CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filer	s) 2 Total pages filed: 12
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS MR	James	М1	OFFICE USE ONLY
	NICKNAME	Braw	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BO	affk Drive	CITY, STATE, ZIP CODE F.	JOYCE HUDMAN, OUNTY CLERK, BRAZORIA CO., TEXA
5 CANDIDATE/ OFFICEHOLDER PHONE	(975) Z	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS /MES / MR	Holly	MI	Receipt # Amount \$
	NICKNAME	Brawner	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS	(NO PO BOX PLEASE); APT / St	UITE #; CITY;	STATE; ZIP CODE
(Residence or Business)	20	me		
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
	()	Stone		
9 REPORT TYPE	January 15	30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
44 DEDICE	July 15	8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	7 Month	/ Z / Z 3	THROUGH /	Day Year / 15 / 24
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	E
12 OFFICE	OFFICE HELD (If any)	onstehle	13 OFFICE SOUGHT (if know	vn)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CA.	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME	
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS	
		GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

45 01011 1115		
15 C/OH NAME	16 Fi	ler ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 6
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 8
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 2119.55
	4. TOTAL POLITICAL EXPENDITURES	\$ 20,65(.9)
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 20,65(.8)
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 446,00
req	wear, or affirm, under penalty of perjury, that the accompanying report is true and coursed to be reported by me under Title 15, Election Code. Signature of Candidate	
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed I	before me by this the	day of,
20, to certify v	which, witness my hand and seal of office.	
Signature of officer administer	The state of the s	Title of officer administering oath
(2) Unsworn Declaratio	o _R	The King St.
My name is Jam	300 and my date of birth is	(10/1973
My address is 388	Ettle Drive Tol Angleton Tx	77813 USA
Executed in Brczcz	(street) (city) (state) County, State of (city) (state) (month)	(zip code) (country) , 20 (year)
	Signature of Capdigate/Office	ceholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FIL	James Brawer	20 Filer ID (Ethics Co	ommission Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
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 CO	ONTRIBUTIONS	\$20,651.
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 FU	NDS	\$
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	\$
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$

SCHEDULE F1

	EXPENDITURE CATEGOR	HES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic Credit Card Payment	Fees Office Food/Beverage Expense Poll By Gift/Awards/Memorials Expense Print cal Committee Legal Services Sala	in Repayment/Reimbursement ce Overhead/Rental Expense ling Expense iting Expense aries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	The Instruction Guide explains how	w to complete this form.	7
Total pages Schedule Fi:	2 FILER NAME () C M & B	Ca. (10215	3 Filer ID (Ethics Commission Filers)
4 Date [2 - 23 - 23	5 Payee name Jesica Ge	4/e	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
52.50		Angleton	Tx 77515
8	(a) Category (See Categories listed at the top of this schedul	(b) Description	
PURPOSE OF EXPENDITURE	Donatrab	Find	or eiger
	(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/OF	Candidate / Officeholder name H	Office sought	Office held
Date 23	Payee name	Come Twen	Tand
Amount (\$)	Payee address;	City;	State; Zip Code
518.46	Cak	's Jacks	m Tx 7756
	Category (See Categories listed at the top of this schedule	Description	
PURPOSE OF EXPENDITURE	CHar	Sign	display syplia
	Check if travel outside of Texas, Complete Schedule	T. Check if Austin	n, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12-8-23	Brozena Cio	ins Club	
Amount (\$)	Payee address;	City;	State; Zip Code
306	Breze	ria TX	77541
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, afficeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

SCHEDULE F1

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	The state of the s	Polling Expense Printing Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Gredit Card Payment	The Instruction Guide explains		,
1 Total pages Schedule F1	: 2 FILER NAME James 3	raines	Filer ID (Ethics Commission Filers)
12/3/23	5 Payee name Paul Stall	hery Benefit	/
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
30,00		Callo Tackson	TK 77566
8	(a) Category (See Categories listed at the top of this so	72	1/0 //000
PURPOSE OF EXPENDITURE	Denetion	Neol	Toket
	(c) Check if travel outside of Texas. Complete Sche	edule T. Check if Austin, 1	X, afficeholder living expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date [] 36 23	Payee name Aclastical Since	As	
Amount (\$)	Payee address;	City;	State; Zip Code
114,00	Call	Jackson Tx	77566
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this school Densetter,	Brozale	Ciens
	Check if travel outside of Texas, Complete Sche	dule T. Check If Austin, T	X, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	,	
11/15/23	Spoint Z.	Print	
Am/ount (\$)	Payee address,	City;	State; Zip Code
960.72	EMB Clay Ra 300	· Herson (K	77080
PURPOSE OF EXPENDITURE	Category (See Categories Kiled at the top of this sche	dule) Description	
	Check if travel outside of Fexas. Complete Sched	dute T. Oneck if Austin, TX	(, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL CORIES OF	THIS SCHEDULE AS MEEDE	in .

SCHEDULE F1

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

EXPENDIT	IRE CAT	FEGORIES	EAR B	OY 8/51

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 c	complete this form.	
1 Total pages Schedule F1:	2 FILER NAME JOHNS BYGGEN	3	Filer ID (Ethics Commission Filers)
11/4/23	5 Payee pame	ap. Poison	o Kad
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1000°	Lake Jackson	727	7566
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Filing Fres		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, T.	X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name ।	Office sought	Office held
Date	Payee name		
11/16/23	Best Signs Go	Cove	
Amount (\$)	Payee address;	City;	State; Zip Code
1753.65	Huy 35	(Nest Co	CombiaTx 71486
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Advitising Exp		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX	X, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/7/23	Academy Sports		
Amount (\$)	Payee address;	City;	State; Zip Code
57,41	Labe	Todan	1X 77566
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Dolation to Now post		
	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
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDE	D

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 E Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage E Gift/Awards/Mem Legal Services	orials Expense	Office Overhead Polling Expense Printing Expens Salaries/Wages	ie /Contract Labor	Transportation Travel In Distr Travel Out Of		se
		The Instruction	on Guide explains	s how to comp	lete this form.			
1 Total pages Schedule F1:	2 FILER N.	Jeans	& Boss	nes		3 Filer ID (Ethics Commission Filers)
4 Date / / 23	5 Payee na	YX G	rapb-16	-5				
6 Amount (\$)	7 Payee ad	ldress;			City;	State	e; Zip Code	_
165.00			Augle	ton "	TX.	775(5		
8	(a) Category	y (See Categories lis	sted at the top of this se	chedule) (b)	Description			
PURPOSE OF EXPENDITURE	Ada	erfision	a Ex	<i>b</i>				
	(c)	Check If travel outside	of Jexas. Complete Sch	nedule T.	Check if Au	ıstin, TX, officeholder	living expense	
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholde	r name		Office sought		Office held	_
Date	Payee nai	me						_
10/26/23	6	= Evac	I de -	Par	(Sta	Uberg		
Amount (\$)	Payee ad-	dress;			City:	State	; Zip Code	
					,			
206 00			Ca	all J	Techn	k TX	7566	
206.00	Category	(See Categories liste	ed at the lop of this sch	-	Description	u Tx	7566	
PURPOSE OF EXPENDITURE	Category	(See Categories liste		nedule)		k Tx	77566	
OF	Done	stion -	ed at the top of this sch	nedula)	Description	stin, TX, officeholder		
OF	Pon	stion -	ed at the top of this sch - Medicar of Texas. Complete Sch	edule T.	Description	stin, TX, officeholder		
OF EXPENDITURE Complete ONLY if direct	Pon	Check if travel outside of ate / Office holder	ed at the top of this sch - Medicar of Texas. Complete Sch	edule T.	Description Check if Aus	stin, TX, officeholder	living expense	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Pene	Check if travel outside of ate / Office holder	ed at the top of this sch - Medicar of Texas. Complete Sch	edule T.	Description Check if Aus	stin, TX, officeholder	living expense	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Pene	Check if travel outside of ate / Office holder	ed at the top of this sch - Medicar of Texas. Complete Sch	edule T.	Description Check if Aus	stin, TX, officeholder	living expense Office held	
OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/OH	Payee na	Check if travel outside of ate / Office holder	ed at the top of this sch - Medicar of Texas. Complete Sch	edule T.	Check if Aus		living expense Office held	
Complete ONLY if direct expenditure to benefit C/OH Date (0 23 23 Amount (\$)	Payee nate of Control	Check if travel outside of the Action of the	ed at the top of this sch - Medicar of Texas. Complete Sch	edule T.	Check if Aus		living expense Office held ; Zip Code	
Complete ONLY if direct expenditure to benefit C/OH Date (O 23 23 Amount (\$)) PURPOSE OF	Payee nate of Category	Check if travel outside of the Act of the Ac	ed at the lop of this school of Texas. Complete School of Texas.	edule T.	Check if Aus Office sought City: City: Description	State	Office held Zip Code	
Complete ONLY if direct expenditure to benefit C/OH Date (O 23 23 Amount (\$)) PURPOSE OF	Payee nad	Check if travel outside of the Act of the Ac	ad at the lop of this school ican of Texas. Complete School at the top of this school Texas. Complete School Texas.	edule T.	Check if Aus Office sought City: City: Description		Office held Zip Code	

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)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	(onto a catagory not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date /0/13/23	5 Payee name Professioned Bonds	trea of 12	exsely Coahenens
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
800.00	316 Fad 6 Hul Stell	17 Austin	Tx 78731
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Errat Expense		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
9/25/23	Brozenie Of	contero	f Converce
Amount (\$)	Payee address;	City;	State; Zip Code
196	Brazeoll	LIX	77566
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Event Expense		
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/27/23	James Brances		
Amount (\$)	Payee address;	City;	State; Zip Code
7300.00	Argle	tol IX	77515
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Loan Repagarent		
	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
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULF AS NEF	DFD

SCHEDULE F1

EXPENDITURE CATEG	SORIES FOR BOX 8(a)	
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)
	s how to complete this form.	
2 FILER NAME TONCES BYCK	le 123	3 Filer ID (Ethics Commission Filers)
5 Payee name	denson	
7 Payee address;	Cip	State; Zip Code
121 N 10th	best drafin	X 77486
(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
Contract Cabras		
(C) Check if travel outside of Texas, Complete Sch	nedule T. Check if Aust	in, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Payee name		
Collargie C	hamber of	Commesce
Payee address;	City;	State; Zip Code
West Ca	luntic	TK 7995-71486
Category (See Categories listed at the top of this sch	nedule) Description	
(-aes		
Check if travel outside of Texas, Complete Sche	edule T. Check if Austi	n, TX, officeholder living expense
Candidate / Officeholder name	Office sought	Office held
Pavee name		
Republic 1313	30	
Payee address	City;	State; Zip Code
West	-Colerellaria	F 77486
Category (See Categories listed at the top of this sche	edule) Description	
Food & Barrage	Campa's	- Nost's
Check if travel outside of Texas, Complete Sche	edule T. Check if Austin	, TX, officehalder living expense
Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEF	DED
	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain: 2 FILER NAME Sources The Payee name 7 Payee address; (a) Category (See Categories listed at the top of this second date / Officeholder name Payee name Category (See Categories listed at the top of this second date / Officeholder name Payee address; Category (See Categories listed at the top of this second date / Officeholder name Payee address; Check if travel outside of Texas, Complete Schelar Category (See Categories listed at the top of this second date / Officeholder name Category (See Categories listed at the top of this second date / Officeholder name Category (See Categories listed at the top of this second date / Officeholder name) Category (See Categories listed at the top of this second date / Officeholder name) Category (See Categories listed at the top of this second date / Officeholder name)	Fees Gilt/wards/Memorfalis Expense Committee Legal Services Gilt/wards/Memorfalis Expense Printing Expense Legal Services Gilt/wards/Memorfalis Expense States/Wages/Contract Labor The Instruction Guide explains how to complete this form. 2 FILER NAME Ross Brossey 5 Payee name 7 Payee address: Goth Ross Grossey (a) Category (See Categories listed at the top of this schedule) (b) Description Candidate / Officeholder name Colours Check if travel outside of Texas, Complete Schedule T. Check if Austin Candidate / Office holder name Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Payee name Category (See Categories listed at the top of this schedule) Candidate / Officeholder name Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule)

SCHEDULE F1

	EXPENDITURE CATEGO	RIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment	Fees Oi Food/Beverage Expense Po By Gift/Awards/Memorials Expense Pr	oan Repayment/Reimbursement ffice Overhead/Rental Expense ollling Expense inting Expense alaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
oronicond Fayment	The Instruction Guide explains he	ow to complete this form.	, , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER NAME James Bro	rares	3 Filer ID (Ethics Commission Filers)
4 Date 9 23	5 Payee name Acoloum Spo	rts	
6 Amount /(\$)	7 Payee address;	City;	State; Zip Code
75.62	Brooding Pearlo	and Te ?	7584
8	(a) Category (See Categories listed at the top of this sched	dule) (b) Description	
PURPOSE OF EXPENDITURE	Donation Change Brez	evi Chambeu	
	(c) Check if travel outside of Texas, Complete Schedu		TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to behefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8-25-23	James Brown		
Amount (\$)	Payee address;	City;	State; Zip Code
510.00	Angle	for Tx 770	5(5
	Category (See Categories listed at the top of the schedu	le) Description	
PURPOSE OF	1 200		
EXPENDITURE	Cook Reformed		
	Check if travel outside of Texas. Complete Schedul	eT. Check If Austin,	TX, officeholder living expense
Gomplete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8 18 23	Screen Ath	Boster Ch	ib
Amount (\$)	Payee address;	City;	State; Zip Code
8003	500	een Th	27480
	Category (See Categories listed at the top of this schedul	Description	
PURPOSE OF EXPENDITURE	Doration Adeerfis	-und	
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACK ADDITIONAL ACCURACY	THIS SCHEDULE AS NEED	

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 Candidate/Officeholder/Politic Credit Card Payment	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explains	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Show to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1		62623	3 Filer ID (Ethics Commission Filers)
8 (0 23	5 Payee name Academy Sym	45	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
568.29	Cake Ja		7566
8	(a) Category (See Categories listed at the top of this so	chedule) (b) Description	
PURPOSE OF EXPENDITURE	Offas	Ouction :	Ten Explose
	(c) Check if travel outside of Texas, Complete Sch		n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought	Office held
Date	Payee name		
\$ E 6 13	West Peadand Re	poblican film	ens Coup
Amount (\$)	Payee address;	City;	State; Zip Code
400.00	Pearla	d TR 772	881
DUDDOOR	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	Codeolising Expens		
	Check if travel of texas, complete School	edule T. Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	i	
#83.23	Victory Februs	i Leo	
Amount (\$)	Payee address;	City;	State; Zip Code
350.		Morava K	77541
BUBBBB	Category (See Categories listed at the top of this school	edule) Description	
PURPOSE OF EXPENDITURE	adoction Expans	ie.	
	Check if travel outside of Texas. Complete Sche	dule 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

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/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
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to	complete this form.	outsi (cirici a category normiced above)
1 Total pages Schedule F1:	2 FILER NAME James Braws	res C	3 Filler ID (Ethics Commission Filers)
4 Date 7/10/23	5 Payer name Scarcia Canto (of Associ	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
100,0	Anglete	on Tx.	775/5
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Constixing Expense		
	(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/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
7 10 23	Tictory Fellow	Ship	
Anhount (\$)	Payee address;	Dity;	State; Zip Code
256,00	(3 pozovia (x 27541		
	Category (See Categories listed at the top of this schedule)	Description	2
PURPOSE OF EXPENDITURE	Eurt Expense	(Scarme	n (Ecrot)
	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	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 Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED