

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: Mrs. FIRST: Alicia MI: M NICKNAME: True LAST: Perrey SUFFIX:	OFFICE USE ONLY	
	Date Received 04-29-19P03:52 RCVD		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1111 Lone Oak Ave San Antonio TX 78220		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: (210) PHONE NUMBER: 954-4114 EXTENSION:	Date Hand-delivered or Date Postmarked: 4/29/19	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: Mrs FIRST: Keisha MI:	Receipt #	Amount \$
	NICKNAME: Bradford LAST: SUFFIX:	Date Processed: 4/29/19	Date Imaged
	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9002 Walnut Springs Universal City TX		
8 CAMPAIGN TREASURER PHONE	AREA CODE: (210) PHONE NUMBER: 955-1114 EXTENSION:		
9 REPORT TYPE	<input type="checkbox"/> January 15 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 3-26-2019 THROUGH 4-25-2019		
11 ELECTION	ELECTION DATE Month Day Year 5/4/2019	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) SAISD School Board Member District 2	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME Mrs. Alicia M Perry 15 Filer ID (Ethics Commission Filers)

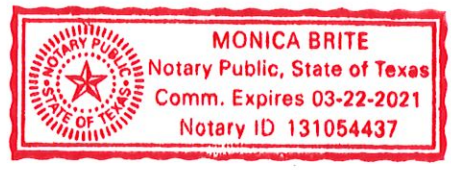
16 NOTICE FROM POLITICAL COMMITTEE(S)
THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

<input checked="" type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		<u>San Antonio Alliance PAC</u>
	COMMITTEE ADDRESS	<u>120 Adams San Antonio TX 78210</u>
	COMMITTEE CAMPAIGN TREASURER NAME	<u>Gracie Oviedo</u>
	COMMITTEE CAMPAIGN TREASURER ADDRESS	<u>120 Adams San Antonio TX 78210</u>

Additional Pages

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ <u>2,271.00</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>6180.00</u>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ <u>4,820.00</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>7,810.62</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>40.38</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>0</u>

18 AFFIDAVIT



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.

Alicia M Perry
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Alicia Perry, this the 20th day of April, 2019, to certify which, witness my hand and seal of office.

Monika Signature of officer administering oath
Monica Brite Printed name of officer administering oath
TX Notary Public Title of officer administering oath

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME <i>Alicia M. Perry</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5580.00</i>
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ <i>290.80</i>
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	\$ <i>7810.62</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>800.00</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2

2 FILER NAME

Keisha Bradford

3 Filer ID (Ethics Commission Filers)

4 Date

3/29/19

5 Full name of contributor

SA Alliance PAC

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,670.00

6 Contributor address;

170 Adams St. SATX 78210

City; State; Zip Code

8 Principal occupation / Job title (See Instructions)

Professional Organization

9 Employer (See Instructions)

Date

4/2/19

Full name of contributor

Jawanda Corbin

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

*\$500.00
(SAMI'S GIFT CARD)*

Contributor address;

1027 Windy Rd. SATX 78706

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Exc Director

Employer (See Instructions)

ABA Behavioral Services

Date

4/9/19

Full name of contributor

James Howard

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

2930 E. Horsham St. SATX 78222

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/13/19

Full name of contributor

Jawish White

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address;

905 Prairie Hill Apt. G301 CS 78206

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Soldier

Employer (See Instructions)

U.S. Army

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 FILER NAME

Kusha Bradford

3 Filer ID (Ethics Commission Filers)

4 Date

4/13/19

5 Full name of contributor

LA Rita Davenport

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$100.00

6 Contributor address; City; State; Zip Code

1796 Chade Houston TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/20/19

Full name of contributor

Jacqueline Carter

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100.00

Contributor address; City; State; Zip Code

2618 Jade Hill SATX 75291

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/19

Full name of contributor

SA Alliance PAC

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$2,160.00

Contributor address; City; State; Zip Code

120 Adams St. SATX 75210

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address; City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME <i>Kusha Bradford</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/22/19</i>	5 Payee name <i>Alicia Perry Campaign</i>	
6 Amount (\$) <i>800.00</i> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <i>11011 Lone Oak Ave SA, TX 78220</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</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
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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	Office sought Office held

Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	(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	Office sought Office held

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: **3** 2 FILER NAME **Kushy Bradford** 3 Filer ID (Ethics Commission Filers)

4 Date **3/25/19** 5 Payee name **Lone Star Media**

6 Amount (\$) **\$773.99** 7 Payee address; City; State; Zip Code **1011 N. Frio St. SATX 78207**

8 PURPOSE OF EXPENDITURE **Ad Expense**

(a) Category (See Categories listed at the top of this schedule)

(b) Description
 Check if travel outside of Texas. Complete Schedule T.
 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 **3/29/19** Payee name **Lone Star Media**

Amount (\$) **\$487.13** Payee address; City; State; Zip Code **1011 N. Frio St. SATX 78207**

PURPOSE OF EXPENDITURE **Ad Expense**

Category (See Categories listed at the top of this schedule)

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 Office sought Office held

Date **4/1/19** Payee name **Lone Star Media**

Amount (\$) **208.38** Payee address; City; State; Zip Code **1011 N. Frio St. SATX 78207**

PURPOSE OF EXPENDITURE **Ad Expense**

Category (See Categories listed at the top of this schedule)

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 Office sought Office held

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:	2 FILER NAME <i>Keisha Brajford</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/2/19</i>	5 Payee name <i>Michelle Daniels</i>	
6 Amount (\$) <i>\$180</i>	7 Payee address; City; State; Zip Code <i>218 EDNA ST. SATX 78200</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Contract Labor</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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>4/2/19</i>	Payee name <i>Le Rita Gathin McDani</i>	
Amount (\$) <i>\$180</i>	Payee address; City; State; Zip Code <i>3664 Versailles Drive SATX 78219</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Contract Labor</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date <i>4/2/19</i>	Payee name <i>Home Star Media</i>	
Amount (\$)	Payee address; City; State; Zip Code <i>1011 W. FRID ST. SATX 78207</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad Expense</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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:	2 FILER NAME <i>Keisha Bradford</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>4/10/19</i>	5 Payee name <i>Mrs A Davis Hennings Resource Center</i>	
6 Amount (\$) <i>\$256.00</i>	7 Payee address; City; State; Zip Code <i>328 N. Pine Street SA TX 78203</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</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

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/13/19</i>	Payee name <i>Michelle Daniels</i>		
Amount (\$) <i>\$556.00</i>	Payee address; City; State; Zip Code <i>218 Edna St. SATX 78200</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event Expense</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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>4/18/2019</i>	Payee name <i>Y.O. Productions / Andre Cooper</i>		
Amount (\$) <i>256.00</i>	Payee address; City; State; Zip Code <i>1311 W. Hein Rd. #11 SA TX 78200</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Ad Expense</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 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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>2</u>	
2 FILER NAME: <u>Kusha Bradford</u>		3 Filer ID (Ethics Commission Filers):	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>0</u>	
5 Date: <u>4/11/19</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): <u>SA Alliance PAC</u>	8 Amount of Contribution \$: <u>\$145.83</u>	9 In-kind contribution description: <u>Postage</u>
7 Contributor address; City; State; Zip Code: <u>104 Adams St SA TX 78210</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): <u>Professional Organization</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions): <u>SA Alliance PAC</u>	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date: <u>4/22/19</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____): <u>SA Alliance PAC</u>	Amount of Contribution \$: <u>\$128.91</u>	In-kind contribution description: <u>Printing</u>
Contributor address; City; State; Zip Code: <u>104 Adams St. SA TX 78210</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions): <u>Professional Organization</u>		Employer (FOR NON-JUDICIAL) (See Instructions): <u>SA Alliance PAC</u>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:

2 FILER NAME

Kasha Bradford

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ *0*

5 Date

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

SA Alliance PAC

8 Amount of Contribution \$

916.09

9 In-kind contribution description

TRAINING

7 Contributor address; City; State; Zip Code

101 Adams St SA TX 75210

Check if travel outside of Texas. Complete Schedule T.

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

Professional Organization

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

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

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

Amount of Contribution \$

In-kind contribution description

Contributor address; City; State; Zip Code

Check if travel outside of Texas. Complete Schedule T.

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

Employer (FOR NON-JUDICIAL) (See Instructions)

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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