

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR      FIRST      MI <i>MARY OLSON</i> NICKNAME      LAST      SUFFIX	<b>OFFICE USE ONLY</b>	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;    APT / SUITE #;    CITY;    STATE;    ZIP CODE <i>4118 BUFFALO BAYOU RD SAN ANTONIO TX 78251</i>	Date Received	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>210 1601-7512</i>	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR      FIRST      MI <i>Patsy Newborn</i> NICKNAME      LAST      SUFFIX	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);    APT / SUITE #;    CITY;    STATE;    ZIP CODE <i>23602 Northwood Ln Sr A, TX 78259</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE      PHONE NUMBER      EXTENSION <i>(210) 313-5463</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officerholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month    Day    Year      THROUGH      Month    Day    Year <i>3 / 28 / 2023      4 / 26 / 2023</i>		
11 ELECTION	ELECTION DATE Month    Day    Year <i>5 / 6 / 2023</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) <i>of School Board Northside ISD</i>	

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

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

<b>15 C/OH NAME</b>		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 1,825
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,825
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 984+610+380
	4. TOTAL POLITICAL EXPENDITURES <b>1,774</b>	\$ 784+610+380
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -0-

**18 SIGNATURE** I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

*Mary Olson*  
\_\_\_\_\_  
Signature of Candidate or Officeholder

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP / SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath                      Printed name of officer administering oath                      Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Mary Olson, and my date of birth is 8/6/1952  
 My address is 4118 BUFFALO BAYOU SAN ANTONIO TX 78251  
(street) (city) (state) (zip code) (country)  
 Executed in Bexar County, State of Texas, on the 31 day of MAY, 2023  
(month) (year)  
*Mary Olson*  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,825
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 9,000
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 784
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 610
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input checked="" type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 380
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

*MARY OLISON*

3 Filer ID (Ethics Commission Filers)

4 Date

*4/21*

5 Full name of contributor

*Linda Howerton*

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

6 Contributor address;

City; State; Zip Code

*3944 Monte Verde Ways, A, TX 78261*

*100.00*

8 Principal occupation / Job title (See Instructions)

*Doctor*

9 Employer (See Instructions)

*Retiree*

Date

*4/22*

Full name of contributor

*Toni Nelson*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

*8019 S. Lindow Cir  
Converse, TX 78109*

*250.00*

Principal occupation / Job title (See Instructions)

*Retired accountant*

Employer (See Instructions)

Date

*4/24*

Full name of contributor

*Jerome Skeels Garner*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

*15734 Al Angorda  
Helotes*

*110.00*

Principal occupation / Job title (See Instructions)

*Physician*

Employer (See Instructions)

Date

*4/26*

Full name of contributor

*Cornel's Colleen Hoskins*

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

*10 Le 26 Creek Ash S, A #78252*

*100.00*

Principal occupation / Job title (See Instructions)

*Retired Military*

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2

2 FILER NAME

MARKY OLISON

3 Filer ID (Ethics Commission Filers)

4 Date

4/26

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Luther & Elenor Sweeney

6 Contributor address;

City; State; Zip Code

9154 Ridge Post S.A.TX 78250

7 Amount of contribution (\$)

110.00

8 Principal occupation / Job title (See Instructions)

Retired military

9 Employer (See Instructions)

Date

4/26

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Herman Morris, Norma

Contributor address;

City; State; Zip Code

9127 Big Bethel Dr  
S.A.TX 78240

Amount of contribution (\$)

36.00

Principal occupation / Job title (See Instructions)

Retired military

Employer (See Instructions)

Date

4/26

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

NAPOLEON RAY

Contributor address;

City; State; Zip Code

9166 Ridge Post  
S.A. TX 78250

Amount of contribution (\$)

60.00

Principal occupation / Job title (See Instructions)

Retired Educator

Employer (See Instructions)

Date

4/26

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Jerry & Sammie Dasing

Contributor address;

City; State; Zip Code

3018 Coldheart Ln  
S.A.TX 78251

Amount of contribution (\$)

110.00

Principal occupation / Job title (See Instructions)

PASTOR

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3

2 FILER NAME

MARY OLISON

3 Filer ID (Ethics Commission Filers)

4 Date

9/26

5 Full name of contributor

Mable Hall

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

55.00

6 Contributor address; City; State; Zip Code

4917 Ravenswood Dr Apt. 412  
SAN ANTONIO, TX 78227

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

4/26

Full name of contributor

Edith Cole

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

55.00

Contributor address; City; State; Zip Code

4119 Cractus Oaks  
SAN ANTONIO, TX 78251

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

4/26

Full name of contributor

Patsy Newborn

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

55.00

Contributor address; City; State; Zip Code

23602 Northwood Ln  
SAN ANTONIO, TX 78259

Principal occupation / Job title (See Instructions)

Retired Educator

Employer (See Instructions)

Date

4/26

Full name of contributor

Keith Toney

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

58.00

Contributor address; City; State; Zip Code

7715 Oak Hill Park Dr  
SA TX 78249

Principal occupation / Job title (See Instructions)

Retired School Board

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **31**

2 FILER NAME

**B. ARY OLISON**

3 Filer ID (Ethics Commission Filers)

4 Date

**4/24**

5 Full name of contributor

**SATHEENA BUSH**

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

**55.00**

6 Contributor address;

**2811 Roan Bush  
San Antonio, TX 78259**

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

**Retired**

9 Employer (See Instructions)

Date

**4/26**

Full name of contributor

**Donnie Campbell**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**55.00**

Contributor address;

**4714 Lock Lomond  
Converse, TX**

City; State; Zip Code

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**4/26**

Full name of contributor

**Charles Perrys, Pauline Perrys**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**110.00**

Contributor address;

**5515 Timber Trail  
San Antonio, TX 78250**

City; State; Zip Code

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

Date

**4/26**

Full name of contributor

**Joan Turner-Jackson**

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

**55.00**

Contributor address;

**10402 Briceway Fall  
SA TX 78254**

City; State; Zip Code

Principal occupation / Job title (See Instructions)

**Retired**

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

5

2 FILER NAME

Mary Olson

3 Filer ID (Ethics Commission Filers)

4 Date

4/26

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Carolyn J. Wilman

7 Amount of contribution (\$)

55.00

6 Contributor address; City; State; Zip Code

12943 Colwell Lake  
S.A. TX 78253

8 Principal occupation / Job title (See Instructions)

Homemaker

9 Employer (See Instructions)

Date

4/24

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Ernest Felder

Amount of contribution (\$)

65.00

Contributor address; City; State; Zip Code

1509 3310 Quail Hill  
S.A. TX 78225

Principal occupation / Job title (See Instructions)

Retired Military

Employer (See Instructions)

Date

4/26

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Preist Holmes

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

2842 Stokley Hill  
San Antonio, TX

Principal occupation / Job title (See Instructions)

Retired NFL A

Employer (See Instructions)

Date

4/26

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Lester, Linda Swift

Amount of contribution (\$)

55.00

Contributor address; City; State; Zip Code

8302 Ridgeway  
S.A. TX 78251

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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



# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

Solicitation/Fundraising Expense  
Transportation Equipment & Related Expense  
Travel In District  
Travel Out Of District  
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <i>1</i>	2 FILER NAME <i>MARY OLISON</i>	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$
---	----

5 Date <i>4/19</i>	6 Payee name <i>Signs Powercraft</i>
-----------------------	---

7 Amount (\$) <i>190</i>	8 Payee address; City; State; Zip Code <i>5947 Culebra S. A., TX 78238</i>
-----------------------------	---

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

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

11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>MARY OLISON</i>	Office sought <i>NORTHSIDE DIST 2</i>	Office held <i>-0-</i>
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Date <i>4/24</i>	Payee name <i>HEB</i>
---------------------	--------------------------

Amount (\$) <i>34.88</i>	Payee address; City; State; Zip Code <i>1604 S Culebra S. A., TX 78259</i>
-----------------------------	---

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

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Food Expenditures</i>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>MARY OLISON</i>	Office sought <i>NORTHSIDE DIST 2</i>	Office held <i>-0-</i>
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

# SCHEDULE F4

### EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 2      2 FILER NAME      3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD      \$

5 Date: 4/27/2023      6 Payee name: Signs Powercraft

7 Amount (\$): 161.00      8 Payee address, City; State; Zip Code: 5947 Culebra

9 TYPE OF EXPENDITURE:  Political       Non-Political

10 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): Advertising      (b) Description:  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name: Mary Olson      Office sought: Northside ISD Dist. 3      Office held:

Date: 4/27/2023      Payee name: Post Office

Amount (\$): 83.50      Payee address, City; State; Zip Code: 702 Richard Hills S. A, TX 78245

TYPE OF EXPENDITURE:  Political       Non-Political

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): FOR ADVERTISING EXPENSE      Description:  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH      Candidate / Officeholder name: MARY OLSON      Office sought: Northside ISD Dist - 3      Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

## EXPENDITURE CATEGORIES FOR BOX 10(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F4: <b>3</b>	2 FILER NAME <b>Mary Olison</b>	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date <b>4/27</b>	6 Payee name <b>Valero</b>	
7 Amount (\$) <b>130.00</b>	8 Payee address; City; State; Zip Code <b>P.O. Box 631 Amarillo TX 79105</b>	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Travel in District</b>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name <b>Mary Olison</b>	Office sought <b>Northside ISD Dist 2</b>
		Office held <b>- 0 -</b>
Date <b>4/20/2023</b>	Payee name <b>HEB</b>	
Amount (\$) <b>10.81</b>	Payee address; City; State; Zip Code <b>1604 S. Culbraz S. Apt 782 St</b>	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Food Expenses</b>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
	Candidate / Officeholder name <b>Mary Olison</b>	Office sought <b>Northside ISD Dist 2</b>
		Office held <b>- 0 -</b>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>1</b>	2 FILER NAME <b>MARY OLISON</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>4/28</b>	5 Payee name <b>American Express</b>
-----------------------	---

6 Amount (\$) <b>534</b>	7 Payee address; City; State; Zip Code <b>RD. Box 29147 Ft Lauderdale, Fla 33329</b>
-----------------------------	---

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

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name <b>Mary Olison</b>	Office sought <b>Norfolk Dist 2</b>	Office held <b>- 0 -</b>
--	---	--	-----------------------------

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

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

Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
-------------	--------------------------------------

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

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

- |  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By 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: <b>7</b>	2 FILER NAME <b>MARY OLISA</b>	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <b>Leonard J Arcumillo</b>	
6 Amount (\$) <b>200.00</b>	7 Payee address; City; State; Zip Code <b>P.O. Box 291018 SAN ANTONIO TX 78211</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Advertising signs</b>	(b) Description <b>Signs</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <b>4/25/2023</b>	Payee name <b>Bobby RARRANZA</b>	
Amount (\$) <b>50.00</b>	Payee address; City; State; Zip Code <b>1122 West Russell S.A. TX 78201</b>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Put signs up</b>	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

# PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule H: <b>1</b>	2 FILER NAME <i>Mary Olison</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>4/26/2023</i>	5 Business name <i>Headone</i>
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6 Amount (\$) <i>80</i>	7 Business address; City; State; Zip Code <i>1289 Loop 416 S A, TX 78227</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Food &amp; Beverage Expenses</i>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name <i>Mary Olison</i>	Office sought <i>Northside Dis 2</i>	Office held <i>-0-</i>
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Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---	-------------------------------	---------------	-------------

Date	Business name
------	---------------

Amount (\$)	Business address; City; State; Zip Code
-------------	---

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

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED