

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:
13

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

SHANNON

NICKNAME

LAST

SUFFIX

BRAUN

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

206 W. US LOCKETTS RD COLLETVILLE TX
76034

Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

605-8015

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

ROBERT

NICKNAME

LAST

SUFFIX

BRAUN

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

206 W. US LOCKETTS RD COLLETVILLE TX 76034

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

605-8015

9 REPORT TYPE

January 15

30th day before election

Runoff

15th day after campaign
treasurer appointment
(Officeholder Only)

July 15

8th day before election

Exceeded Modified
Reporting Limit

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

Month

Day

Year

5 / 28 / 21

THROUGH

7 / 15 / 21

11 ELECTION

ELECTION DATE

Month

Day

Year

6 / 5 / 21

Primary

Runoff

Other
Description

General

Special

12 OFFICE

OFFICE HELD (if any)

GCISD TRUSTEE PL. 1

13 OFFICE SOUGHT (if known)

14 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.

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

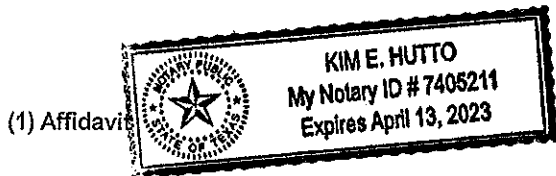
FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 390
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 7940.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,418.76
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1880.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ -

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.

Shannon Brown
Signature of Candidate or Officeholder

Please complete either option below:



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Shannon Brown this the 15th day of July, 2021, to certify which, witness my hand and seal of office.

Kim E. Hutto Kim E. Hutto Board Clerk
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

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 type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7940.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 775
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ -
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 20,418.76
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 type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ -
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	\$ 0.24

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

SHANNON BRAUN

3 Filer ID (Ethics Commission Filers)

4 Date

5/28

5 Full name of contributor

RON DOORNIK

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

7 Amount of contribution (\$)

\$1,000

6 Contributor address;

City;

State;

Zip Code

1321 OPLAND UNIT 4063 HOUSTON TX 77043

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/28

Full name of contributor

BECKWITH COOPER

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

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

1635 Gayfeather Ln Verobeach FL 32963

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/28

Full name of contributor

CHRIS REYNOLDS

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

Amount of contribution (\$)

\$1,000

Contributor address;

City;

State;

Zip Code

1100 LOUISIANA WASTE 3502 HOUSTON TX 77002

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/28

Full name of contributor

Jeffrey White

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

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

4 LANDR Westford MA 01876

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

2 FILER NAME SHANNON BRAUN		1 Total pages Schedule A1:
3 Filer ID (Ethics Commission Filers)		
4 Date 5/28	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jessica Harry	7 Amount of contribution (\$) \$100
6 Contributor address; City; State; Zip Code 519 Stonebury SL TX 76092		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAVID BEGAN	Amount of contribution (\$) \$500
Contributor address; City; State; Zip Code 1303 Bellefonte Ln Colleyville TX 76034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frieda Brands	Amount of contribution (\$) \$100
Contributor address; City; State; Zip Code 252 Johnson Hollow Rd WATKINS, TX 76784		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/28	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LAURA HILL	Amount of contribution (\$) \$250
Contributor address; City; State; Zip Code 1601 Kings CT SL TX 76092		
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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

SHANWAN BRAUN

3 Filer ID (Ethics Commission Filers)

4 Date

5/28

5 Full name of contributor

Nick Keyes

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

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

6906 Longwood Colleyville TX 76034

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/28

Full name of contributor

DALE FOOT

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

Amount of contribution (\$)

\$400

Contributor address;

City;

State;

Zip Code

1501 BRIMCREST CV TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/29

Full name of contributor

DAVID GROVES

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

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

5702 PONDWATER ST COLLEYVILLE TX 76034

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/29

Full name of contributor

LUREN BALL

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

Amount of contribution (\$)

\$300

Contributor address;

City;

State;

Zip Code

21866 TOWNPLACE BOCA RATON FL 33433

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

SHANNON BRAUN

3 Filer ID (Ethics Commission Filers)

4 Date

5/29

5 Full name of contributor

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

Jeff Durdin

7 Amount of contribution (\$)

\$300

6 Contributor address;

City;

State;

Zip Code

1952 FIRESTONE DR ASBURY IA 52002

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/31

Full name of contributor

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

Michael Kinney

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

3403 BRIMMON PLACE LN KATY TX 77494

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/5

Full name of contributor

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

MARK ASARO

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

3529 BOXWOOD COUNTRY TX 76051

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/4

Full name of contributor

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

Grady Finley

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

7400 Windswept TRC CV TX 76074

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

SHANWON BRAUN

3 Filer ID (Ethics Commission Filers)

4 Date

6/5

5 Full name of contributor

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

Benjamin Yoho

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

5843 Pratt R Lewisville OH 43035

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/5

Full name of contributor

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

DAVID WILKINS

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

517 AURORA CT EUGES TX 76039

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/28

Full name of contributor

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

DANIELA PAULITA

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

1914 M ST NW WASHINGTON DC 20036

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/21

Full name of contributor

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

GLENN BOWEN

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

219 W 14 NYC NY 10011

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.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

SHANNON BRAUN

3 Filer ID (Ethics Commission Filers)

4 Date

6/11

5 Full name of contributor

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

KAREN MILLER

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

702 HILLARY CT Westchester NY 19382

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

5/28

Full name of contributor

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

CALLIE RIZNY

Amount of contribution (\$)

\$1000

Contributor address;

City;

State;

Zip Code

7308 HAWK Cville TN 37634

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/6/12

Full name of contributor

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

ALAN DRENNAN

Amount of contribution (\$)

\$200

Contributor address;

City;

State;

Zip Code

2144 Brachman Cville NY 2605

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Contributor address;

City;

State;

Zip Code

Amount of contribution (\$)

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME SHANNON BRAUN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 6/7	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debi Meek	8 Amount of Contribution \$ 5775	9 In-kind contribution description FOOD, MUSIC JUDICIAL RENTAL
7 Contributor address; City; State; Zip Code 1025 BROWNSTONE CORPARKWAY TX 76051		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) BUSINESS OWNER		11 Employer (FOR NON-JUDICIAL)(See Instructions) BERMUDA GOLD & SILVER	
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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
Contributor address; City; State; Zip Code		<input type="checkbox"/> 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)			

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 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 | 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		3 Filer ID (Ethics Commission Filers)	
4 Date 6/7		5 Payee name SHANNON BROWN			
6 Amount (\$) 2138.95		7 Payee address; 124 E WORTH ST Cum		City;	State; Zip Code TX 76051
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FOOD		(b) Description FOOD		
	(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 6/7		Payee name JUSTAN			
Amount (\$) 500		Payee address; 710 N. DOVE Rd. Grapevine, TX.			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description ENTERTAINMENT		
	<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 6/1		Payee name ERIK LEFT			
Amount (\$) 1500		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONSULTING		Description CONSULTING		
	<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

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 | Printing Expense | Travel in District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Credit Card Payment | Legal Services | | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME SHANNON BRAUN		3 Filer ID (Ethics Commission Filers)
4 Date 6/7	5 Payee name MURPHY MASTEN		
6 Amount (\$) \$8,599.99	7 Payee address; 815-A BRABOS AUSTON TX 78709 City: State: Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description DATA ANALYSIS/	
	(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 5/27	Payee name Jim Shimwell - LASAN KELLER		
Amount (\$) 18,100	Payee address; 1007 DR ELMER CUMBER TX 76051 City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description SECURITY	
	<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 5/28	Payee name GRAPENINE REC		
Amount (\$) 225	Payee address; 1175 Municipal Way Grapevine, TX. 76051 City: State: Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT	Description EVENT EXPENSE	
	<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

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 | 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		3 Filer ID (Ethics Commission Filers)	
4 Date 6/7		5 Payee name Charles Day			
6 Amount (\$) 3250		7 Payee address; 317 BLANCO City: SC State: TX Zip Code: 76092			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description CALLS		
	(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 6/7		Payee name MURICA HENSELBERG			
Amount (\$) 625		Payee address; 8537 Hudson Street, NRH TX. 76800 City: NRH State: TX Zip Code: 76800			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description FB ADS		
	<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