2024 JAN 16 PM5:05:54

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this f	orm.	Filer I	O (Ethics Co	ommission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MS	FIRST Brandy				MI D	OFFIC	E USE ONLY
NAME	NICKNAME	LAST Douglas				SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2617 W. Mo Denison, TX	rton St., Ste		,	STATE;	ZIP CODE		
Change of Address								
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)	337-1097			EXTENSIO	NO		ed or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Lana				МІ	Receipt #	Amount \$
NAME							Date Processed	
	NICKNAME	Nunne	eley			SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		is St. Ste 10		#;	CITY;		STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	( 903 )	PHONE NUMBER 892-362	5		EXTENSIO	ON .		
9 REPORT TYPE	January 15  July 15		before election	L	Rund	off eded Modified	treasurer (Officehole	after campaign appointment der Only) ort (Attach C/OH - FR)
				L	Repo	orting Limit		
10 PERIOD COVERED	Month 11	Day Year / 2 / 23		THRO	UGH	Month 12	/ 31 / 23	
11 ELECTION	ELECTION DA	TE				ELECTION TYPE		
	Month Day	Year   •	Primary General	Run		Other Description		
12 OFFICE	OFFICE HELD (if any)			1		OUGHT (if known	)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXP	ENDITURES MA	Y HAVE BE	EN MADE W	ITHOUT THE CANE	DIDATE'S OR OFFICEHO	DMMITTEES TO SUPPORT DLDER'S KNOWLEDGE OR OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME						
Additional Pages	GENERAL	COMMITTEE ADDRI	ESS					
	SPECIFIC	COMMITTEE CAMP	AIGN TREASU	JRER NAM	E			
		COMMITTEE CAMP	AIGN TREAS	URER ADI	DRESS			
		G	O TO P	AGF 2				

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Ms. Brandy Douglas	3	1	6 Filer ID (Ethi	cs Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIP PLEDGES, LOANS, OR GUARANTEES OF CONTRIBUTIONS MADE ELECTRONICAL	LOANS, OR	\$	3,395.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GU	ARANTEES OF LOANS)	\$	3,395.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDI	TURE.	\$	1,125.45
	4. TOTAL POLITICAL EXPENDITURES		\$	1,125.45
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAIN     OF REPORTING PERIOD	TAINED AS OF THE LAST	DAY \$	3,070.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTS LAST DAY OF THE REPORTING PERIOD	STANDING LOANS AS OF T	THE \$	0.00
	wear, or affirm, under penalty of perjury, that the accurate to be reported by me under Title 15, Election Cod		and correct and	d includes all information
	Please complete eith		didate of Office	eholder
(1) Affidavit	TINA ONSTOTT NOTARY PUBLIC STATE OF TEXAS ID # 805120-7 My Comm. Expires 03-28-2026	<b>A</b>	1/2	. Muann
( ) ) )	before me by Brandy Dougle which, witness my hand and seal of office.	this the _	day o	January,
Signature of officer administer	ring oath Printed name of officer administ		1000	officer administering oath
	OR			
(2) Unsworn Declarati	on			
My name is	,	and my date of birth is _		
My address is	,	· · · · · · · · · · · · · · · · · · ·		·
Evenued in	(street)	, ,,	ate) (zip cod	e) (country)
Executed in	County, State of , on the	day or(month)	, 20 <u>(</u>	ear)
		Signature of Candida	te/Officeholder	(Declarant)

# SUBTOTALS - C/OH

19	Ms. Brandy Douglas	mmission Filers)					
21	1 SCHEDULE SUBTOTALS NAME OF SCHEDULE						
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS						
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS						
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS						
4.	SCHEDULE E: LOANS						
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS						
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS						
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD						
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS						
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH						
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$				
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$				

SCHEDULE A1

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

The	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1:
2 FILER NAME Ms. Bran	dy Douglas		3 Filer ID (Ethics Commission Filers)
4 Date 12/06/2023	5 Full name of contributor out-of-state in jacqueline love-worline  6 Contributor address; City; 5013 Stonecrest Drive Mckinn	7 Amount of contribution (\$)  100.00	
	pation / Job title (See Instructions) OURT REPORTER	9 Employer (See Instruct Collin County	tions)
Date 12/07/2023	Pamela McGraw  Contributor address; City;  408 E. Main St.Denisor	State; Zip Code	Amount of contribution (\$)
Principal occup Attorney	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 01/16/2024	Jerry Eldredge	State; Zip Code	Amount of contribution (\$)  1,000.00
	Deation / Job title (See Instructions) Stems Analyst	Employer (See Instruct Choctaw Nation of (	
Date 12/11/2023	Full name of contributor  Jasmine Ballard  Contributor address;  City;  1317 W Walker StDenison, TX	State; Zip Code	Amount of contribution (\$)
Principal occur Cashier	pation / Job title (See Instructions)	Employer (See Instruction Compatible delights	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SOS4 18M TE PM5:06:17

# **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	Brand Doubs		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
nlala	Lashawn Charlot		
1/1/13		State; Zip Code	\$10.00
	1201 E. Lange Shurm	un TR75790	410.
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Self o	mplayed	lashann Me	urie
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
	Ruth Williamson		Amount of contribution (c)
10 19 77		State; Zip Code	100 0
12-12-23			100.00
	2341 Canyon Creek Dr.	neman 1x 150	92
	pation / Job title (See Instructions)	Employer (See Instruct	
1-	ounder	Idention Strub	in UC
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
	Glenn Melancon		
12-12-73		State; Zip Code	\$50.00
	1414 Idlewood Dr. Sharman	D 75092	4 30
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	
	Professor	South Fastern O	Wahoma State University
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
1 42	Madeline Anderson		
12-12-23	Contributor address; City;	State; Zip Code	ر م
12-12-60			100.00
	Contributor address; City;  UTY OAK (VEUK A. CLAW)  pation / Job title (See Instructions)	Employer (See Instruc	
	Contributor address; City; U74 Oak Creck A. Cldav	Hill 72 75704	
	Contributor address; City;  UTY OAK (VEUK A. CLAW)  pation / Job title (See Instructions)	Employer (See Instruc	
	Contributor address; City;  UTY OAK (VEUK A. CLAW)  pation / Job title (See Instructions)	Employer (See Instruc	
	Contributor address; City;  UTY OAK (VEUK A. CLAW)  pation / Job title (See Instructions)	Employer (See Instruc	
	Contributor address; City;  UTY OAK (VEUK A. CLAW)  pation / Job title (See Instructions)	Employer (See Instruc	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

SOS4 19N TE PMS:06:22 GRAYSON CO ELECTIONS

# 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	Branda Demlas	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributors   out-of-state PAC (ID#:)	7 Amount of contribution (\$)
	Ericka Harper-Brown 6 Contributor address; City; State; Zip Code 13324 W. Progress Gr. Littleton, Co 80127	\$ 25.22
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
F	two untant Nwa	
Date	Full name of contributor	Amount of contribution (\$)
12-1273	Contributor address; City; State; Zip Code	\$100.00
	410 N. 4 Are Durant Ok 74701	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
5	Wift Wordingtor Program	
Date	Full name of contributor	Amount of contribution (\$)
12-12-23	Contributor address; City; State; Zip Code	\$25.2
	1948 Syltamy M. Mesgute TR 75181 Destion / Job title (See Instructions) Employer (See Instructions)	
Principal occur	pation / Job title (See Instructions) Employer (See Instruct	ions)
	in and oikus	,
Y	We word	
Date	Full name of contributor	Amount of contribution (\$)
	Philip Lewis	
12-12-23	Contributor address; City; State; Zip Code	<i>A</i> )
(1-160)	20x 1 St. NE Washington Dr. 20002	\$570.°
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)

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

## 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	Branch Donlas		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor   out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
12-13-73			\$100-00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruction	tions)
le	hal Assistant	Attorney	
Date		(ID#:)	Amount of contribution (\$)
12-14-23	1 -	State; Zip Code	\$75.2
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
la	Wy	SUL	
Date	Full name of contributor  uut-of-state PAC	(ID#:)	Amount of contribution (\$)
12-15-24	Contributor address; City;		\$50.°e
	711 N. Waynut Sherman	TR 75090	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Accou	nt-Specialist	Capio Par	tners
Date	Full name of contributor  ut-of-state PAC	(ID#:)	Amount of contribution (\$)
12-18-24	Contributor address;	State; Zip Code	\$500.00
	4415 S. Shaver St. Rasadem To	277504	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
A	Horny	Suf	
	A STANDARD CONTRACTOR OF THE STANDARD CONTRACTOR		
	ATTACH ADDITIONAL COPIES O		

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

SOS4 19N TE PMS:06:32 GRAYSON CO ELECTIONS

## 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    A Date   5 Full name of contributor   out-of-state PAC (ID#:	1 Total pages Schedule A1:  3 Filer ID (Ethics Commission Filers)  7 Amount of contribution (\$)  Amount of contribution (\$)  Amount of contribution (\$)
Date  5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)  P25. 2  ons)  Amount of contribution (\$)
Show to the pard  6 Contributor address; City; State; Zip Code  772 Symme Trail Form To 1574  8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Date  Full name of contributor  Find Harber Bran  Contributor address; City; State; Zip Code  1334 W. Frogness Grat Little W. 3017  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ons)  Amount of contribution (\$)
6 Contributor address; City; State; Zip Code  772 Square Trail Form D 374  Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Date  Full name of contributor  Full name of contributor  Contributor address; City; State; Zip Code  334 W. Frogness Grate Little W. BOLY7  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)	Amount of contribution (\$)
Contributor address; City; State; Zip Code  13314 W. Frogness Circle Littleton W. BOLV7  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	\$100.00
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Accounting NWR	ons)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2-28-73 Contributor address; City; State; Zip Code 408 E. Man Dehista & 7521	\$ 25.2
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ons)
Attorny Sult	
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
2-28-23 Contributor address; City; State; Zip Code	\$ 200.00
407 F. Grentier Derion, \$ 75020	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction 0	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Brandy	MI	OFFICE USE ONLY
NAME	NICKNAME	LAST Douglas	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 2617 W. Mo	rton St. Suite 101	CITY; STATE; ZIP CODE  Denison, TX 75020	
Change of Address				
5 CANDIDATE/ OFFICEHOLDER PHONE	( 903 )	337-1097	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Lana	МІ	Receipt #   Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed
	MONTANIE	Nunneley	SULLIN	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	805 N Travis	(NO PO BOX PLEASE); APT S S St Ste 100	υιτε #; cιτy; Sherman, ΤΣ	STATE: ZIP CODE X 75090
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	( 903 )	PHONE NUMBER 892-3625	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 1	Day Year 1 24	THROUGH 6	Day Year 24
11 ELECTION	Month Day	Year Primary  24 General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (if know District Attorney	•
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER, THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	ນາ ເລື
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	CS lead
	1	<u> </u>		

**GO TO PAGE 2** 

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

	· · · · · · · · · · · · · · · · · · ·			
15 C/OH NAME Brandy Douglas		16 Filer	ID (Ethics Cor	mmission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	I	\$	
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	
	4. TOTAL POLITICAL EXPENDITURES		\$	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$	
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	- THE	\$	0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Title 15, Election Code.	and co	orrect and inclu	des all information
	Signature of Ca	ndidate	or Officeholde	er
	Please complete either option below	<b>v:</b>		
	, louis somplete state, spilett zeien.	, -		
(1) Affidavit				
NOTARY STAMP/SEA	-			
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 administe	ring oath Printed name of officer administering oath		Title of officer	administering oath
	OR			
(2) Unsworn Declaration	on			
My name is Nah	and my date of birth is		9-29-	87
My address is	7'W Morron Ste 101 Demson -	D.	150W_	Gransha
Executed in GYAL	(street) (eity) (sety) County, State of (street), on the design of (street)	state)	(zip code)	(country)
	(moriting	19)10	(year)	in at
	Signature of Candio	date/Office	cenolder (Decla	arant)
				AND TORKING

# **SUBTOTALS - C/OH**

	FILER NAME 20 File randy Douglas	er ID (Ethics Commiss	ion Filers)	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00	
4.	SCHEDULE E: LOANS	\$	0.00	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUT	rions \$	7.7	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIL	BUTIONS \$	0.00	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00	
10.	10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBU	TIONS \$	0.00	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RE TO FILER	TURNED \$	0.00	

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:				
2 FILER NAME Brandy Do	uglas		3 Filer ID (Ethics Commission Filers)				
4 Date	Jan Fletcher	C (ID#:)	7 Amount of contribution (\$)				
06/29/20	6 Contributor address; City; 1050 Hazelwood Road Sherm	5.00					
	1000 Hazelwood Road Offern	idii, 177 70002					
8 Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)  Unemployed							
Date		C (ID#:)	Amount of contribution (\$)				
05/29/20	Jan Fletcher		F 00				
03/23/20	Contributor address; City;	1	5.00				
	1050 Hazelwood Road Sherm	nan, TX 75092					
Principal occupation / Job title (See Instructions)  Employer (See Unemplolyed			ons)				
Date	Full name of contributor out-of-state PAC Annie Miller	G (ID#:)	Amount of contribution (\$)				
05/21/20	Contributor address; City;	State; Zip Code	25.00				
	1721 S fannin Ave Denison, TX 75020						
Principal occup Supervisor	ation / Job title (See Instructions)	Employer (See Instructi Cotiviti	ons)				
Date		C (ID#:)	Amount of contribution (\$)				
04/30/20	Carol Donovan  Contributor address; City; State; Zip Code		500.00				
	6509 Malcolm Drive Dalla	s, TX 75214	000.00				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)				
Attorney		Carol Crabtree Donovan, PC					

### SCHEDULE A1

The	Instruction Guide explains how to com	nplete this	form.	1 Total pages Schedule A1:
2 FILER NAME Brandy Do	uglas			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Jan Fletcher		7 Amount of contribution (\$)	
05/29/20		ity;	State; Zip Code	5.00
	1050 Hazelwood Road	Snerm	ian, 1 X 75092	
8 Principal occur Unemployed	pation / Job title (See Instructions)		9 Employer (See Instruc	tions)
Date		-of-state PAC	(ID#:)	Amount of contribution (\$)
04/02/20	Ronald Uselton		400.00	
04/02/20	Contributor address; Ci			100.00
	2512 Argyle Ln She	erman	, TX 75092	
Principal occup Attorney	ation / Job title (See Instructions)		Employer (See Instruct Self Employed	ions)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
06/28/20	Pam McGraw			2 500 00
00/20/20	Contributor address; Cit	ty;	State; Zip Code	2,500.00
	401 West Main Der	nison,	, TX 75020	ř
Principal occup Attorney	ation / Job title (See Instructions)		Employer (See Instruct Self Employed	tions)
Date	Full name of contributor out-	-of-state PAC	(ID#:)	Amount of contribution (\$)
00/00/06	Nir Sela			1 000
06/20/20	Contributor address; Cit	ty;	State; Zip Code	1,000.00
	331 West Main Der	enison, TX 75020		1,000100
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)
Hospitality E	ntrepreneur		Self Employed	

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME Brandy Do	uglas		3 Filer ID (Ethics Commission Filers)
4 Date 06/20/20	5 Full name of contributor out-of-state PAC Bill Douglass and Janet Gott Douglas Go	State; Zip Code	7 Amount of contribution (\$) 2,000.00
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruction Retired	ons)
Date 06/15/20	Calvin Barker	: (ID#:)	Amount of contribution (\$)
06/15/20	Contributor address; City; 310 W. US HWY 82 Sherma	State; Zip Code	500.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction Self-Employed	ons)
Date 06/20/20	Full name of contributor out-of-state PAC (ID#:)  Alan Smith		Amount of contribution (\$)
00/20/20	Contributor address; City:  2212 Greenbrier St. Deniso		250.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC	(IO#:)	Amount of contribution (\$)
03/23/20	Contributor address; City;	State; Zip Code	100.00
Principal occup Retired	1014 W. Elm St. Deniso ation / Job title (See Instructions)	Employer (See Instruction	ons)

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

	The Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:			
2 FILER N	AME		3 Filer ID (Ethics Co	ommission Filers)		
4 TOTAL	OF UNITEMIZED IN-KIND POLITICAL CONTRIB	BUTIONS	\$			
5 Date	6 Full name of contributor out-of-state PAC (ID#:	)	8 Amount of Contribution \$	9 In-kind contribution description		
	7 Contributor address; City; State;	Zip Code		 		
			Check if travel outs	ide of Texas. Complete Schedule T.		
10 Principal	occupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employ	er (FOR NON-JUDICI	AL)(See Instructions)		
12 Contribute	or's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)				
14 Contribute	or's employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)		
16 If contribu	utor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					
Date	Full name of contributor	)	Amount of Contribution \$	In-kind contribution description		
	Contributor address; City; State;	Zip Code	Check if travel outsi	 		
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)			
Contribut	or's employer/law firm (FOR JUDICIAL)	Law firm	m of contributor's spou	se (if any) (FOR JUDICIAL)		
If contribu	utor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)					

### **PLEDGED CONTRIBUTIONS**

# SCHEDULE B

	The	Instruction Guide explains how to complete this	form.	1 Total pages Sched	ule B:
2	FILER NAME			3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; Sta	ate; Zip Code		
				Check if travel outsi	ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions)	11 Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ate; Zip Code		 
				Check if travel outsi	ide of Texas. Complete Schedule T.
	Principal occup	eation / Job title (See Instructions)	Employer (See	Instructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; Sta	ate; Zip Code		 
				Check if travel outs	l ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	Employer (See	Instructions)	
-	Date	Full name of pledgor out-of-state PAC (ID#:	)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State	; Zip Code		1 1 1
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occup	ສະເບດ / Jub title (See Instructions)	Employer (Ece	'ndrwiere')	

## **LOANS**

# SCHEDULE E

The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	IITEMIZED LOANS		\$
5 Date of loan		PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
T Y T N			11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14 Description of Coll	ateral	Check if personal fund account (See Instruct	ds were deposited into political ions)
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable	<b>18</b> Guarantor address; City;	State; Zip Code	
20 Principal Occupat	tion (See Instructions)	21 Employer (See Instructions)	
Date of loan	Name of lender out-of-state	PAC (ID#:)	Loan Amount (\$)
Is lender a financial	Lender address; City;	State; Zip Code	Interest rate
Institution?			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Collateral none		Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION	Name of guarantor	1	Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable	on (See Instructions)	Employer (See Instructions)	
/ Timespar Goodpan	(223 mondono)		()  -

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

Event Expense Fees Food/Beverage Expense Gifl/Awards/Memonals 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 c	omplete this form,				
1 Total pages Schedule F1:	2 FILER NAME Brandy Douglas		3 Filer ID (Ethics	Commission File	ers)	
4 Date 03/05/2024	5 Payee name Executive Press				-	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
1,500.00	1400 Presidential Dr #110, Richardso	n, TX 75081				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Signage	Yard signs				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living	expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
06/29/2024	Fast Signs					
Amount (\$)	Payee address;	City;	State;	Zip Code		
1,250.00	1602 East Houston Sherman, TX 750	90				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Post Cards, Rack cards, Business card	Marketing				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, 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			C POS See of See of See of See of See of	
	Check if travel outside of Texas, Complete Schedule T.	exas. 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		

## **UNPAID INCURRED OBLIGATIONS**

### SCHEDULE F2

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

#### **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 Qut Of District Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.							
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Co	mmission Filers)			
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATION	IS	\$				
<b>5</b> Date	6 Payee name						
7 Amount (\$)	8 Payee address;	City;	State;	Zip Code			
9 TYPE OF EXPENDITURE	Political Non-Po	olitical					
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description					
	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Aus	stin, TX. officeholder living ex	pense			
11 Complete ONLY if direct expenditure to benefit C/O		Office sought	Office held	d			
Date	Payee name						
Amount (\$)	Payee address;	City;	State;	Zip Code			
TYPE OF EXPENDITURE	Political Non-Po	plitical	, ,, , , , , , , , , , , , , , , , , , ,				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description					
	Check if travel outside of Texas. Complete Schedule T.	Check if A	ustin, TX, officeholder living of	expense			
Complete <u>QNLY</u> if direct expenditure to benefit C/O		Office sought	Office held	d			
				147-241			

# PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F3

	T	he Instruction Guide explains how to complete this form.	1	Total pa	ges Schedule F	3:	
2	FILER NAME		3	Filer ID	(Ethics Commis	sion Filers)	
4	Date	5 Name of person from whom investment is purchased					
		6 Address of person from whom investment is purchased; City	y;		State;	Zip Code	
		7 Description of investment					
		8 Amount of investment (\$)					
	Date	Name of person from whom investment is purchased					
		Address of person from whom investment is purchased; City	/;		State;	Zip Code	
		Description of investment					
		Amount of investment (\$)					

# **EXPENDITURES MADE BY CREDIT CARD**

SCHEDULE F4

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

### **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 Gitt/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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

The mondelle	in duide explains flow to C	ompiete tilis form,		USE A NEW PA	GE FOR EACH C	REDIT CARL	ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME				3 FILE	R ID (Ethics	Commission Filers)
4 TOTAL OF UNITEMIZED E	XPENDITURES CHARGED TO A	A CREDIT CARD			\$		
5 CREDIT CARD ISSUER	Name of financial institu	tion					
6 PAYMENT	(a) Amount Charged	(b) Date Expendito	ure Charged	(c) Date(s) Cred	it Card Issuer Paid		
7 PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories	To a DMT - AT		(b) Description			
9 Complete ONLY if direct	(c) Check if travel ou  Candidate / Officeholder	name		fice Sought	heck if Austin, TX, off	Office Held	expense
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date Expendito	ure Charged	(c) Date(s) Credi	t Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories I	isted at the top of this sche	dule)	(b) Description			
Non-Political	(c) Check if travel ou	rtside of Texas. Complet	te Schedule T.		heck if Austin, TX, of	ficeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	fice Sought		Office Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ure Charged	(c) Date(s) Credi	t Card Issuer Paid		
PAYEE	(a) Payee name		(b) Payee ad	dress;	City,	State,	Zip Code
PURPOSE OF EXPENDITURE  Political	(a) Category (See Categories I	isted at the top of this sche	dule)	(b) Description			
Non-Political	(c) Check if travel ou	tside of Texas. Complet	e Schedule T.		Check if Austin, TX,	officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	name	Off	fice Sought		Office Held	g expense
						100 100 100	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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# POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

### SCHEDULE G

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

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

Advertising Expense Accounting/Banking Consutting 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		3 Filer ID (Ethics (	Commission Filers)
4 Date	5 Payee name		I	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		-12 44 34
EXPENDITORE	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living exp	ense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			MAN ALL STATES
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	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 exp	pense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	C	Office held
Date	Payee name			
Amount (\$)	Payee address;	City;	State;	Zip Code
Reimbursement from political contributions intended				
PURPOSE OF EXPENDITURE	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 exp	ense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	C	Office held

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

### SCHEDULE H

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

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

Credit Card Payment	The Instruction Guide explains how to	o complete this form.		,,
1 Total pages Schedule H:	2 FILER NAME	•	3 Filer ID (Ethics	Commission Filer
4 Date	5 Business name		1	
6 Amount (\$)	7 Business address;	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	(	Office held
Date	Business name	And the second s		
Amount (\$)	Business address;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
EXPENDITORE	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living exp	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	C	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		7 40 F - 12 1 8 4 1
MANAGE SHIP SHIP SHIP SHIP	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	, TX, officeholder living ex	pense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name DH	Office sought	(	pense Office held

# NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

### SCHEDULE !

	The Instruction Guide explains how to complete this form.							
1 Total pages Schedule 1:	2 FILER NAME		3 Filer ID (Ethics	Commission Filers)				
4 Date	5 Payee name							
6 Amount (\$)	7 Payee address;	City	State	Zip Code				
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (S required.)	iee instructions regarding type	of information				
Date	Payee name							
Amount (\$)	Payee address;	City	State	Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (S required.)	See instructions regarding type	of information				
Date	Payee name							
Amount (\$)	Payee address;	City	State	Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (S required.)	See instructions regarding type	of information				
Date	Payee name							
Amount (\$)	Payee address;	City	State	Zip Code				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (S required.)	See instructions regarding type	of information \$100 CO				
				tonen hti -				

# INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

### SCHEDULE K

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 K:	
2	FILER NAME		3 Filer ID (Ethics Commission Filers)	
4	Date	5 Name of person from whom amount is received	8 Amount (\$)	
		6 Address of person from whom amount is received; City; State	e; Zip Code	
		7 Purpose for which amount is received Check if p	political contribution returned to filer	
	Date	Name of person from whom amount is received	Amount (\$)	
		Address of person from whom amount is received; City; State	te; Zip Code	
		Purpose for which amount is received Check if p	political contribution returned to filer	
•	Date	Name of person from whom amount is received	Amount (\$)	
		Address of person from whom amount is received; City; State	e; Zip Code	
		Purpose for which amount is received Check if p	olitical contribution returned to filer	
	Date	Name of person from whom amount is received	Amount (\$	)
		Address of person from whom amount is received; City; Stat	e; Zip Code	<b>U</b> O 50
		Purpose for which amount is received Check if p	political contribution returned to filer	Honge to the property of the p
				<del>ليا</del> (2)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

# SCHEDULE T

ii tile requested iiii	omadom	s not applicable, DO NOT	melade tilis page	iii tile report.		
The Instruc	ction Guide	explains how to complete ti	his form.	1 Total pages Schedule T:		
2 FILER NAME				3 Filer ID (Ethics Commission Filers)		
4 Name of Contributor / 0	Corporation	or Labor Organization / Pledgor	/ Payee	- Landania		
5 Contribution / Expendit Schedule A2 Schedule F2	Sche	on: edule B Schedule B(J) edule F4 Schedule G	Schedule C2 Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
6 Dates of travel	7 Name of	person(s) traveling				
	8 Departure city or name of departure location					
	9 Destinat	on city or name of destination lo	ocation			
10 Means of transportation	on	11 Purpose of travel (including	name of conference, s	seminar, or other event)		
Name of Contributor /	Corporation	or Labor Organization / Pledgor	/ Payee			
Contribution / Expendit Schedule A2 Schedule F2  Dates of travel	Sche	odule B Schedule B(J) odule F4 Schedule G  person(s) traveling	Schedule C2 Schedule H	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
	Departu	re city or name of departure loca	ation			
	Destinat	on city or name of destination lo	ocation			
Means of transportation	on	Purpose of travel (including	name of conference,	seminar, or other event)		
Name of Contributor / 0	Corporation	or Labor Organization / Pledgor	/ Payee			
Contribution / Expendit Schedule A2 Schedule F2	Schedu	le B Schedule B(J)	Schedule C2	Schedule D Schedule F1 Schedule COH-UC Schedule B-SS		
Dates of travel	Name of	person(s) traveling				
	Departu	e city or name of departure loca	ation			
	Destinat	on city or name of destination k	ocation	SOL		
Means of transportation		Purpose of travel (including	name of conference, s	seminar, or other event)		
- Maring a Vision of Control of C	ΓA	TACH ADDITIONAL COPIES	OF THIS SCHEDUL	of c.		

# CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

Signature of Officeholder

		The Instruction Guide explains how to complete this form.
		•• Complete only if "Report Type" on page 1 is marked "Final Report" ••
ļ	C/OH N	AME 2 Filer ID (Ethics Commission Filers)
3	SIGNA	TURE
	designa	expect any further political contributions or political expenditures in connection with my candidacy. I understand that ting a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any on contributions or make any campaign expenditures without a campaign treasurer appointment on file.
		Signature of Candidate / Officeholder
ļ		WHO IS NOT AN OFFICEHOLDER plete A & B below only if you are not an officeholder. ••
	A.	CAMPAIGN FUNDS
	Check	c only one:
	the books of	I do not have unexpended contributions or unexpended interest or income earned from political contributions.
		I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.
	B.	ASSETS
	Check	conty one:
		I do not retain assets purchased with political contributions or interest or other income from political contributions.
		I do retain assets purchased with political contributions or interest or other income from political contributions. I understand that I may not convert assets purchased with political contributions or interest or other income from political contributions to personal use. I also understand that I must dispose of assets purchased with political contributions in accordance with the requirements of Election Code, § 254.204.
		Signature of Candidate
;		EHOLDER plete this section <i>only</i> if you are an officeholder ••
		I am aware that I remain subject to filing requirements applicable to an officeholder who does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.



# AFFIDAVIT FOR CANDIDATE OR OFFICEHOLDER: ELECTRONIC FILING EXEMPTION

EL	ECTRONIC FILING EXEMP	TION		
An ex	xemption affidavit must be submitted with eac	ch paper report.	Date Hand-delive	ered or Date Postmarked
\$32,810 in political contribution	4, a candidate or officeholder who has acce, ons or made more than \$32,810 in politica e all subsequent reports electronically.		Receipt#	Amount \$
			Date Processed	
Filer name	Filer ID #		Date Imaged	
	have not accepted more than \$32,810 political expenditures in a calendar year		ntributions o	r made
	n that I do not use computer equipmer expenditures, or persons making politi			of political
contract, uses compute	n that no person acting as my agent or er equipment to keep current records on ons making political contributions to me	of political cont	nd no persor ributions, po	n with whom I Ditical
electronically if I, my a contributions or political	n that I understand that I am required t gent or consultant, or a person with wl al expenditures in a calendar year, or u tributions, political expenditures, or pe	hom I contract uses computer	exceeds \$32 equipment	2,810 in political to keep current
<ol> <li>I am filing this affidavit I understand that this a claiming an exemption</li> </ol>	affidavit is required to be filed with eac	t due on h campaign fin	ance report	for which I am

### Please complete either option below:

(1) Affidavit							
					Signature	of Filer	
NOTARY STAMP/SEA	L						
Sworn to and subscribed	before me by			thi	s the	day of	,
20, to certify	which, witness my hand an	d seal of office.					
Signature of officer administe	ering oath	Printed name of of	ficer administe	ering oath		Title of officer	administering oatl
Store.			OR			Vanish Maria	
(2) Unsworn Declaration	on						
My name is			, and	d my date of b	irth is		
My address is	(street)		.,,	(city)	(state)	(zip code)	(country)
Executed in	County, State o	f	_ , on the	day of	(month)	, 20 (year)	
				Sig	nature of Fil	er (Declarant)	- VALUE AND M.

FILERS WHO ARE EXEMPT FROM THE ELECTRONIC FILING REQUIREMENT ARE STILL REQUIRED TO FILE CAMPAIGN FINANCE REPORTS ON PAPER

RAYSTA CO ELECTIONS NZA LLL 15 PKS: 03:03

**OFFICE USE ONLY** 

Date Received

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (	Guide explains how to c	omplete this form.	1 Filer ID (Et	hics Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST Brandy		MI D	OFFICE	EUSE ONLY
NAME	NICKNAME	Douglas		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 2617 W. Morton Denison, TX 75	n St.	CITY; STA	TE; ZIP CODE		
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	( 903 )	337-1097	EXT	ENSION	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST Lana		МІ	Receipt #	Amount \$
NAME				OUTER	Date Processed	
	NICKNAME	Nunneley		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO F 805 N Travis S	t Ste 100, Sher		CITY; 090	STATE;	ZIP CODE
(Residence or Business)			****			
8 CAMPAIGN TREASURER PHONE	( 903 )	PHONE NUMBER 892-3625	EXT	ENSION		
9 REPORT TYPE	January 15 July 15	30th day before 8th day before el		Runoff  Exceeded Modified Reporting Limit	(Officehold	after campaign appointment fer Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 7	Day Year 1 / 24	THROUGH	Month	Day Yes / 26 / 24	
11 ELECTION	Month Day	Year Primary 24 General		Other Description		
12 OFFICE	OFFICE HELD (if any)			FICE SOUGHT (If known ict Attorney	)	
14 NOTICE FROM POLITICAL	THIS BOX IS FOR NOTICE OF THE CANDIDATE / OFFICEHO CONSENT. CANDIDATES AND	LDER. THESE EXPENDITURE	ES MAY HAVE BEEN M	ADE WITHOUT THE CANE	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	1	MMITTEE NAME				
Additional Pages	GENERAL	DMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	CC	DMMITTEE CAMPAIGN TR	REASURER ADDRES	S		
		GO TO	PAGE 2			

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

15 C/OH NAME Brandy Douglas	10	5 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 4,145.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 9,346.50
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 2,736.58
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	* 0.00
18 SIGNATURE Is	wear, or affirm, under penalty of perjury, that the accompanying report is true a	and correct and includes all information
rec	quired to be reported by me under Title 15, Election Code.	
	Signature of Cons	lidate or Officeholder
	Signature of Cario	lidate or Officeholder
	Disease served the state of the served to the leave	
	Please complete either option below:	
(1) Affidavit		
NOTAEN CTAND/SEA		
NOTARY STAMP/SEA	L	
Swom to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
		Total
(2) Unsworn Declaration	on	
My name is	and my date of birth is	9.29.82
My address is	w Murm of Junon 1x	Silv, ush.
L. 12	(street) (city) (sta	2/1
Executed in	County, State of , on the day of (month)	<u>// (year)</u>
	- Dank	the same
l	Signature of Candidat	e/Officeholder (Declarant)

# **SUBTOTALS - C/OH**

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

## 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 fo	rm.	1 Total pages Schedule A1:
2 FILER NAME Brandy Do	uglas		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID Sam Thorpe	,	7 Amount of contribution (\$)
07/05/20	6 Contributor address; City; 516 W Belden Sherman, T	State; Zip Code	25.00
8 Principal occup Unempolyed	pation / Job title (See Instructions)	ons)	
Date		)#:)	Amount of contribution (\$)
07/09/20	Contributor address; City; 300 N. Travis	1	1,000.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ons)
Date 07/17/20	Full name of contributor out-of-state PAC (ID Sue Mainory	n#:)	Amount of contribution (\$)
07/17/20	Contributor address; City; 1072 Tate Circle, Sherman,	State; Zip Code	25.00
Principal occup Unemployed	ation / Job title (See Instructions)	Employer (See Instructio	ons)
Date	Full name of contributor out-of-state PAC (ID	)#:)	Amount of contribution (\$)
07/29/20		State; Zip Code	5.00
	1050 Hazelwood Road Sherma	n, TX 75092	
Principal occup Unemployed	ation / Job title (See Instructions)	Employer (See Instruction	ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

2024 007 7 Px4 (2010)

### 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 fo	orm.	1 Total pages Schedule A1:
2 FILER NAME Brandy Do	uglas		3 Filer ID (Ethics Commission Filers)
4 Date	William B. Munson	D#:)	7 Amount of contribution (\$)
07/18/20	6 Contributor address; City; 301 W. Woodard St.	State; Zip Code	100.00
8 Principal occur Lawyer		Employer (See Instruction	ons)
Date	Full name of contributor  James D. Hill  Contributor address; City; State; Zip Code  16726 Francis CT. Torrance, CA 90504		Amount of contribution (\$)
07/15/20			1,000.00
Principal occup Management	eation / Job title (See Instructions)	Employer (See Instruction	ons)
Date 07/14/20	Full name of contributor out-of-state PAC (ID#:)  Alan Smith		Amount of contribution (\$)
U// 14/20	Contributor address; City:  2212 Greenbrier St. Denison	100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (IE	D#:	Amount of contribution (\$)
09/20/20		State; Zip Code , TX 75020	100.00
Principal occupation / Job title (See Instructions)  Employer (See Instruct Retired			ons)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# 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 Brandy Do	uglas		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC Jerry Eldredge	7 Amount of contribution (\$)	
08/02/20	6 Contributor address; City; 892 Harshbarger Rd Sadle	500.00	
8 Principal occu Not Employe	pation / Job title (See Instructions)	ions)	
Date 08/18/20	Full name of contributor out-of-state PAC (ID#:)  Jason Nelson		Amount of contribution (\$)
	Contributor address; City; State; Zip Code  128 Applecross Lane Pottsboro, TX 75076		10.00
Principal occup  Analyst	ation / Job title (See Instructions)	Employer (See Instructi Finance	ons)
Date 08/27/20	Glenn Melancon	State; Zip Code	Amount of contribution (\$)  25.00
	1614 Idlewood Drive Sherma	an, TX 75092	
Principal occup Professor	eation / Job title (See Instructions)	Employer (See Instruct Southeastern Oklah	ions) ioma State University
Date		C (ID#:)	Amount of contribution (\$)
08/29/20	Jan Fletcher  Contributor address; City;	5.00	
1050 Hazelwood Road Sherman, TX 7509			
Principal occupation / Job title (See Instructions)  Unemployed		Employer (See Instructi N/A	ons)

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



### 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	s form.	1 Total pages Schedule A1:
2 FILER NAME Brandy Do	uglas			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:) Alan Smith		7 Amount of contribution (\$)	
09/05/20	6 Contributor address; 2212 Greenbrier	City;	State; Zip Code	250.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru N/A			tions)	
Date	Full name of contributor out-of-state PAC (ID#:_		C (ID#:)	Amount of contribution (\$)
			State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	iions)
Date	Full name of contributor out-of-state PAC (ID#:)		Amount of contribution (\$)	
	Contributor address;		State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC (ID#:		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memoriats 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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Brandy Douglas		3 Filer ID (Ethic	s Commission Filers)	
4 Date 08/16/2024	5 Payee name Fast Signs				
4,733.27	7 Payee address; 1602 E. Houston St. Sherman, TX 7	сну; 5090	State;	Złp Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense	(b) Description Signs			
	(C) 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/O	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name				
09/03/2024	Home Depot				
Amount (\$)	Payee address;	City;	State;	Zip Code	
201.35	Hwy 75 Sherman, TX 75090				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Sign Posts			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held	
Date	Payee name		1		
08/14/2024	Mac Shirts				
Amount (\$) 811.88	Payee address; Lamar St. Sherman, TX 75090	City;	State;	Zip Code	
	Category (See Categories listed at the top of this schedule)	Description	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
PURPOSE OF EXPENDITURE	Advertising	Shirts			
	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	

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

Event Expense Fess Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Solicitation/Fundraising Expense

Credit Card Payment	The Instruction Guide explains how to c	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Brandy Douglas		3 Filer ID (Ethics	Commission Filer	5)
4 Date 09/01/2024	5 Payee name Dillar Outdoor Advertising				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
3,600.00	4316 Hillshire Ct. Flower Mound, Tx 75028				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising	Signs			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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				NA CONTRACTOR OF THE CONTRACTO
Amount (\$)	Payee address;	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, 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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, 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 NEI	EDEC)		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

The C/OH Instruction (	Guide explains how	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages	filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST BRANDY	MI D	OFFIC	E USE ONLY
NAME	NICKNAME	DOUGLAS	SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	2617 W. MC DENISON T	RTON ST.	CITY; STATE; ZIP CODE		
Change of Address					
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)	337-1097	EXTENSION		red or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST	SUFFIX	Date Processed	
	NICKNAME	NUNNELEY	SUPPLA	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	805 N. TRA' SHERMAN,		UITE #; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	( 903 )	892-3625	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before ele	5dadAaNii	treasurer (Officeho	after campaign appointment ider Only) port (Attach C/OH - FR)
10 PERIOD COVERED	Month 9	Day Year / 27 / 24	THROUGH 10		ear 4
11 ELECTION	Month Day	Year Primary	Runoff Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (If know		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFI	CEHOLDER, THESE EXPENDITURES	ACCEPTED OR POLITICAL EXPENDITURES IS MAY HAVE BEEN MADE WITHOUT THE CAN RED TO REPORT THIS INFORMATION ONLY IF	DIDATE'S OR OFFICEH	OLDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME		
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS		
	1	GO TO	PAGE 2		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	100.
	2.	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	100.
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	1,118.
	4.	TOTAL POLITICAL EXPENDITURES	\$	1,118.
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$	1,242.
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.
req	quired to be	e reported by me under Title 15, Election Code.		
		Signature of Candidate	or Offic	ceholder
		Please complete either option below:		
		Please complete either option below:		
(1) Affidavit		Please complete either option below:		
(1) Affidavit  NOTARY STAMP/SEAL		Please complete either option below:		
		•	_ day	of
NOTARY STAMP/SEAL Sworn to and subscribed	before me	•	_ day	of
NOTARY STAMP/SEAL Sworn to and subscribed	before me	e by this the		off officer administeri
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify	before me	e by this the ness my hand and seal of office.		
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify	before me which, with ring oath	e by this the ness my hand and seal of office.  Printed name of officer administering oath		
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify Signature of officer administer  (2) Unsworn Declaration My name is	before me which, with ring oath	e by		f officer administeri
NOTARY STAMP/SEAL Sworn to and subscribed 20, to certify: Signature of officer administer (2) Unsworn Declaration	before me which, with ring oath	e by		f officer administerion
NOTARY STAMP/SEAL  Sworn to and subscribed  20, to certify  Signature of officer administer  (2) Unsworn Declaration  My name is  My address is	which, with	e by	Title o	f officer administering for the following th

# SUBTOTALS - C/OH

	LER NAME ANDYDOUGLAS	Ethics Commission Filers)	
21 SC NA	SUBTOTAL AMOUNT		
1.	1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS		
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,118.18	
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURN TO FILER	NED \$	

### SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:	
2 FILER NAME BRANDY	DOUGLAS	3	3 Filer ID (Ethics Commission Filers)	
4 Date 10/24/20	5 Full name of contributor out-of-state PAC (ID#:) PAMELA MCGRAW		7 Amount of contribution (\$)	
10/24/20	6 Contributor address; City; 408 E. MAIN ST. DENISON		100.00	
8 Principal occu AWYER		Employer (See Instruction	ns)	
Date	Full name of contributor out-of-state PAC (IDII:)		Amount of contribution (\$)	
	Contributor address; City;			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
Date	Full name of contributor out-of-state PAC (	IDE:)	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)	
Date	Full name of contributor out-of-state PAC (	lo#:	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ns)	

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

Event Expense Fees Food/Beverage Expense Grift/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)

Credit Card Payment	The Instruction Guide explains how to d	complete this form,			
Total pages Schedule F1	2 FILER NAME BRANDY DOUGLAS		3 Filer ID (Ethics C	ommission Fliers)	
Date 10/21/2024	5 Payee name HOME DEPOT				
Amount (\$) 201.35	7 Payee address; SHERMAN, TX 75090	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SIGN POSTS	3		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aus	tin, TX, officeholder living ex	pense	
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	0	ffice held	
Date	Payee name				
10/21/2024	FASTSIGNS				
Amount (\$)	Payee address;	City;	State;	Zip Code	
916.83	SHERMAN, TX 75090				
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGNS			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	0	ffice 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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living ex	pense	
Complete ONLY If direct	Candidate / Officeholder name	Office sought		office held	