wages	se s/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 15/16 Rpt: 22/23		Mays, Lela D. (The Honorable)					00081704
4	Date	5	Payee name					
	04/03/2023		Storquest Storage					
6	Amount (\$)	7	Payee address; City; St	ate; Zip C	ode			
	\$82.00		920 US 80					
			Mesquite, TX 75149					
8	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.
								, officeholder living expense
						Campaign st	ora	lge
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OF		Candidate/Officeholder name	Office so	ught			Office held
	Date		Payee name					
	05/03/2023		Storquest Storage					
	Amount (\$)		Payee address; City; St	ate; Zip C	ode			
	\$82.00		920 US 80					
			Mesquite, TX 75149					
	PURPOSE OF	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description		
	EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.
						Campaign sto		, officeholder living expense
						Campaign su	υιαί	uge
_	Complete ONLY if direct		Candidate/Officeholder name	Office so				Office held
	expenditure to benefit C/Oł		andidate/Onicenoider name	Once so	uyin			Once held
_	Date		Payee name					
	06/03/2023		Storquest Storage					
	Amount (\$)			ate; Zip C	odo			
	\$82.00		920 US 80	αιε, Ζιρ Ο	oue			
	φ02.00		920 03 00					
			Mesquite, TX 75149					
	PURPOSE	(a)	Category (See Categories listed at the top of this	s schedule)	(b)	Description		
	OF EXPENDITURE		Office Overhead/Rental Expense					ide of Texas. Complete Schedule T.
	EXPENDITORE							, officeholder living expense
						Campaign st	ora	ge
	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught			Office held
	expenditure to benefit C/OI							

		EXPENDITURE CATEGORIES FOR BOX 8(a)
Ad Cd Cd	dvertising Expense ccounting/Banking onsulting Expense ontributions/ Donations Made By Candidate/Officeholder/Politica redit Card Payment	
	tal pages Schedule F1:	
Sc	h: 16/16 Rpt: 23/23	Mays, Lela D. (The Honorable) 00081704
4 Dat	te	5 Payee name
05/	/29/2023	The Haven of Love
<b>6</b> Am	nount (\$) \$100.00	7 Payee address;     City;     State; Zip Code       910 Tracy Court
		Duncanville, TX 75137
	PURPOSE OF XPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Luncheon</li> </ul>
	mplete <u>ONLY</u> if direct penditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Dat	te	Payee name
	/03/2023	Tiff's Treats
AIII	nount (\$) \$44.00	Payee address; City; State; Zip Code 1001 Ross Ave. Dallas, TX 75225
	PURPOSE OF XPENDITURE	<ul> <li>(a) Category (See Categories listed at the top of this schedule)</li> <li>Event Expense</li> <li>(b) Description</li> <li>Check if travel outside of Texas. Complete Schedule T.</li> <li>Check if Austin, TX, officeholder living expense</li> <li>Court event</li> </ul>
	mplete <u>ONLY</u> if direct penditure to benefit C/OF	Candidate/Officeholder name Office sought Office held H