FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00081704 17 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** The Honorable Lela D. NAME Date Received **ELECTRONICALLY FILED** 01/15/2025 NICKNAME LAST **SUFFIX** Mays CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 288 Ashwood Lane MAILING Amount Receipt # **ADDRESS** Change of Address Sunnyvale, TX 75182 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mr. Derryle G. NAME NICKNAME LAST **SUFFIX** Peace STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 5633 Twineing St. **ADDRESS** (Residence or Business) Dallas, TX 75227 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (214) 236-6727 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2024 12/31/2024 10 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other General Special OFFICE HELD (if any) 12 OFFICE SOUGHT (if known) 11 OFFICE District Judge District 283 Dallas

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 17

13 C / OH NAME	Mays, Lela D. (The H	onorable)	14 Filer ID (00081704	(Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political expendit These expenditures may have been made without I officeholders are required to report this information	t the candidate's or office	eholder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRE	SS	
16 CONTRIBUTION	1. TOTAL UNITEM	ZED POLITICAL CONTRIBUTIONS(OTHER THA	N PLEDGES, LOANS,	
TOTALS		ES OF LOANS, OR CONTRIBUTIONS MADE ELI		\$ 0.00
	NS)	\$ 0.00		
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLIT	ICAL EXPENDITURES		\$ 1,982.71
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE RIOD	LAST DAY OF THE	\$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE LAST DAY	\$ 0.00
17 AFFIDAVIT				
		I swear, or affirm, under penal true and correct and includes under Title 15, Election Code.		
		The Ho	norable Lela D. Mays	3
			of Candidate or Officehol	
AFFIX NO	TARY STAMP / SEAL AB	DVE		
Sworn to and subso	cribed before me, by the s	aid	, this the	day
of	, 20, to co	ertify which, witness my hand and seal of office.		
Signature of office	cer administering oath	Printed name of officer administering oath	Title of office	r administering oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 17										
18 FILER NAM Mays, Lel	ME a D. (The Honorable)	19 Filer ID 00081704	(Ethics Commission Filers)										
	SCHEDULE SUBTOTALS NAME OF SCHEDULE												
1.	SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)		\$										
2.	2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS												
3.	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$										
4.	SCHEDULE E(J): LOANS (JUDICIAL)		\$										
5.	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION:	S	\$										
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$										
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$										
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$										
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 1,982.71										
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$										
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$										
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$										

SCHEDULE **G**

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - Il Co	Fees Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains h	Office Ove Polling Ex Printing E Salaries/V	Expense Wages/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 G:	2	FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 1/14 Rpt: 4/17		Mays, Lela D. (The Honorable)			00081704
4	Date	5	Payee name			
	07/12/2024		Adobe			
6	Amount (\$)	7		Zip Co	ode	
	\$21.64		11501 Domain Dr.			
	Reimbursement from political contributions intended		Austin, TX 78758			
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		l L	Check if Austin, TX, officeholder living expense
					Software	
Ļ	Opening the ONLY if the st		alidate (Office Included)		Office a secondar	Office health
9	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	08/12/2024		Adobe			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$21.64		11501 Domain Dr.			
	Reimbursement from political contributions intended		Austin, TX 78758			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description [Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		Software	Check if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held
	Date		Payee name			
	09/12/2024		Adobe			
	Amount (\$)		Payee address; City; State;	Zip Co	ode	
	\$21.64		11501 Domain Dr.			
	Reimbursement from political contributions intended		Austin, TX 78758			
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Check if Austin, TX, officeholder living expense
					Software	
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder name		Office sought	Office held

SCHEDULE G

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 h	Office Ove Polling Ex Printing E Salaries/V	xpense Vages/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 G:	2	FILER NAME		-	3	Filer ID (Ethics Commission Filers)
_	Sch: 2/14 Rpt: 5/17	1	Mays, Lela D. (The Honorable)				00081704
4	Date	5	Payee name				
	10/12/2024		Adobe				
6	Amount (\$)	7	Payee address; City; State;	Zip Co	ode		
	\$21.64	1	11501 Domain Dr.	·			
	Reimbursement from political contributions intended		Austin, TX 78758				
8	PURPOSE	(a)	Category (See Categories listed at the top of this sche	dule)	(b) Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Ch	eck if Austin, TX, officeholder living expense
	LXI LINDITORE				Software		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held
	Date		Payee name				
	11/12/2024		Adobe				
	Amount (\$)		Payee address; City; State;	Zip Co	ode		
	\$21.64		11501 Domain Dr.				
	Reimbursement from political contributions intended		Austin, TX 78758				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	Ch	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense		Software	Ch	eck if Austin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Can	didate/Officeholder name		Office sought		Office held
	Date		Payee name				
	12/12/2024	1	Adobe				
	Amount (\$)	T	Payee address; City; State;	Zip Co	ode		
	\$21.64		11501 Domain Dr.	•			
	Reimbursement from political contributions						
L	intended		Austin, TX 78758				
	PURPOSE		Category (See Categories listed at the top of this sche	dule)	Description	=	eck if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Overhead/Rental Expense			Ch	eck if Austin, TX, officeholder living expense
	-				Software		
	Complete ONE V if direct	<u> </u>	didata/Officeholder ne		Office savehi		Office held
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	can	didate/Officeholder name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			Food/Beverage Expense Polling Expense Travel in District Gitl/Awards/Memorials Expense Printing Expense Travel Out of District Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						
1	, -	2	FILER NAME					3	Filer ID (Et	hics Commission Filers)
	Sch: 3/14 Rpt: 6/17		Mays, Lela	D. (The Hono	rable)				00081704	
4	Date	5	Payee name							
	08/27/2024		Amazon							
6	Amount (\$)	7	Payee addre	ss; City;	State;	; Zip Co	ode			
	\$216.72		440 Terry A	ve N						
	Reimbursement from political contributions intended		Seattle, WA	A 98109						
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	edule)	(b) Description	=		e of Texas. Complete Schedule T.
	OF EXPENDITURE		Office Over	head/Rental E	Expense		L	Ch	eck if Austin, TX, o	officeholder living expense
							Media			
9	Complete ONLY if direct	<u> </u>	ndidate/Office	holder name			Office sought		<u></u>	ffice held
9	expenditure to benefit C/OH	Cal	ididate/Office	noiuei name			Onice Sougrit		Oi	nice liciu
	Date		Payee name							
	07/12/2024		Avery's Sav	ory Popcorn						
	Amount (\$)		Payee addre	ss; City;	State;	; Zip Co	ode			
	\$93.26		1001 Ross							
	Reimbursement from political contributions		Suite 102							
	intended	L	Dallas , TX	75202						
	PURPOSE OF		,	ee Categories listed	at the top of this sch	edule)	Description	=		le of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beve	age Expense			L Snack	⊥ ^{cn}	ELK II AUSTIN, TX, (officeholder living expense
							JIIAUN			
	Complete ONLY if direct expenditure to benefit C/OH	<u>I</u> Car	ndidate/Office	holder name			Office sought		Of	ffice held
H	Dato	_	Devers							
	Date 09/20/2024		Payee name	Γournament						
H	Amount (\$)	\vdash	Payee addre		Stato:	; Zip Co	nde			
	\$60.00		133 N. Rive		Siale,	, Διρ Οί	, de			
	Reimbursement from									
	political contributions intended		Dallas, TX	75207						
	PURPOSE OF			ee Categories listed	at the top of this sch	edule)	Description	_		e of Texas. Complete Schedule T. officeholder living expense
	EXPENDITURE		Event Expe	nse			Golf tournament		cox ii Ausuii, TA, C	omeenoider living expense
							Con tournament			
	Complete ONLY if direct expenditure to benefit C/OH	<u>I</u> Car	ndidate/Office	holder name			Office sought		Of	ffice held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Fees Food/Beverage Expense Gift/Awards/Memorials Expense littee Legal Services	Polling Ex Printing E		-	Transportation Equipment & Related Expr Travel in District Travel Out of District OTHER (enter a category not listed above	
	Credit Card Payment		The Instruction Guide explains I	now to co	mplete this form.			
1	Total pages Schedule G:	2 F	ILER NAME			3 F	Filer ID (Ethics Commission	Filers)
	Sch: 4/14 Rpt: 7/17	N	Mays, Lela D. (The Honorable)			(00081704	
4	Date	5 P	ayee name					
	07/18/2024	0	Campaign Partner					
6	Amount (\$)	7 P	ayee address; City; State;	Zip Co	de			
	\$49.00	F	P.O. Box 118					
	Reimbursement from							
	political contributions intended	s	Still River, MA 01467					
8	PURPOSE	(a) C	Category (See Categories listed at the top of this sche	edule)	(b) Description	Che	eck if travel outside of Texas. Complete S	Schedule T.
	OF EXPENDITURE	Δ	Advertising Expense			Che	eck if Austin, TX, officeholder living expen	se
	EXPENDITURE		ŭ i		Website			
9	Complete ONLY if direct	Cand	idate/Officeholder name		Office sought		Office held	
ľ	expenditure to benefit	Julia			eee eeage		Cilios noid	
	C/OH							
	Date	Р	'ayee name					
	08/18/2024	0	Campaign Partner					
	Amount (\$)	Р	ayee address; City; State;	Zip Co	de			
	\$49.00	l _F	P.O. Box 118	·				
	Reimbursement from							
	political contributions intended	S	Still River, MA 01467					
	PURPOSE	C	category (See Categories listed at the top of this sche	edule)	Description	Che	eck if travel outside of Texas. Complete S	Schedule T.
	OF EXPENDITURE	4	dvertising Expense			Che	eck if Austin, TX, officeholder living expen	se
					Website			
		Cand	idate/Officeholder name		Office sought		Office held	
	expenditure to benefit C/OH							
		_						
	Date		ayee name					
	09/18/2024		Campaign Partner					
	Amount (\$)	Р	rayee address; City; State;	Zip Co	de			
	\$49.00	F	P.O. Box 118					
	Reimbursement from							
	political contributions intended	5	Still River, MA 01467					
	PURPOSE	C	Category (See Categories listed at the top of this sche	edule)	Description	Che	eck if travel outside of Texas. Complete S	Schedule T.
	OF EXPENDITURE	_	dvertising Expense			Che	eck if Austin, TX, officeholder living expen	se
	LAI LINDITORL				Website			
		Cand	idate/Officeholder name		Office sought		Office held	
	expenditure to benefit C/OH							
L	GOIT							

SCHEDULE G

Solicitation/Fundraising Expense

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Foes Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	not listed above)							
L			The Instruction Guide explains	now to co	omplete this form.						
1	Total pages Schedule G:	2 FILER NAMI	<u> </u>			3	Filer ID (Ethics Co	ommission Filers)			
	Sch: 5/14 Rpt: 8/17	Mays, Lela	D. (The Honorable)			(00081704				
4	Date	5 Payee name									
	10/18/2024	Campaign									
6	Amount (\$)	7 Payee addre	ess; City; State	; Zip Co	ode						
	\$49.00	P.O. Box 1	P.O. Box 118								
	Reimbursement from										
	political contributions intended	Still River,	MA 01467								
8	PURPOSE OF	(a) Category (S	ee Categories listed at the top of this sch	nedule)	(b) Description	=		as. Complete Schedule T.			
	EXPENDITURE	Advertising	Expense		L	Che	eck if Austin, TX, officehold	der living expense			
					Website						
L											
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Office	holder name		Office sought		Office he	eld			
		1									
	Date	Payee name									
	11/18/2024	Campaign	Partner								
	Amount (\$)	Payee addre	ss; City; State	; Zip Co	ode						
	\$49.00	P.O. Box 1	18								
	Reimbursement from										
	political contributions intended	Still River,	MA 01467								
-	PURPOSE		ee Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texa	as. Complete Schedule T.			
	OF	Advertising	•	ieuui e)		=	eck if Austin, TX, officehold	·			
	EXPENDITURE	Auvertising	Lypense		Website	_					
_	Complete ONLY if direct	Candidate/Office	holder namo		Office sought		Office he	ald			
	expenditure to benefit	Canuluate/Office	HOIDEL HAIHE		Onice Sought		Office he	iu			
	C/OH										
H	Date	Payoo nama									
	12/18/2024	Payee name Campaign									
_											
	Amount (\$)	Payee addre		; Zip Co	ode						
	\$49.00	P.O. Box 1	18								
	Reimbursement from political contributions										
	intended	Still River,	MA 01467								
	PURPOSE	Category (S	ee Categories listed at the top of this sch	nedule)	Description	Che	eck if travel outside of Texa	as. Complete Schedule T.			
	OF EXPENDITURE	Advertising	Expense			Che	eck if Austin, TX, officehold	der living expense			
	EAPENDITURE	 			Website						
	Complete ONLY if direct	L Candidate/Office	holder name		Office sought		Office he	eld			
	expenditure to benefit										
	C/OH										

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	-	s Expense Printin Salarie	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 G: Sch: 6/14 Rpt: 9/17	2 FILER NAME Mays, Lela D. (The Honora	able)		3 Filer ID (Ethics Commiss 00081704	sion Filers)	
4	Date	5 Payee name	,		1		
•	07/18/2024	Constant Contact					
6	Amount (\$)	7 Payee address; City;	State; Zip	Code			
	\$10.65	1601 Trapelo Rd.					
	Reimbursement from	at Reservoir Place					
	political contributions intended	Waltham, MA 02451					
8	PURPOSE OF	a) Category (See Categories listed at	the top of this schedule)	(b) Description	Check if travel outside of Texas. Comp		
	EXPENDITURE	Office Overhead/Rental Ex	rpense	L	Check if Austin, TX, officeholder living	expense	
				Software			
_	Complete CNUV'S	andidate (Off: l l-l.		C#F	Ott.		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name		Office sought	Office held		
	Date	Payee name					
	07/18/2024	Constant Contact					
	Amount (\$)	Payee address; City;	State; Zip	Code			
	\$10.65	1601 Trapelo Rd.					
	Reimbursement from	at Reservoir Place					
	political contributions intended	Waltham, MA 02451					
	PURPOSE	Category (See Categories listed at	the top of this schedule)	Description	Check if travel outside of Texas. Comp	olete Schedule T.	
	OF EXPENDITURE	Office Overhead/Rental Ex	pense		Check if Austin, TX, officeholder living	expense	
	EXPENDITORE			Software			
	Operation ONLY if direct	and detailed		Office seconds	Office held		
	Complete ONLY if direct expenditure to benefit C/OH	andidate/Officeholder name		Office sought	Office held		
	Date	Payee name					
	07/13/2024	Dallas Morning News					
	Amount (\$)	Payee address; City;	State; Zip	Code			
	\$32.51	1954 Commerce St.					
	Reimbursement from political contributions intended	Dallas, TX 75201					
	PURPOSE	Category (See Categories listed at	the top of this schedule)	Description	Check if travel outside of Texas. Comp	olete Schedule T.	
	OF	Office Overhead/Rental Ex	,	' [Check if Austin, TX, officeholder living	expense	
	EXPENDITURE		•	Digital info			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	andidate/Officeholder name		Office sought	Office held		

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Beverage Expense P y - Gift/Awards/Memorials Expense P	Food/Beverage Expense Polling Expense Travel in Dist Gift/Awards/Memorials Expense Printing Expense Travel Out of Legal Services Salaries/Wages/Contract Labor OTHER (entr					
	Credit Card Fayinent	The Instruction Guide explains ho	w to complete this form.					
1	Total pages Schedule G: Sch: 7/14 Rpt: 10/17	2 FILER NAME Mays, Lela D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00081704				
4	Date	5 Payee name						
*	08/13/2024	Dallas Morning News						
6	Amount (\$)	7 Payee address; City; State; 2	Zip Code					
	\$32.51	1954 Commerce St.						
	Reimbursement from political contributions intended	Dallas, TX 75201						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedu	ule) (b) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF	Office Overhead/Rental Expense	(,	Check if Austin, TX, officeholder living expense				
	EXPENDITURE		Digital info					
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				
	Date	Payee name						
	09/13/2024	Dallas Morning News						
	Amount (\$)	Payee address; City; State; 2	Zip Code					
	\$32.51		F					
	Reimbursement from							
	political contributions intended	Dallas, TX 75201						
	PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Overhead/Rental Expense		Check if Austin, TX, officeholder living expense				
			Digital info					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				
H	Date	Payes name						
	10/13/2024	Payee name Dallas Morning News						
	Amount (\$)		Zip Code					
	\$32.51	1954 Commerce St.						
	Reimbursement from political contributions intended	Dallas, TX 75201						
	PURPOSE	Category (See Categories listed at the top of this schedu	ule) Description	Check if travel outside of Texas. Complete Schedule T.				
	OF EXPENDITURE	Office Overhead/Rental Expense]	Check if Austin, TX, officeholder living expense				
	LAFLINDITORE		Digital info					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held				

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		mmittee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Ov Polling Ex Printing E		Tr Tr Tr	ransportation Equipment & Related Expravel in District ravel on District ravel Out of District THER (enter a category not listed abov	
l	Credit Card Payment			The Instruction Guide explains	how to co	omplete this form.			
1	Total pages Schedule G:	2	FILER NAME				3 Fi	iler ID (Ethics Commission	Filers)
l	Sch: 8/14 Rpt: 11/17		Mays, Lela	D. (The Honorable)			0	0081704	
4	Date	5	Payee name				•		
l	11/13/2024		Dallas Morr	ning News					
6	Amount (\$)	7	Payee addre	ss; City; State;	Zip Co	ode			
l	\$32.51		1954 Comn	nerce St.					
	Reimbursement from political contributions intended		Dallas, TX	75201					
Ļ		ļ.,				lass -	7		0
8	PURPOSE OF	(a)		ee Categories listed at the top of this scho	edule)	(b) Description	=	k if travel outside of Texas. Complete k if Austin, TX, officeholder living exper	
l	EXPENDITURE		Office Over	head/Rental Expense		Digital info			
l						Digital iiiio			
9	Complete ONLY if direct	Ca	ndidate/Office	holder name		Office sought		Office held	
	expenditure to benefit C/OH	Ca	ndidate/Office	noidei fiame		Office Sought		Office Held	
Г	Date		Payee name						
l	12/13/2024		Dallas Morr	ning News					
H	Amount (\$)	T	Payee addre	ss; City; State;	Zip Co	ode			
	\$32.51		1954 Comn	nerce St.					
	Reimbursement from								
	political contributions intended		Dallas, TX	75201					
l	PURPOSE OF		'	ee Categories listed at the top of this scho	edule)	Description		k if travel outside of Texas. Complete	
l	EXPENDITURE		Office Over	head/Rental Expense		L	Chec	k if Austin, TX, officeholder living exper	nse
l						Digital info			
┡	Operation ONE V if dispose		l: -l - + - /Off:l	h-1-1		Office accorded		Office In all	
	Complete ONLY if direct expenditure to benefit C/OH	Ca	ndidate/Office	noider name		Office sought		Office held	
F	Date		Payee name						
	07/12/2024		Dominos						
⊢	Amount (\$)	\vdash	Payee addre	ss; City; State;	Zip Co	nde			
	\$25.53		940 Riverfro	. , , , ,	Zip Cl	ouc			
l			540 Kiveliik	ont biva					
	Reimbursement from political contributions intended		Dallas, TX	75207					
	PURPOSE		Category (s	ee Categories listed at the top of this sch	edule)	Description	_	k if travel outside of Texas. Complete	
l	OF EXPENDITURE		Food/Bever	age Expense			_	k if Austin, TX, officeholder living exper	nse
l						HOPE Program	lunch		
L									
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Ca	ndidate/Officel	holder name		Office sought		Office held	
Г									
l									

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Idvertising Expense Event Expense Loan Repayment/Reimbu

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awa mmittee Legal So	Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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 G:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 9/14 Rpt: 12/17		Mays, Lela D. (Th	ne Honorable)				00081704
4	Date 07/12/2024	5	Payee name Dominos					
6	Amount (\$) \$6.48 Reimbursement from political contributions	7	Payee address; 940 Riverfront Blv	<i>,</i>	e; Zip C	ode		
	intended		Dallas, TX 75207					
8	PURPOSE OF EXPENDITURE	(a)	Category (See Categ Food/Beverage E	ories listed at the top of this s xpense	chedule)	(b) Description [HOPE Program I	Ch	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Car	ndidate/Officeholder	name		Office sought		Office held
	Date		Payee name					
	12/11/2024		Dunkin Donuts					
	Amount (\$)		Payee address;	City; Stat	e; Zip C	ode		
	\$48.71		5406 Harry Hines	Blvd.				
	Reimbursement from political contributions intended		Dallas, TX 75235					
	PURPOSE OF			ories listed at the top of this s	chedule)	Description	=	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	EXPENDITURE		Event Expense			Coffee		leck if Austin, 12, Uniceriolider living expense
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder	name		Office sought		Office held
	Date 08/02/2024		Payee name Jason's Deli					
	Amount (\$) \$109.77		Payee address; 1725 N. Town Ea	•	e; Zip C	ode		
	Reimbursement from political contributions intended		Mesquite, TX 751	.50				
	PURPOSE OF EXPENDITURE		Category (See Categ Food/Beverage E	ories listed at the top of this s expense	chedule)	Description Lunch	=	neck if travel outside of Texas. Complete Schedule T. neck if Austin, TX, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OH	Car	ndidate/Officeholder	name		Office sought		Office held

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	xpense		kpense /ages/Contract Labor		Travel in Di Travel Out OTHER (en		sted above)
1	Total pages Schedule G:	2 F	ILER NAME					3	Filer ID	(Ethics Comm	nission Filers)
	Sch: 10/14 Rpt: 13/17	N	/lays, Lela	D. (The Honorab	le)				000817	04	
4	Date	5 P	ayee name								
	10/04/2024	ı	iss Donuts								
6	Amount (\$)	7 P	avee addres	ss; City;	State:	Zip Co	de				
	\$37.99	4	701 N Gall		•	·					
	Reimbursement from political contributions intended	N	∕lesquite, T	X 75150							
8	PURPOSE	(a) C	Category (Se	e Categories listed at the	top of this sche	edule)	(b) Description	CI	neck if travel	outside of Texas. Co	omplete Schedule T.
	OF EXPENDITURE	F	ood/Bever	age Expense			Ī	CI	neck if Austin	, TX, officeholder livi	ing expense
	LXI LINDITORE						Donuts				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candi	idate/Officeh	nolder name			Office sought			Office held	
	Date	Р	ayee name								
	10/29/2024	c	Office Depo	t							
	Amount (\$)	Р	ayee addres	ss; City;	State;	Zip Co	de				
	\$60.61	3	795 Empo	rium							
	Reimbursement from										
	political contributions intended	N	/lesquite, T	X 75150							
	PURPOSE	С	ategory (Se	e Categories listed at the	top of this sche	edule)	Description	CI	neck if travel	outside of Texas. Co	omplete Schedule T.
	OF EXPENDITURE	c	Office Overl	nead/Rental Expe	ense		Ī	CI	heck if Austin	, TX, officeholder livi	ing expense
							Office supplies				
	Complete ONLY if direct expenditure to benefit	Candi	idate/Officeh	older name			Office sought			Office held	
	C/OH										
	Date										
	12/11/2024	ı	'ayee name 'appadeau	v.							
	Amount (\$)		ayee addres		State:	Zip Co	ıda				
	\$133.24		520 Oak L		State,	Zip CC	ue				
			JOZO GUN E	aviii/wc							
	Reimbursement from political contributions intended	D	Dallas, TX 7	'5219							
	PURPOSE OF			e Categories listed at the	top of this sche	edule)	Description	_			omplete Schedule T.
	EXPENDITURE	F	ood/Bever	age Expense			Lunch		ileck ii Austiii	, TX, officeholder livi	ing expense
							Lunch				
	Complete ONLY if direct	Candi	idate/Officeh	oolder name			Office cought			Office held	
	expenditure to benefit	Cariul	iuale/Officel	ioidei Haille			Office sought			Onice Held	
	C/OH										

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Loan Repayment/Reimbursement Advertising Expense Event Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politics	Food/Beverage Expense Polling /- Gift/Awards/Memorials Expense Printing	Overhead/Rental Expense Expense Expense SWages/Contract Labor	Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Candidate/Officeholder/Political Committee Credit Card Payment The Instruction Guide explains how to complete this form. OTHER (enter a category not listed above) OTHER (enter a category not listed above)						
1	Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
L	Sch: 11/14 Rpt: 14/17	Mays, Lela D. (The Honorable)		00081704			
4	Date	5 Payee name					
	10/05/2024	Ring					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$108.25	12515 Cerise Ave					
	Reimbursement from political contributions intended	Hawthorne, CA 90035					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description	Check if Austin TX officebolder living expense			
	EXPENDITURE	Office Overhead/Rental Expense	Camera	Check if Austin, TX, officeholder living expense			
9	Complete ONLY if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held			
	Date	Payee name					
	11/15/2024	Sam's Club					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$57.71	5555 S. Buckner Blvd					
	Reimbursement from political contributions intended	Dallas, TX 75228					
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Food/Beverage Expense	Narcan training	Check if Austin, TX, officeholder living expense			
			Traction training				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	L Candidate/Officeholder name	Office sought	Office held			
	Date	Payee name					
	08/03/2024	Sam's Club					
	Amount (\$)	Payee address; City; State; Zip C	Code				
	\$57.71	5555 S. Buckner Blvd					
	Reimbursement from political contributions intended	Dallas, TX 75228					
	PURPOSE OF	Category (See Categories listed at the top of this schedule)	Description	Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Food/Beverage Expense	Jury trial	Check if Austin, TX, officeholder living expense			
			July trial				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	I Candidate/Officeholder name	Office sought	Office held			

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Event Expense

Loan Repayment/Reimbursement

	Accounting/Banking Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Fees Office Overhead/Rental Expense Polling Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule G:	2 FILER NAME	≣			3 Filer ID (Ethics Commission Filers)	
	Sch: 12/14 Rpt: 15/17	Mays, Lela	D. (The Honorable)			00081704	
4	Date	5 Payee name				1	
	07/17/2024	Tiff's Treats	5				
6	Amount (\$)	7 Payee address; City; State; Zip Code					
ľ	\$42.84	1001 Ross Ave.					
		100111033	7.WC.				
	Reimbursement from political contributions	D-11 TV	75005				
	intended	Dallas, TX	75225				
8	PURPOSE OF	(a) Category (s	ee Categories listed at the top of this sch	iedule)	(b) Description	Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Food/Beve	rage Expense		L	Check if Austin, TX, officeholder living expense	
					Dessert		
9		Candidate/Office	holder name		Office sought	Office held	
	expenditure to benefit C/OH						
	Date	Payee name					
	07/17/2024	Tiff's Treats	3				
	Amount (\$) Payee address; City; State; Zip Code						
	\$37.92	1001 Ross	Ave.				
	Reimbursement from						
	political contributions intended	Dallas, TX	75225				
	PURPOSE	_	ee Categories listed at the top of this sch	iedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF		rage Expense	ledule)		Check if Austin, TX, officeholder living expense	
	EXPENDITURE	F00d/Bever	rage Expense		Dessert	_	
_	Complete ONLY if direct	<u> </u> Candidate/Office	holder name		Office sought	Office held	
	expenditure to benefit	carraidate/Onice	noider name		Office Sought	Office Held	
	C/OH						
	Date	Payee name					
	07/27/2024	Tiff's Treats					
_	Amount (\$)	Payee addre		; Zip Co	nde.		
	\$49.00	1001 Ross	•	, Ζιρ Ο	ouc .		
		10011(033	Avc.				
	Reimbursement from political contributions						
	intended	Dallas, TX	75225				
	PURPOSE	Category (S	ee Categories listed at the top of this sch	iedule)	Description	Check if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Food/Beve	rage Expense		<u>L</u>	Check if Austin, TX, officeholder living expense	
					Dessert		
L							
	Complete ONLY if direct	Candidate/Office	holder name		Office sought	Office held	
	expenditure to benefit C/OH						
\vdash							

SCHEDULE G

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/Awards/Memorials Expense Legal Services	Printing E Salaries/	Expense Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
	orean oard raymon	_	The Instruction Guide explains	how to co	omplete this form.	
1	Total pages Schedule G:	2 FILER NAM	E			3 Filer ID (Ethics Commission Filers)
	Sch: 13/14 Rpt: 16/17	Mays, Lela	D. (The Honorable)			00081704
4	Date	5 Payee name	e			
	08/13/2024	Tiff's Treat	S			
6	Amount (\$)	7 Payee addr	7 Payee address; City; State; Zip Code			
	\$25.80	1001 Ross	Ave.			
	Reimbursement from					
	political contributions intended	Dallas, TX	75225			
8	PURPOSE		See Categories listed at the top of this scl	hodulo)	(b) Description	Check if travel outside of Texas. Complete Schedule T.
Ü	OF	1	erage Expense	neuule)	(b) Description	Check if Austin, TX, officeholder living expense
	EXPENDITURE	1 Ood/Beve	rage Experise		Dessert	_
					2000011	
9	Complete ONLY if direct	L Candidate/Office	aholder name		Office sought	Office held
,	expenditure to benefit	Carialdate/Office	cholder hame		Office Sought	Office field
	C/OH					
	Date	Payee name				
	08/13/2024	Tiff's Treat				
	Amount (\$)	Payee addr	ess; City; State	; Zip C	ode	
	\$24.97 1001 Ross Ave.					
	Reimbursement from					
	political contributions intended	Dallas, TX	75225			
	PURPOSE	Category (See Categories listed at the top of this scl	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	1	erage Expense			Check if Austin, TX, officeholder living expense
	EXPENDITORE		•		Dessert	
		Candidate/Office	eholder name		Office sought	Office held
	expenditure to benefit C/OH					
		<u> </u>				
	Date	Payee name	e			
	08/15/2024	USPS				
	Amount (\$)	Payee addr	ess; City; State	e; Zip C	ode	
	\$73.00	8624 Ferg	uson Rd			
	Reimbursement from political contributions					
	intended	Dallas, TX	75228-9998			
	PURPOSE	Category (See Categories listed at the top of this scl	hedule)	Description	Check if travel outside of Texas. Complete Schedule T.
	OF EXPENDITURE	Fees			L	Check if Austin, TX, officeholder living expense
					PO Box	
	Complete ONLY if direct expenditure to benefit	Candidate/Office	eholder name		Office sought	Office held
	C/OH					

POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. FILER NAME Total pages Schedule G: Filer ID (Ethics Commission Filers) Sch: 14/14 Rpt: 17/17 Mays, Lela D. (The Honorable) 00081704 Date Payee name 11/15/2024 **USPS** 6 Amount (\$) Payee address; City; State; Zip Code \$73.00 8624 Ferguson Rd Reimbursement from political contributions intended Dallas, TX 75228-9998 **PURPOSE** (b) Description Check if travel outside of Texas. Complete Schedule T. 8 (a) Category (See Categories listed at the top of this schedule) OF Check if Austin, TX, officeholder living expense Fees **EXPENDITURE** PO Box Office held Complete ONLY if direct Candidate/Officeholder name Office sought expenditure to benefit C/OH