

**JUDICIAL CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

**FORM JC/OH  
COVER SHEET PG 1**

|   |  |   |  |  |                                  |          |
|---|--|---|--|--|----------------------------------|----------|
| The JC/OH Instruction Guide explains how to complete this form.                                       |  |   | 1 Filer ID<br>(Ethics Commission Filers)<br>00081704       | 2 Total pages filed:<br>27   |                                  |          |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME   | MS / MRS / MR  | FIRST<br>The Honorable                            | MI<br>Lela D.  | <b>OFFICE USE ONLY</b>   |                                  |          |
|   | NICKNAME   | LAST<br>Mays                                      | SUFFIX   | Date Received<br>ELECTRONICALLY FILED<br>01/15/2026  |                                  |          |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE            |   |  | Date Hand-delivered or Date Postmarked   |                                  |          |
|   | <b>REDACTED PER 254.0313, GOVT CODE</b>                    |   |  | Receipt #  | Amount                           |          |
|   |  |   |  | Date Processed   |                                  |          |
|   |  |   |  | Date Imaged  |                                  |          |
| 5 CAMPAIGN<br>TREASURER<br>NAME   | MS / MRS / MR  | FIRST<br>Mr.                                      | MI   |  |                                  |          |
|   | NICKNAME   | LAST<br>Derryle G.                                | SUFFIX   |  |                                  |          |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE);                         |   | APT / SUITE #;   | CITY;  | STATE;                           | ZIP CODE |
|   | <b>REDACTED PER 254.0313, GOVT CODE</b>                    |   |  |  |                                  |          |
| 7 CAMPAIGN<br>TREASURER<br>PHONE  | AREA CODE<br>(214)   | PHONE NUMBER<br>236-6727                          | EXTENSION  |  |                                  |          |
| 8 REPORT<br>TYPE  | <input checked="" type="checkbox"/> January 15             | <input type="checkbox"/> 30th day before election | <input type="checkbox"/> Runoff                            | <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |                                  |          |
|   | <input type="checkbox"/> July 15                           | <input type="checkbox"/> 8th day before election  | <input type="checkbox"/> Exceeded modified reporting limit | <input type="checkbox"/> Final Report (Attach C/OH-FR)                                     |                                  |          |
| 9 PERIOD<br>COVERED   | Month<br>07/01/2025  | Day   | Year   | Month<br>12/31/2025  | Day                              | Year     |
| 10 ELECTION   | ELECTION DATE<br>Month<br>03/03/2026                       |   |  | ELECTION TYPE  |                                  |          |
|   | <input checked="" type="checkbox"/> Primary                | <input type="checkbox"/> Runoff                   | <input type="checkbox"/> Other                             | <input type="checkbox"/> General   | <input type="checkbox"/> Special |          |
| 11 OFFICE   | OFFICE HELD (if any)<br>District Judge District 283 Dallas |   |  | 12 OFFICE SOUGHT (if known)<br>District Judge District 283                                 |                                  |          |

**GO TO PAGE 2**

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

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

2 of 27

|   |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|---|---|--|---|---|----------------|----------------|--|----------------------------------|-------------------|--|-----------------------------------|-----------------------------------|--|--|--------------------------------------|
| 13 C / OH NAME  | Mays, Lela D. (The Honorable)   |  | 14 Filer ID<br>(Ethics Commission Filers)<br>00081704 |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| 15 NOTICE<br>FROM<br>POLITICAL<br>COMMITTEE(S)  | <p>This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.</p> <table border="1"> <tr> <td><input type="checkbox"/> Additional Pages</td> <td>COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td></td> <td><input type="checkbox"/> GENERAL</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> |  |   | <input type="checkbox"/> Additional Pages | COMMITTEE TYPE | COMMITTEE NAME |  | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS |  | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME |  |  | COMMITTEE CAMPAIGN TREASURER ADDRESS |
| <input type="checkbox"/> Additional Pages   | COMMITTEE TYPE  | COMMITTEE NAME                             |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   | <input type="checkbox"/> GENERAL  | COMMITTEE ADDRESS                          |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   | <input type="checkbox"/> SPECIFIC   | COMMITTEE CAMPAIGN TREASURER NAME          |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   |   | COMMITTEE CAMPAIGN TREASURER ADDRESS       |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| 16 CONTRIBUTION<br>TOTALS   | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS,<br>OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)   |  | \$ 0.00   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  |  | \$ 4,958.29   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| EXPENDITURE<br>TOTALS   | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES  |  | \$ 0.00   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   | 4. <b>TOTAL POLITICAL EXPENDITURES</b>  |  | \$ 11,034.51  |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| CONTRIBUTION<br>BALANCE   | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE<br>REPORTING PERIOD   |  | \$ 1,064.38   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| OUTSTANDING<br>LOAN TOTALS  | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY<br>OF THE REPORTING PERIOD  |  | \$ 0.00   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| 17 AFFIDAVIT  |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| <p>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.</p> <p style="text-align: right;">The Honorable Lela D. Mays</p> <hr/> <p style="text-align: right;">Signature of Candidate or Officeholder</p> |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| AFFIX NOTARY STAMP / SEAL ABOVE   |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| Sworn to and subscribed before me, by the said _____, this the _____ day<br>of _____, 20_____, to certify which, witness my hand and seal of office.  |   |  |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
| Signature of officer administering oath   |   | Printed name of officer administering oath |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |
|   |   | Title of officer administering oath        |   |   |                |                |  |                                  |                   |  |                                   |                                   |  |  |                                      |

**SUBTOTALS - JC/OH****FORM JC/OH  
COVER SHEET PG 3**

3 of 27

|  |  |
|--|--|
| <b>18</b> FILER NAME<br>Mays, Lela D. (The Honorable)  | <b>19</b> Filer ID<br>(Ethics Commission Filers)<br>00081704 |
| <b>20</b> SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE   |  |
| 1. <input checked="" type="checkbox"/> SCHEDULE A(J): MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL) \$ 4,958.29        |  |
| 2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS \$                           |  |
| 3. <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL) \$                                       |  |
| 4. <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL) \$   |  |
| 5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$ 11,034.51 |  |
| 6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$  |  |
| 7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS \$                     |  |
| 8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$   |  |
| 9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$                                |  |
| 10. <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH \$               |  |
| 11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS \$                  |  |
| 12. <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER \$   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>                                  |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/3 Rpt: 4/27 |
| <b>2</b> FILER NAME<br>Mays, Lela D. (The Honorable)  |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081704   |
| <b>4</b> Date<br>09/24/2025   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Adams, Cordell<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas , TX 75246 | <b>7</b> Amount of Contribution (\$)<br>\$200.00           |
| <b>8</b> Contributor's Principal Occupation<br>Physician  |   | <b>9</b> Contributor's Job Title<br>Physician              |
| <b>10</b> Contributor's employer/law firm<br>C. Cordell Adams, MD                                 |   | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)                               |   |  |
| Date<br>11/12/2025<br>.....<br>Contributor address; City; State; Zip Code<br><br>Dallas, TX 75254 |   | Amount of Contribution (\$)<br>\$2,058.29                  |
| Contributor's Principal Occupation<br>Attorney  |   | Contributor's Job Title<br>Attorney                        |
| Contributor's employer/law firm<br>Daredia Law Firm   |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)   |   |  |
| Date<br>07/14/2025<br>.....<br>Contributor address; City; State; Zip Code<br><br>Dallas, TX 75202 |   | Amount of Contribution (\$)<br>\$500.00                    |
| Contributor's Principal Occupation<br>Attorney  |   | Contributor's Job Title<br>Attorney                        |
| Contributor's employer/law firm<br>Taylor Johnson   |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)   |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |   |  |
|--|---|--|
| <p><b>The Instruction Guide explains how to complete this form.</b></p>    |   | <p><b>1</b> Total pages Schedule A(J)1:<br/>Sch: 2/3 Rpt: 5/27</p>   |
| <p><b>2</b> FILER NAME<br/>Mays, Lela D. (The Honorable)</p>               |   | <p><b>3</b> Filer ID (Ethics Commission Filers)<br/>00081704</p>   |
| <p><b>4</b> Date<br/>12/04/2025</p>  | <p><b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br/>Knox, William<br/>.....<br/><b>6</b> Contributor address; City; State; Zip Code<br/><br/>Dallas, TX 75202</p> | <p><b>7</b> Amount of Contribution (\$)<br/>\$500.00</p>   |
| <p><b>8</b> Contributor's Principal Occupation<br/>Attorney</p>            |   | <p><b>9</b> Contributor's Job Title<br/>Attorney</p>   |
| <p><b>10</b> Contributor's employer/law firm<br/>Bill Knox</p>             |   | <p><b>11</b> Law firm of contributor's spouse (if any)</p>   |
| <p><b>12</b> If contributor is a child, law firm of parent(s) (if any)</p> |   |  |
| <p>Date<br/>12/09/2025</p>   |   | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br/>Mays, Stanley<br/>.....<br/>Contributor address; City; State; Zip Code<br/><br/>Dallas, TX 75227</p>      |
| <p>Contributor's Principal Occupation<br/>Attorney</p>                     |   | <p>Contributor's Job Title<br/>Attorney</p>  |
| <p>Contributor's employer/law firm<br/>Bailey and Mays Law Firm</p>        |   | <p>Law firm of contributor's spouse (if any)</p>   |
| <p>If contributor is a child, law firm of parent(s) (if any)</p>           |   |  |
| <p>Date<br/>07/03/2025</p>   |   | <p>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br/>Mowla, Michael<br/>.....<br/>Contributor address; City; State; Zip Code<br/><br/>Cedar Hill, TX 75104</p> |
| <p>Contributor's Principal Occupation<br/>Attorney</p>                     |   | <p>Contributor's Job Title<br/>Attorney</p>  |
| <p>Contributor's employer/law firm<br/>Michael Mowla Law</p>               |   | <p>Law firm of contributor's spouse (if any)</p>   |
| <p>If contributor is a child, law firm of parent(s) (if any)</p>           |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>   |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 3/3 Rpt: 6/27 |
| <b>2</b> FILER NAME<br>Mays, Lela D. (The Honorable)   |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00081704   |
| <b>4</b> Date<br>07/14/2025  | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Perez, Alan<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Dallas, TX 75243 | <b>7</b> Amount of Contribution (\$)<br>\$500.00           |
|  | <b>8</b> Contributor's Principal Occupation<br>Attorney   | <b>9</b> Contributor's Job Title<br>Attorney               |
| <b>10</b> Contributor's employer/law firm<br>The Lawr Office of Alan D Perez   |   | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any)  |   |  |
| Date<br>07/18/2025<br>.....<br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Spencer, Duane<br>.....<br>Contributor address; City; State; Zip Code<br><br>Cedar Hill, TX 75104-1834 |   | Amount of Contribution (\$)<br>\$250.00                    |
| Contributor's Principal Occupation<br>Real Estate  |   | Contributor's Job Title<br>Agent                           |
| Contributor's employer/law firm<br>Duane Spencer Firm  |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)  |   |  |
| Date<br>07/01/2025<br>.....<br>Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Weatherspoon, Kenneth<br>.....<br>Contributor address; City; State; Zip Code<br><br>Dallas, TX 75115   |   | Amount of Contribution (\$)<br>\$250.00                    |
| Contributor's Principal Occupation<br>Attorney   |   | Contributor's Job Title<br>Attorney                        |
| Contributor's employer/law firm<br>Law Office of Kenneth Weatherspoon  |   | Law firm of contributor's spouse (if any)                  |
| If contributor is a child, law firm of parent(s) (if any)  |   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a)  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| 1 Total pages Schedule F1:<br>Sch: 1/21 Rpt: 7/27     | 2 FILER NAME<br>Mays, Lela D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00081704  |
| 4 Date<br>12/12/2025                                  | 5 Payee name<br>Adobe  |  |
| 6 Amount (\$)<br>\$21.64                              | 7 Payee address; City; State; Zip Code<br>11501 Domain Dr.<br><br>Austin, TX 78758                 |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Program |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>11/21/2025                                    | Payee name<br>Adobe  |  |
| Amount (\$)<br>\$21.64                                | Payee address; City; State; Zip Code<br>11501 Domain Dr.<br><br>Austin, TX 78758                   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Program |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>10/17/2025                                    | Payee name<br>Adobe  |  |
| Amount (\$)<br>\$21.64                                | Payee address; City; State; Zip Code<br>11501 Domain Dr.<br><br>Austin, TX 78758                   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Program |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a)  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By -<br>Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment  | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| 1 Total pages Schedule F1:<br>Sch: 2/21 Rpt: 8/27     | 2 FILER NAME<br>Mays, Lela D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00081704  |
| 4 Date<br>09/17/2025                                  | 5 Payee name<br>Adobe  |  |
| 6 Amount (\$)<br>\$21.64                              | 7 Payee address; City; State; Zip Code<br>11501 Domain Dr.<br><br>Austin, TX 78758                 |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Program |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>08/17/2025                                    | Payee name<br>Adobe  |  |
| Amount (\$)<br>\$21.64                                | Payee address; City; State; Zip Code<br>11501 Domain Dr.<br><br>Austin, TX 78758                   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Program |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>07/17/2025                                    | Payee name<br>Adobe  |  |
| Amount (\$)<br>\$21.64                                | Payee address; City; State; Zip Code<br>11501 Domain Dr.<br><br>Austin, TX 78758                   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Program |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

| EXPENDITURE CATEGORIES FOR BOX 8(a)   |                               |                                |  |
|---|-------------------------------|--------------------------------|--|
| Advertising Expense   | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking  | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense  | Food/Beverage Expense         | Polling Expense                | Travel in District                         |
| Contributions/ Donations Made By - Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense               | Travel Out of District                     |
| Credit Card Payment   | Legal Services                | Salaries/Wages/Contract Labor  | OTHER (enter a category not listed above)  |

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>Sch: 3/21 Rpt: 9/27     | 2 FILER NAME<br>Mays, Lela D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00081704   |
| 4 Date<br>07/23/2025                                  | 5 Payee name<br>African American Museum  |   |
| 6 Amount (\$)<br>\$200.00                             | 7 Payee address; City;<br>PO Box 15057<br><br>Dallas, TX 75315                                     |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Banner for Rodeo |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>10/18/2025                                    | Payee name<br>Amazon   |   |
| Amount (\$)<br>\$29.32                                | Payee address; City;<br>440 Terry Ave N<br><br>Seattle, WA 98109                                   |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office supplies  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>10/18/2025                                    | Payee name<br>Amazon   |   |
| Amount (\$)<br>\$56.24                                | Payee address; City;<br>440 Terry Ave N<br><br>Seattle, WA 98109                                   |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office supplies  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| 1 Total pages Schedule F1:<br>Sch: 4/21 Rpt: 10/27    | 2 FILER NAME<br>Mays, Lela D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00081704  |
| 4 Date<br>09/23/2025                                  | 5 Payee name<br>Amazon   |  |
| 6 Amount (\$)<br>\$63.84                              | 7 Payee address; City; State; Zip Code<br>440 Terry Ave N<br><br>Seattle, WA 98109                 |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office supplies |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>08/09/2025                                    | Payee name<br>Amazon   |  |
| Amount (\$)<br>\$184.68                               | Payee address; City; State; Zip Code<br>440 Terry Ave N<br><br>Seattle, WA 98109                   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office supplies |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>09/06/2025                                    | Payee name<br>Amazon   |  |
| Amount (\$)<br>\$416.36                               | Payee address; City; State; Zip Code<br>440 Terry Ave N<br><br>Seattle, WA 98109                   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office supplies |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:<br>Sch: 5/21 Rpt: 11/27       | 2 FILER NAME<br>Mays, Lela D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00081704  |
| 4 Date<br>08/01/2025                                     | 5 Payee name<br>Amazon  |  |
| 6 Amount (\$)<br>\$106.00                                | 7 Payee address; City;<br>440 Terry Ave N<br><br>Seattle, WA 98109                      |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Easels            |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>07/03/2025                                       | Payee name<br>Aundra Smith  |  |
| Amount (\$)<br>\$45.00                                   | Payee address; City;<br>9315 Crimson Court<br><br>Dallas, TX 75217                      |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Event Expense       | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign material |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>07/03/2025                                       | Payee name<br>Aundra Smith  |  |
| Amount (\$)<br>\$45.00                                   | Payee address; City;<br>9315 Crimson Court<br><br>Dallas, TX 75217                      |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Ad artwork        |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |  |             |
|---|---|--|-------------|
| 1 Total pages Schedule F1:<br>Sch: 6/21 Rpt: 12/27    | 2 FILER NAME<br>Mays, Lela D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00081704  |             |
| 4 Date<br>10/16/2025                                  | 5 Payee name<br>CCIF Golf Tournament  |  |             |
| 6 Amount (\$)<br>\$150.00                             | 7 Payee address; City;<br>133 N. Riverfront Blvd<br><br>Dallas, TX 75207                | State; Zip Code  |             |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Ad at Golf Tournament |             |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought  | Office held |
| Date<br>10/06/2025                                    | Payee name<br>CCIF Golf Tournament  |  |             |
| Amount (\$)<br>\$300.00                               | Payee address; City;<br>133 N. Riverfront Blvd<br><br>Dallas, TX 75207                  | State; Zip Code  |             |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Ad at Golf Tournament |             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought  | Office held |
| Date<br>12/20/2025                                    | Payee name<br>Campaign Partner  |  |             |
| Amount (\$)<br>\$49.00                                | Payee address; City;<br>P.O. Box 118<br><br>Still River, MA 01467                       | State; Zip Code  |             |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website               |             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought  | Office held |
|   |   |  |             |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:<br>Sch: 7/21 Rpt: 13/27       | 2 FILER NAME<br>Mays, Lela D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00081704  |
| 4 Date<br>11/18/2025                                     | 5 Payee name<br>Campaign Partner  |  |
| 6 Amount (\$)<br>\$49.00                                 | 7 Payee address; City;<br>P.O. Box 118<br><br>Still River, MA 01467                     |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br><br>Candidate/Officeholder name                          | Office sought<br><br>Office held   |
| Date<br>10/18/2025                                       | Payee name<br>Campaign Partner  |  |
| Amount (\$)<br>\$49.00                                   | Payee address; City;<br>P.O. Box 118<br><br>Still River, MA 01467                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br><br>Candidate/Officeholder name                          | Office sought<br><br>Office held   |
| Date<br>09/19/2025                                       | Payee name<br>Campaign Partner  |  |
| Amount (\$)<br>\$49.00                                   | Payee address; City;<br>P.O. Box 118<br><br>Still River, MA 01467                       |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br><br>Candidate/Officeholder name                          | Office sought<br><br>Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| 1 Total pages Schedule F1:<br>Sch: 8/21 Rpt: 14/27       | 2 FILER NAME<br>Mays, Lela D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00081704  |
| 4 Date<br>08/18/2025                                     | 5 Payee name<br>Campaign Partner  |  |
| 6 Amount (\$)<br>\$49.00                                 | 7 Payee address; City;<br>P.O. Box 118<br><br>Still River, MA 01467                       |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>07/18/2025                                       | Payee name<br>Campaign Partner  |  |
| Amount (\$)<br>\$49.00                                   | Payee address; City;<br>P.O. Box 118<br><br>Still River, MA 01467                         |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Website |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>12/19/2025                                       | Payee name<br>Campuzano Restaurant  |  |
| Amount (\$)<br>\$252.15                                  | Payee address; City;<br>2618 Oak Lawn Ave<br><br>Dallas, TX 75219                         |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Lunch   |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| 1 Total pages Schedule F1:<br>Sch: 9/21 Rpt: 15/27    | 2 FILER NAME<br>Mays, Lela D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00081704  |
| 4 Date<br>07/30/2025                                  | 5 Payee name<br>Chase Bank  |  |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City; State; Zip Code<br>P.O. Box 659754<br><br>San Antonio, TX 78265-9754 |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Fees                    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Service fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>08/29/2025                                    | Payee name<br>Chase Bank  |  |
| Amount (\$)<br>\$15.00                                | Payee address; City; State; Zip Code<br>P.O. Box 659754<br><br>San Antonio, TX 78265-9754   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees                    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Service fee |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>09/26/2025                                    | Payee name<br>Chase Bank  |  |
| Amount (\$)<br>\$15.00                                | Payee address; City; State; Zip Code<br>P.O. Box 659754<br><br>San Antonio, TX 78265-9754   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees                    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Service fee |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| 1 Total pages Schedule F1:<br>Sch: 10/21 Rpt: 16/27   | 2 FILER NAME<br>Mays, Lela D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00081704  |
| 4 Date<br>10/30/2025                                  | 5 Payee name<br>Chase Bank  |  |
| 6 Amount (\$)<br>\$15.00                              | 7 Payee address; City; State; Zip Code<br>P.O. Box 659754<br><br>San Antonio, TX 78265-9754 |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Fees                    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Service fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>11/26/2025                                    | Payee name<br>Chase Bank  |  |
| Amount (\$)<br>\$15.00                                | Payee address; City; State; Zip Code<br>P.O. Box 659754<br><br>San Antonio, TX 78265-9754   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees                    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Service fee |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |
| Date<br>12/30/2025                                    | Payee name<br>Chase Bank  |  |
| Amount (\$)<br>\$15.00                                | Payee address; City; State; Zip Code<br>P.O. Box 659754<br><br>San Antonio, TX 78265-9754   |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees                    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Service fee |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

**EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

Loan Repayment/Reimbursement  
Office Overhead/Rental Expense  
Polling Expense  
Printing Expense  
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel in District  
Travel Out of District  
OTHER (enter a category not listed above)

**The Instruction Guide explains how to complete this form.**

|  |   |   |             |
|--|---|---|-------------|
| 1 Total pages Schedule F1:<br>Sch: 11/21 Rpt: 17/27          | 2 FILER NAME<br>Mays, Lela D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00081704   |             |
| 4 Date<br>12/19/2025   | 5 Payee name<br>Constant Contact  |   |             |
| 6 Amount (\$)<br><br>\$13.86                                 | 7 Payee address; City; State; Zip Code<br><br>1601 Trapelo Rd.<br>at Reservoir Place<br>Waltham, MA 02451 |   |             |
| 8 PURPOSE OF EXPENDITURE                                     | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Program |             |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought   | Office held |
| Date<br>11/19/2025   | Payee name<br>Constant Contact  |   |             |
| Amount (\$)<br><br>\$13.86                                   | Payee address; City; State; Zip Code<br><br>1601 Trapelo Rd.<br>at Reservoir Place<br>Waltham, MA 02451   |   |             |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Program |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought   | Office held |
| Date<br>10/17/2025   | Payee name<br>Constant Contact  |   |             |
| Amount (\$)<br><br>\$13.86                                   | Payee address; City; State; Zip Code<br><br>1601 Trapelo Rd.<br>at Reservoir Place<br>Waltham, MA 02451   |   |             |
| PURPOSE OF EXPENDITURE                                       | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input checked="" type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Program |             |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH   | Candidate/Officeholder name   | Office sought   | Office held |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| 1 Total pages Schedule F1:<br>Sch: 12/21 Rpt: 18/27      | 2 FILER NAME<br>Mays, Lela D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00081704  |
| 4 Date<br>09/19/2025                                     | 5 Payee name<br>Constant Contact   |  |
| 6 Amount (\$)<br>\$13.86                                 | 7 Payee address; City;<br>1601 Trapelo Rd.<br>at Reservoir Place<br>Waltham, MA 02451              |  |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Program |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>08/19/2025                                       | Payee name<br>Constant Contact   |  |
| Amount (\$)<br>\$13.86                                   | Payee address; City;<br>1601 Trapelo Rd.<br>at Reservoir Place<br>Waltham, MA 02451                |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Program |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>07/18/2025                                       | Payee name<br>Constant Contact   |  |
| Amount (\$)<br>\$13.86                                   | Payee address; City;<br>1601 Trapelo Rd.<br>at Reservoir Place<br>Waltham, MA 02451                |  |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Program |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |  |             |
|---|--|--|-------------|
| 1 Total pages Schedule F1:<br>Sch: 13/21 Rpt: 19/27   | 2 FILER NAME<br>Mays, Lela D. (The Honorable)                            | 3 Filer ID (Ethics Commission Filers)<br>00081704  |             |
| 4 Date<br>12/11/2025                                  | 5 Payee name<br>Dallas Morning News                                      |  |             |
| 6 Amount (\$)<br>\$38.93                              | 7 Payee address; City;<br>1954 Commerce St.<br><br>Dallas, TX 75201      | State; Zip Code  |             |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper |             |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought  | Office held |
| Date<br>10/18/2025                                    | Payee name<br>Dallas Morning News  |  |             |
| Amount (\$)<br>\$38.93                                | Payee address; City;<br>1954 Commerce St.<br><br>Dallas, TX 75201        | State; Zip Code  |             |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper |             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought  | Office held |
| Date<br>09/19/2025                                    | Payee name<br>Dallas Morning News  |  |             |
| Amount (\$)<br>\$38.93                                | Payee address; City;<br>1954 Commerce St.<br><br>Dallas, TX 75201        | State; Zip Code  |             |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper |             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought  | Office held |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |   |             |
|---|--|---|-------------|
| 1 Total pages Schedule F1:<br>Sch: 14/21 Rpt: 20/27   | 2 FILER NAME<br>Mays, Lela D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00081704   |             |
| 4 Date<br>08/18/2025                                  | 5 Payee name<br>Dallas Morning News  |   |             |
| 6 Amount (\$)<br>\$38.93                              | 7 Payee address; City;<br>1954 Commerce St.<br><br>Dallas, TX 75201                    | State; Zip Code   |             |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Fees               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper  |             |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought   | Office held |
| Date<br>07/18/2025                                    | Payee name<br>Dallas Morning News  |   |             |
| Amount (\$)<br>\$38.93                                | Payee address; City;<br>1954 Commerce St.<br><br>Dallas, TX 75201                      | State; Zip Code   |             |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Fees               | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper  |             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought   | Office held |
| Date<br>11/25/2025                                    | Payee name<br>Daniel Clayton   |   |             |
| Amount (\$)<br>\$500.00                               | Payee address; City;<br>2400 S. Ervy St.<br><br>Dallas, TX 75215                       | State; Zip Code   |             |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consultant |             |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name  | Office sought   | Office held |
|   |  |   |             |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| 1 Total pages Schedule F1:<br>Sch: 15/21 Rpt: 21/27   | 2 FILER NAME<br>Mays, Lela D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00081704  |
| 4 Date<br>12/01/2025                                  | 5 Payee name<br>Daniel Clayton   |  |
| 6 Amount (\$)<br>\$1,500.00                           | 7 Payee address; City; State; Zip Code<br>2400 S. Ervay St.<br><br>Dallas, TX 75215                |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense             | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consultant        |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>08/12/2025                                    | Payee name<br>Home Depot   |  |
| Amount (\$)<br>\$1,028.29                             | Payee address; City; State; Zip Code<br>18855 Lyndon B Johnson Fwy<br><br>Mesquite, TX 75150       |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Table and chairs  |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>07/21/2025                                    | Payee name<br>Krispy Kreme   |  |
| Amount (\$)<br>\$90.35                                | Payee address; City; State; Zip Code<br>5118 Greenville Ave.<br><br>Dallas, TX 75206               |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food and beverage |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| 1 Total pages Schedule F1:<br>Sch: 16/21 Rpt: 22/27   | 2 FILER NAME<br>Mays, Lela D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00081704  |
| 4 Date<br>10/06/2025                                  | 5 Payee name<br>National Banner Co.  |  |
| 6 Amount (\$)<br>\$134.23                             | 7 Payee address; City;<br>11938 Harry Hines Blvd.<br><br>Dallas , TX 75234                         |  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Ad              |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>08/11/2025                                    | Payee name<br>National Banner Co.  |  |
| Amount (\$)<br>\$81.81                                | Payee address; City;<br>11938 Harry Hines Blvd.<br><br>Dallas , TX 75234                           |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Ad              |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |
| Date<br>09/08/2025                                    | Payee name<br>Office Depot   |  |
| Amount (\$)<br>\$416.36                               | Payee address; City;<br>3795 Emporium<br><br>Mesquite, TX 75150                                    |  |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Office supplies |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |   |   |
|---|---|---|
| 1 Total pages Schedule F1:<br>Sch: 17/21 Rpt: 23/27   | 2 FILER NAME<br>Mays, Lela D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00081704   |
| 4 Date<br>11/30/2025                                  | 5 Payee name<br>Public Opinion  |   |
| 6 Amount (\$)<br>\$1,500.00                           | 7 Payee address; City;<br>PO Box 151122<br><br>Dallas, TX 75315                           | State; Zip Code   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Consulting Expense    | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Consulting Expense |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>10/29/2025                                    | Payee name<br>Sam's Club  |   |
| Amount (\$)<br>\$100.30                               | Payee address; City;<br>5555 S. Buckner Blvd<br><br>Dallas, TX 75228                      | State; Zip Code   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food and drink     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |
| Date<br>12/22/2025                                    | Payee name<br>Snooze  |   |
| Amount (\$)<br>\$439.87                               | Payee address; City;<br>3211 Oak Lawn Avenue Suite A<br><br>Dallas , TX 75219             | State; Zip Code   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Breakfast          |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought  | Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>Sch: 18/21 Rpt: 24/27   | 2 FILER NAME<br>Mays, Lela D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00081704   |
| 4 Date<br>11/13/2025                                  | 5 Payee name<br>Starbucks  |   |
| 6 Amount (\$)<br>\$52.58                              | 7 Payee address; City; State; Zip Code<br>5527 E. RL Thornton Fwy<br><br>Dallas, TX 75223        |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense        | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food and beverage cost |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>08/13/2025                                    | Payee name<br>Texas AFL CIO  |   |
| Amount (\$)<br>\$400.00                               | Payee address; City; State; Zip Code<br>1408 N. Washington Ave.<br>#240<br>Dallas, TX 75204      |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Ad                     |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>08/20/2025                                    | Payee name<br>Texas Metro News   |   |
| Amount (\$)<br>\$1,000.00                             | Payee address; City; State; Zip Code<br>320 South R.L. Thornton<br>Suite 220<br>Dallas, TX 75203 |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense          | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Newspaper              |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>Sch: 19/21 Rpt: 25/27   | 2 FILER NAME<br>Mays, Lela D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00081704   |
| 4 Date<br>12/15/2025                                  | 5 Payee name<br>USPS   |   |
| 6 Amount (\$)<br>\$77.00                              | 7 Payee address; City; State; Zip Code<br>8624 Ferguson Rd<br><br>Dallas, TX 75228-9998            |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PO Box |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>11/14/2025                                    | Payee name<br>USPS   |   |
| Amount (\$)<br>\$77.00                                | Payee address; City; State; Zip Code<br>8624 Ferguson Rd<br><br>Dallas, TX 75228-9998              |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PO Box |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>10/14/2025                                    | Payee name<br>USPS   |   |
| Amount (\$)<br>\$77.00                                | Payee address; City; State; Zip Code<br>8624 Ferguson Rd<br><br>Dallas, TX 75228-9998              |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PO Box |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|   |  |   |
|---|--|---|
| 1 Total pages Schedule F1:<br>Sch: 20/21 Rpt: 26/27   | 2 FILER NAME<br>Mays, Lela D. (The Honorable)  | 3 Filer ID (Ethics Commission Filers)<br>00081704   |
| 4 Date<br>09/15/2025                                  | 5 Payee name<br>USPS   |   |
| 6 Amount (\$)<br>\$77.00                              | 7 Payee address; City; State; Zip Code<br>8624 Ferguson Rd<br><br>Dallas, TX 75228-9998            |   |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PO Box |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>08/15/2025                                    | Payee name<br>USPS   |   |
| Amount (\$)<br>\$77.00                                | Payee address; City; State; Zip Code<br>8624 Ferguson Rd<br><br>Dallas, TX 75228-9998              |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PO Box |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |
| Date<br>07/14/2025                                    | Payee name<br>USPS   |   |
| Amount (\$)<br>\$77.00                                | Payee address; City; State; Zip Code<br>8624 Ferguson Rd<br><br>Dallas, TX 75228-9998              |   |
| PURPOSE OF EXPENDITURE                                | (a) Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>PO Box |
| Complete ONLY if direct expenditure to benefit C/OH   | Candidate/Officeholder name<br>Office sought   | Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

|  |   |   |
|--|---|---|
| 1 Total pages Schedule F1:<br>Sch: 21/21 Rpt: 27/27      | 2 FILER NAME<br>Mays, Lela D. (The Honorable)   | 3 Filer ID (Ethics Commission Filers)<br>00081704   |
| 4 Date<br>08/01/2025                                     | 5 Payee name<br>Winners Circle PSN Dallas   |   |
| 6 Amount (\$)<br>\$464.04                                | 7 Payee address; City;<br>3014 Oak Lawn Ave<br><br>Dallas, TX 75219                       |   |
| 8 PURPOSE<br>OF<br>EXPENDITURE                           | (a) Category (See Categories listed at the top of this schedule)<br>Advertising Expense   | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising        |
| 9 Complete ONLY if direct<br>expenditure to benefit C/OH | Candidate/Officeholder name<br>Winsome Prime  | Office sought<br>Office held  |
| Date<br>12/17/2025                                       | Payee name<br>Winsome Prime   |   |
| Amount (\$)<br>\$224.44                                  | Payee address; City;<br>331 Singleton Blvd<br><br>Dallas, TX 75212                        |   |
| PURPOSE<br>OF<br>EXPENDITURE                             | (a) Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | (b) Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Food and beverages |
| Complete ONLY if direct<br>expenditure to benefit C/OH   | Candidate/Officeholder name<br>Winsome Prime  | Office sought<br>Office held  |