

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: <div style="text-align: center; font-size: 24px;">17</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR: <u>Mr.</u> FIRST: <u>Jay</u> MI: <u>E</u> NICKNAME: _____ LAST: <u>Burridge</u> SUFFIX: _____	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ <input type="checkbox"/> Change of Address <u>73 N. Calla Lily Ct. Lake Jackson TX 77566</u>	Date Received: <u>FILED 1-11-2024</u> BY: <u>JOYCE HUDMAN, COUNTY CLERK, BRAZORIA CO., TEXAS DEPUTY</u>	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE: _____ PHONE NUMBER: <u>(979) 236-3351</u> EXTENSION: _____	Date Hand-delivered or Date Postmarked: _____	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR: <u>Mrs.</u> FIRST: <u>Samantha</u> MI: <u>D.</u> NICKNAME: _____ LAST: <u>Burridge</u> SUFFIX: _____	Receipt # _____	Amount \$ _____
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): _____ APT / SUITE #: _____ CITY: _____ STATE: _____ ZIP CODE: _____ (Residence or Business) <u>73 N. Calla Lily Ct. Lake Jackson, TX 77566</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE: _____ PHONE NUMBER: <u>(979) 709-3597</u> EXTENSION: _____		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <u>7 / 1 / 23</u> <u>12 / 31 / 23</u>		
11 ELECTION	ELECTION DATE: Month Day Year <u>3 / 5 / 2024</u>	ELECTION TYPE: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any): _____	13 OFFICE SOUGHT (if known): <u>Pct. 1 Commissioner in Brazoria Cty.</u>	
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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Jay Burridge</u>		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)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1250
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 32277
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 46,561
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 70,000

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.

Jay Burridge
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Jay Burridge this the 9th day of January, 2024, to certify which, witness my hand and seal of office.

Kellie Suzanne Fisk Kellie Suzanne Fisk Notary
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(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

Jay Burridge

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1250
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 600
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 32277
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	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1

2 FILER NAME

Jay Burridge

3 Filer ID (Ethics Commission Filers)

4 Date

7/26/23

5 Full name of contributor

Gary Bullard

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

7 Amount of contribution (\$)

1000.⁰⁰

6 Contributor address;

City; State; Zip Code

Richwood TX 77531

8 Principal occupation / Job title (See Instructions)

Self employed

9 Employer (See Instructions)

Date

12/18/23

Full name of contributor

Tobey Davenport

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

Amount of contribution (\$)

250.⁰⁰

Contributor address;

City; State; Zip Code

Freeport, TX-77541

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

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

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM 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
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 12		2 FILER NAME Jay Burridge		3 Filer ID (Ethics Commission Filers)	
4 Date 7/6/23		5 Payee name Henry Dibrell			
6 Amount (\$) 800. ⁰⁰		7 Payee address, City, State, Zip Code 4203 Glade Shadow Ct. Katy TX 77494			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description Pushcards		
	(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/OH		Candidate / Officeholder name		Office sought	
Date 7/6/23		Payee name Henry Dibrell			
Amount (\$) 1500		Payee address, City, State, Zip Code 4203 Glade Shadow Ct. Katy TX 77494			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign Consulting		Description payment		
	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	
Date 7/11/23		Payee name BACH			
Amount (\$) 103. ⁰⁰		Payee address, City, State, Zip Code 120 E. Hospital Dr. Angleton TX 77515			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fundraiser		Description 2 VIP tickets		
	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	

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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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <u>Jay Burridge</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>7/19/23</u>		5 Payee name <u>Zeiglers</u>			
6 Amount (\$) <u>100.35</u>		7 Payee address; City; State; Zip Code <u>137 E Mulberry Angleton TX 77515</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Cops</u>		
	(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/OH		Candidate / Officeholder name		Office sought	
Date <u>7/25/23</u>		Payee name <u>Build a Sign</u>			
Amount (\$) <u>119.14</u>		Payee address; City; State; Zip Code <u>11525A Stonehollow Dr. St. W Austin TX. 78758</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <u>Signs</u>		
	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	
Date <u>7/27/23</u>		Payee name <u>Henry Dibreil</u>			
Amount (\$) <u>4750.⁰⁰</u>		Payee address; City; State; Zip Code <u>4203 Glade Shadow Ct. Katy TX 77494</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Campaign Consulting</u>		Description <u>Payment</u>		
	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	

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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
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Jay Burridge</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>7/28/23</i>		5 Payee name <i>Pops and Hops LLC</i>			
6 Amount (\$) <i>25.00</i>		7 Payee address: <i>419 W Sealy St.</i>		City: <i>Alvin</i>	State: <i>TX</i>
				Zip Code <i>77511</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event expense</i>		(b) Description <i>Alvin EM</i>		
	(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/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>7/30/23</i>		Payee name <i>Discount Mugs</i>			
Amount (\$) <i>165.62</i>		Payee address: <i>12610 NW 115th Ave</i>		City: <i>Miami</i>	State: <i>FL</i>
				Zip Code <i>33178</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Pens</i>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>8/2/23</i>		Payee name <i>Henry Dibrell - Assoc.</i>			
Amount (\$) <i>489.00</i>		Payee address: <i>4203 Glade Shadow Ct.</i>		City: <i>Katy</i>	State: <i>TX</i>
				Zip Code <i>77494</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Ads</i>		
	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	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 Jay Burridge	3 Filer ID (Ethics Commission Filers)
4 Date 7/20/23	5 Payee name Brownswood (BISD)	
6 Amount (\$) 225. ⁰⁰	7 Payee address; Drawer 2	City; State; Zip Code Freeport TX 77541
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description ad
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/21/23	Payee name BISD	
Amount (\$) 200. ⁰⁰	Payee address; Drawer 2 Freeport	City; State; Zip Code TX 77566
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertisement	Description ad
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 8/22/23	Payee name Amazon	
Amount (\$) 172.11	Payee address; 410 Terry Ave N	City; State; Zip Code Seattle WA 98109
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event	Description Tent
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> 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	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Jay Burrige</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>8/23/23</i>		5 Payee name <i>JA</i>			
6 Amount (\$) <i>150.⁰⁰</i>		7 Payee address; <i>225 Parking way</i>		City; <i>Wde Jackson TX</i>	State; Zip Code <i>TX 77066</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event</i>		(b) Description <i>tickets</i>		
	(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/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8/26/23</i>		Payee name <i>Amazon</i>			
Amount (\$) <i>45.89</i>		Payee address; <i>410 Terry Ave N</i>		City; <i>Seattle</i>	State; Zip Code <i>WA 98109</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising</i>		Description <i>Stickers</i>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>8/28/23</i>		Payee name <i>Post office</i>			
Amount (\$) <i>198.⁰⁰</i>		Payee address; <i>210 Oak Dr. S.</i>		City; <i>Wde Jackson TX</i>	State; Zip Code <i>TX 77566</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>other</i>		Description <i>Stamps for mailouts</i>		
	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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Credit Card Payment | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Jay Burridge</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/5/23</i>		5 Payee name <i>Henry Dibrell</i>			
6 Amount (\$) <i>3000.⁰⁰</i>		7 Payee address;		City;	State; Zip Code
		<i>4203 Glade Shadow Ct.</i>		<i>Katy TX</i>	<i>77494</i>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description		
	<i>Consulting</i>		<i>Fee + Adv. Fee</i>		
		(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/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>9/5/23</i>		Payee name <i>Custom Conyard Net</i>			
Amount (\$) <i>213.52</i>		Payee address;		City;	State; Zip Code
		<i>16107 Kensington Dr #172</i>		<i>Sugarland, TX</i>	<i>77479</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>Advertising</i>		<i>merchandise</i>		
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date <i>9/5/23</i>		Payee name <i>DiscountMugs</i>			
Amount (\$) <i>148.14</i>		Payee address;		City;	State; Zip Code
		<i>12610 NW 115th Ave</i>		<i>Miami FL</i>	<i>33178</i>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<i>Advertising</i>		<i>merchandise</i>		
		Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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 <i>Jay Burrige</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/7/23</i>		5 Payee name <i>Pops and Hops</i>			
6 Amount (\$) <i>50.00</i>		7 Payee address; <i>419 W Sealy St</i>		City; State; Zip Code <i>Alvin TX 77511</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Expense</i>		(b) Description <i>Alvin FM</i>		
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9/7/23</i>		Payee name <i>B.C. Hispanic Chamber</i>			
Amount (\$) <i>100.00</i>		Payee address; <i>200 W 2nd St. St. 210 Freeport, TX 77541</i>		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Donation</i>		Description <i>Fundraiser Tickets</i>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <i>9/18/23</i>		Payee name <i>Browsport Lubc</i>			
Amount (\$) <i>250.00</i>		Payee address; <i>P.O Box 2305 Freeport, TX 77541</i>		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Event</i>		Description <i>Fundraiser Fee (sponsor)</i>		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILE NAME <i>Jay Burnidge</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/2/23</i>		5 Payee name <i>Henry Dibrell</i>			
6 Amount (\$) <i>1500.⁰⁰</i>		7 Payee address; City: State: Zip Code <i>4203 Glade Shadow Ct. Katy, TX 77494</i>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <i>Consulting</i>		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Fee</i>	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/25/23</i>		Payee name <i>B.C. Hispanic Chamber</i>			
Amount (\$) <i>250.⁰⁰</i>		Payee address; City: State: Zip Code <i>200 W 2nd St. St. 210 Freeport, TX 77541</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Donation</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Sponsor</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date <i>10/28/23</i>		Payee name <i>Dibrell + Associates</i>			
Amount (\$) <i>2184.⁰⁰</i>		Payee address; City: State: Zip Code <i>4203 Glade Shadow Ct. Katy, TX 77494</i>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <i>Consulting</i>		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <i>Fee</i>	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Jay Burridge		3 Filer ID (Ethics Commission Filers)	
4 Date 10/28/23		5 Payee name Tractor Supply			
6 Amount (\$) 66.12		7 Payee address; City; State; Zip Code 203 TX-332 Lake Jackson, TX 77566			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense T-posts		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date 11/10/23		Payee name Sprint 2 Print			
Amount (\$) 1894. ³⁸		Payee address; City; State; Zip Code 8748 Clay Rd. St. 300 Houston, TX 77080			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Signs		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought
Date 11/11/23		Payee name Brazoria Cty Republican Primary			
Amount (\$) 1250. ⁰⁰		Payee address; City; State; Zip Code 135 Spanish Oak Circle Lake Jackson TX 77566			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Polling		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ballot		
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME Jay Burridge		3 Filer ID (Ethics Commission Filers)	
4 Date 11/26/23		5 Payee name Dibrell + Associates			
6 Amount (\$) 6260. ⁰⁰		7 Payee address; City; State; Zip Code 4203 Glade Shadow Ct. Katy, TX 77494			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Consulting + Adv.		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense fee	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/1/23		Payee name Kenjo Kelley BBQ			
Amount (\$) 100. ⁰⁰		Payee address; City; State; Zip Code 200 East San Bernard St. Braesoria TX 77422			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Event Adv.		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Alumni CE program	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 12/6/23		Payee name Dibrell + Associates			
Amount (\$) 2175. ⁰⁰		Payee address; City; State; Zip Code 4203 Glade Shadow Ct. Katy, TX 77494			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Consulting + adv.		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME Jay Burridge	3 Filer ID (Ethics Commission Filers)
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4 Date 12/18/23	5 Payee name Sprint 2 Print
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6 Amount (\$) 433. ⁰⁰	7 Payee address; City; State; Zip Code 8748 Clay Rd. St. 300 Houston, TX 77080
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising	(b) Description Signs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/29/23	Payee name Dibrell - Assoc.
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Amount (\$) 1914. ⁶³	Payee address; City; State; Zip Code 4203 Glade Shadow Ct. Katy, TX. 77494
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting	Description Fee <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/21/23	Payee name Sprint 2 Print
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Amount (\$) 1109. ⁵⁶	Payee address; City; State; Zip Code 8748 Clay Rd. St. 300 Houston, TX 77080
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Signs <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete <u>ONLY</u> 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 (a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Award/Allowance Expense
Legal Services

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

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

The instruction guide explains how to complete this form.

1 Total pages Schedule F1:		2 FILER NAME <i>Jay Burridge</i>		3 Filer ID (Ethics Commission Filer)	
4 Date <i>10/26/23</i>	5 Payee name <i>Amazon</i>				
6 Amount (\$) <i>37.34</i>	7 Payee address: <i>410 Terry Ave N Seattle WA 98109</i>	City: <i>Seattle</i>	State: <i>WA</i>	Zip Code: <i>98109</i>	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Supplies</i>		(b) Description <i>fence post driver</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
9 Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					

Date <i>12/27/23</i>	Payee name <i>National Pen</i>				
Amount (\$) <i>298.29</i>	Payee address: <i>342 Shelbyville Mills Rd. Shelbyville TN 37160</i>	City: <i>Shelbyville</i>	State: <i>TN</i>	Zip Code: <i>37160</i>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Adv.</i>		Description <i>merchandise</i>		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.				
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.				
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					

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