# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

	Guide explains now to	complete this form.	1 Filer ID (Ethics		2 Total pages	
GANDIDATE / OFFICEHOLDER	MS/MRS/MR	EIRST	A	MI	OFFIC	EUSEONLY
NAME		LAST	)5	SUFFIX	Date Received	-16-2024
CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX;	APT / SUITE #;	CITY: STATE;	ZIP CODE		OYCE HUDMAN, ERK, BRAZORIA CU FODDett
Change of Address			145	221		
CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (977) 4:	PHONE NUMBER		ION		red or Date Postmarked
CAMPAIGN TREASURER	MS/MRS/MR	FIRST	۵	MI	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
	D	AVEDA		add f are	Date Imaged	
CAMPAIGN	STREET ADDRESS (NO	PO BOX PLEASE); APT /	SUITE #; CITY	7	STATE;	ZIP CODE
TREASURER	119 ME	SQUITE	ST.			
(Residence or Business)	LAKE-	JACKSO	NIXI	17560	6	
CAMPAIGN TREASURER PHONE	AREA CODE (979) 5	PHONE NUMBER		ION		
REPORT TYPE	January 15	30th day before		noff	treasure	after campaign - appointment Ider Only)
	July 15	8th day before e	SIGUIUI:	ceeded Modified porting Limit	Final Re	port (Attach C/OH - FR)
0 PERIOD COVERED	Month	Day Year	SIGUIUI:		Day Y	port (Attach C/OH - FR) ear
	Month	Day Year	THROUGH	porting Limit Month	Day Y	ear
COVERED	Month CELECTION DATE	Day Year 9 2923 Year Primary	THROUGH	ELECTION TYPE	Day Y	ear
2 OFFICE 4 NOTICE FROM POLITICAL	Month ELECTION DATE Month Day 03 / 05 / 2 OFFICE HELD (if any) THIS BOX IS FOR NOTICE C THE CANDIDATE / OFFICE H	Day Year 9 2923 Year Primary	THROUGH THROUGH Runoff Runoff TI Special T3 OFFICE S ACCEPTED OR POLITICAL THES MAY HAVE BEEN MADE	ELECTION TYPE Other Description SOUGHT (if known without THE CAME	Day Y	SOZA
COVERED 1 ELECTION 2 OFFICE 4 NOTICE FROM	Month ELECTION DATE Month Day 03 /05 /2 OFFICE HELD (if any) THIS BOX IS FOR NOTICE C THE CANDIDATE / OFFICEH CONSENT. CANDIDATES AN	Day Year 9 2923 Year Year General OF POLITICAL CONTRIBUTION DIDER. THESE EXPENDITUR	THROUGH THROUGH Runoff Runoff TI Special T3 OFFICE S ACCEPTED OR POLITICAL THES MAY HAVE BEEN MADE	ELECTION TYPE Other Description SOUGHT (if known without THE CAME	Day Y	COMMITTEES TO SUPPORT
2 OFFICE 4 NOTICE FROM POLITICAL	Month ELECTION DATE Month Day 03 05 2 OFFICE HELD (If any) THIS BOX IS FOR NOTICE C THE CANDIDATE / OFFICEHE CONSENT. CANDIDATES AN COMMITTEE TYPE C	Day Year 9 2923 Year Year General OF POLITICAL CONTRIBUTION DILDER. THESE EXPENDITUR D OFFICEHOLDERS ARE REQU	THROUGH THROUGH Runoff Runoff TI Special T3 OFFICE S ACCEPTED OR POLITICAL THES MAY HAVE BEEN MADE	ELECTION TYPE Other Description SOUGHT (if known without THE CAME	Day Y	SOZA
COVERED 1 ELECTION 2 OFFICE 4 NOTICE FROM POLITICAL COMMITTEE(S)	Month ELECTION DATE Month Day 03 /05 /2 OFFICE HELD (if any) THIS BOX IS FOR NOTICE C THE CANDIDATE / OFFICENT COMMITTEE TYPE C GENERAL C	Day Year 9 2923 Year Year Comparison Control Contribution Control Cont	THROUGH	ELECTION TYPE Other Description SOUGHT (if known without THE CAME	Day Y	COMMITTEES TO SUPPORT
COVERED 1 ELECTION 2 OFFICE 4 NOTICE FROM POLITICAL COMMITTEE(S)	Month ELECTION DATE Month Day O3 05 2 OFFICE HELD (if any) THIS BOX IS FOR NOTICE C THE CANDIDATE / OFFICEN COMMITTEE TYPE C GENERAL SPECIFIC C	Day Year 9 2923 Year Year Comparison Primary Comparison Primary Comparison Contribution Contribution Contribution Comparison	THROUGH THROUG	ELECTION TYPE Other Description SOUGHT (if known without THE CAME	Day Y	COMMITTEES TO SUPPORT

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

15 CIOH NAME TEDA. P	DROADDUS 1	6 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)	\$
	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 LAST I OF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	не \$
	TeRA. The Oct	idate or Officeholder
	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEAL		
Sworn to and subscribed		day of
	which, witness my hand and seal of office.	
Signature of officer administer	ing oath Printed name of officer administering oath	Title of officer administering oath
	OR	
(2) Unsworn Declaratio	n	
My name is IED A	. BROADJS, and my date of birth is O	6/19/1951
My address is 1300		
Rom	(street) (city) (state	
Executed in DILAZO	IZLA County, State of IFXAS, on the 16TH day of JAN (month)	1, 20 241. (vear)
	-1=+10,100	ochil
	Signature of Candidate	:/Officeholder (Declarant)

# SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19	TED A. BROADDUS	20 Filer ID (Ethics Co	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$16,645
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$4221
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	SCHEDULE B: PLEDGED CONTRIBUTIONS	
4.	SCHEDULE E: LOANS		\$ 3946:70
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ 13,239,73
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICA	L CONTRIBUTIONS	\$
8.			\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FO	JNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO	A BUSINESS OF C/OH	\$
1.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	JTIONS RETURNED	\$

The	Instruction Guide explains how to complete the	his form.	1 Total pages Schedule A1:
FILER NAME	A. BRONDDJS		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor address; City;	State; Zip Code	7 Amount of contribution (\$)
	Ipation / Job title (See Instructions) EMPLOYED	9 Employer (See Instruc	tions)
Date 712(23	Full name of contributor Dout-of-state P LOHNIE MARESH Contributor address; City;		Amount of contribution (\$) #500
Principal occup	Dation / Job title (See Instructions)	Employer (See Instruc	ions)
Date	Full name of contributor Out-of-state P JAMES NJNEZ Contributor address; City; RIGHWOOD, TX, 775	State; Zip Code	Amount of contribution (\$)
	HINIST (WEDER	Employer (See Instruc	MACHINE SHOP
Date 7 <b> 260 23</b>	Full name of contributor aut-of-state P Doug Miller Contributor address; City;	AC (ID#) State; Zip Code	Amount of contribution (\$)
	Dation / Job title (See Instructions)	Employer (See Instruct KRULEY SE	
		1	

ii uie requ	ested information is not applica	CONTRIBUTIONS able, DO NOT include this pa	SCHEDULE A1 age in the report.
Th	e Instruction Guide explains how	v to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	0	1	3 Filer ID (Ethics Commission Filers)
4 Date	. BROADDUS		7 4
F Dato	5 Full name of contributor	Dout-of-state PAC (ID#:	) 7 Amount of contribution (\$)
itudes	6 Contributor address;	City; State; Zio	100
it was to a		FREEPUS	TX I
Principal occ	supation / Job title (See Instructions)	) 9 Employer	(See Instructions)
Date	Full name of contributor	out-of-state PAC (ID#:	) Amount of contribution (\$)
	KUSSELL M	TILLER	B.
3/26/23	Contributor address;	City; State; Zip	Code ** 1000
Principal occ	upation / Job title (See Instructions)	Employer (	See Instructions)
PARTY		TEXAS	PARKSEWILDLIFE
	A		1
and the second second	Contributor address; upation / Job title (See Instructions)		ACF,
and the second second		CASTON L Employer	AKF, See Instructions)
OWNE	upation / Job title (See Instructions)	City State: Zip C	AKE, See Instructions) -Ewcec. ) Arnount of contribution (\$) Sode [000]
Date Date	Full name of contributor	Cibron Ci	AKE, See Instructions) 
Date Date	upation / Job title (See Instructions) PB33B Full name of contributor JANEMAN Contributor address; upation / Job title (See Instructions)	Cibron Ci	AKF, See Instructions) -F

10	e Instruction Guide explains how	v to complete this form.	1 Total pages Schedule A1:
FILER NAM	BROADDUS		3 Filer ID (Ethics Commission Filers)
1 Date 9/29/23	5 Full name of contributor	out-of-state PAC (ID#:  NER  City; State; Zip Code  DE66	, 7 Amount of contribution (\$)
Principal occ	cupation / Job title (See Instructions)	9 Employer (See In	nstructions)
Date	Full name of contributor	out-of-state PAC (ID#:	) Amount of contribution (\$)
04733	Contributor address;	CICHIN DOS TX TE	\$ \$ 50.00
Principal occ	upation / Job title (See Instructions)	Employer (See In	istructions)
Date	Full name of contributor F.J. TAISHER Contributor address;	City; State; Zip Code	Amount of contribution (\$)
0/5/23 Principal occ	Full name of contributor	City; State; Zip Code	¥ 225
0/5/23 Principal occ	Full name of contributor F. J. TAICHER Contributor address; upation / Job title (See Instructions) CTOR Full name of contributor	City: State: Zip Code	Denues
ofs 23 Principal occ Drite Date	Full name of contributor F. J. ALCHER Contributor address; Upation / Job title (See Instructions) TON Full name of contributor RANDELL DA Contributor address; Upation / Job title (See Instructions)	City; State; Zip Code SWEENVIK-TIAS Employer (See Ir WEST CRA out-of-state PAC (ID#:	Amount of contribution (\$)

Tł	e Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAM	A. BROADDUS	3 Filer ID (Ethics Commission Filers)
4 Date 19/5/23	5       Full name of contributor <ul> <li>out-of-state PAC (ID#:)</li> <li>KATZA MARESH</li> <li>6</li> <li>Contributor address;</li> <li>City;</li> <li>State;</li> <li>Zip Code</li> <li>TSUS</li> <li>Ancector Tx</li> </ul> cupation / Job title (See Instructions)         9         Employer (See Instructions)           9         Employer (See Instructions)	7 Amount of contribution (\$)
Date	Full name of contributor       □ out-of-state PAC (ID#)         DOUG ZACHAR!         Contributor address;       City;         State;       Zip Code         Cutre::::::::::::::::::::::::::::::::::::	Amount of contribution (\$)
	Ipation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor       I out-of-state PAC (ID#)         DAVID CULPERFER         Contributor address;       City;         State: VSIDSqde         Contributor / Job title (See Instructions)	Amount of contribution (\$)
RETIT	253	
Date D15(23	Full name of contributor       □ out-of-state PAC (ID#)         MADLEHEZACHAR/         Contributor address;       City;         State;       Zip Code         CWTETTYTE31	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions) Employer (See Instructions)	tions)
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TEA	DA. BROADDU		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state	e PAC (ID#:	) 7 Amount of contribution (\$)
	LAUREN WHITHE	HTTH	E .
015123	6 Contributor address; City;	State: Zip Code	1820
	Res	HANDWITX	
B Principal occ	upation / Job title (See Instructions)	9 Employer (See Instru	lictions)
Date	Full name of contributor	PAC (ID#:	Amount for the training
	TIM BEKKULA		Amount of contribution (\$)
015/23	Contributor address; City;	State; _ Zio Code	# 100
-111-1		77541	100
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	pation / Job title (See Instructions)	Employer (See Instru	ctions)
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1.7.5	PECIALIST	B.P.	1
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
		PAC (ID#:)	Amount of contribution (\$)
	Full name of contributor OHLAND WHITE Contributor address; City;		Amount of contribution (\$)
	Full name of contributor OHLAND WHITE Contributor address; City;		Amount of contribution (\$)
Date	Full name of contributor OHLAND WHITE Contributor address; City;	PAC (ID#:)	4100
Date	Full name of contributor OHLAND WHITE Contributor address; City;	PAC (ID#:)	4100
Date	Full name of contributor OHLAND WHITE Contributor address; City;	PAC (ID#:)	tions)
Date	Full name of contributor OHLAND WHITE Contributor address; City; pation / Job title (See Instructions)	PAC (ID#:)	Amount of contribution (\$)
Date Principal occu Date	Full name of contributor OHLAND WHITE Contributor address; City;	PAC (ID#)	tions)
Date Principal occu Date	Full name of contributor       □ out-of-state         OHLAND       WHITE         Contributor address;       City;         pation / Job title (See Instructions)         Full name of contributor         Gout-of-state         State         Contributor address;         City;	PAC (ID#:)  Employer (See Instrue  PAC (ID#:)  State; Zip Code	Amount of contribution (\$)
Date	Full name of contributor       □ out-of-state         OHLAND       WHITE         Contributor address;       City;         pation / Job title (See Instructions)         Full name of contributor         Gout-of-state         STENEN GAMBOA         Contributor address;         City;	PAC (ID#:)  Employer (See Instrue PAC (ID#:)  State; Zip Code  TE (CODE	Amount of contribution (\$)
Date Principal occu Date Principal occu Principal occu	Full name of contributor       □ out-of-state         OHLAND       WHITE         Contributor address;       City;         pation / Job title (See Instructions)         Full name of contributor       □ out-of-state         STENEN Contributor       □ out-of-state         Contributor address;       City;         Contributor address;       City;         Contributor address;       City;         Contributor address;       City;         Contributor address;       City;	PAC (ID#:)  The State: Zip Code  The State: Zip Code  The State: Zip Code  The State: S	Amount of contribution (\$)
Date Principal occu Date Principal occu Principal occu	Full name of contributor       □ out-of-state         OHLAND       WHITE         Contributor address;       City;         pation / Job title (See Instructions)         Full name of contributor         Gout-of-state         STENEN GAMBOA         Contributor address;         City;	PAC (ID#:)  Employer (See Instrue PAC (ID#:)  State; Zip Code  TE (CODE	Amount of contribution (\$)
Date Principal occu Date Principal occu Principal occu	Full name of contributor       □ out-of-state         OHLAND       WHITE         Contributor address;       City;         pation / Job title (See Instructions)         Full name of contributor       □ out-of-state         STENEN Contributor       □ out-of-state         Contributor address;       City;         Contributor address;       City;         Contributor address;       City;         Contributor address;       City;         Contributor address;       City;	PAC (ID#:)  The State: Zip Code  The State: Zip Code  The State: Zip Code  The State: S	Amount of contribution (\$)

#### 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 3 Filer ID (Ethics Commission Filers) IED BROADDY 4 Date 5 Full name of contributor out-of-state PAC (ID# 7 Amount of contribution (\$) 古 19/5/23 100 8 Principal occupa Employer (See Instructions) 9 Full name of contributor Date Dout-of-state PAC (ID# Amount of contribution (S) Eruc SU GGAOS 135123 Contributor address: City; CSON Principal occupation / Job title (See Instructions) Employer (See Instructions) ENGINEER 1EC LAC Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 11 R 105/23 Contributor address: City; Code KX) 5E Principal occupation / Job title (See Instructions) Employer (See Instructions) ROADDY LAVESTMENT FINANCIAL XOUISON Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) NNY Y 1ER B100 0/5/23 Contributor address; City; State: Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) RETIRED 1 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 11/15/2022

	lested information is not applic	able, <b>DO NOT inc</b>	lude this page in th	e report.
Ť	he Instruction Guide explains how	v to complete this	form.	1 Total pages Schedule A1:
FILER NAN	A. BROADDUS			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	Out-of-state PAC (	iD#)	7 Amount of contribution (\$)
0513	6 Contributor address;	City;	State; Zip Code	\$ 100
Principal oc	cupation / Job title (See Instructions)	g	Employer (See Instru	ctions)
Date	Full name of contributor	🗌 out-of-state PAC (I	D#:)	Amount of contribution (\$)
05/23	Contributor address;	City:	State: Zip Code	# 100
Principal occ	Ipation / Job title (See Instructions)		Employer (See Instruc	
Date	Full name of contributor Bruss Hani Contributor address;		0#) State; Zip Code ふてたてた ていち	Amount of contribution (S)
			Employer (See Instruc	
Principal occu	pation / Job title (See Instructions)			tions)
Principal occu Date	Full name of contributor	out-of-state PAC (ID		Amount of contribution (\$)
Date	Full name of contributor	) City;	#) State; Zip Code	Amount of contribution (\$)
Date	Full name of contributor USE BULACC Contributor address; pation / Job title (See Instructions)	) City;	#)	Amount of contribution (\$)
Date	Full name of contributor USE BULACC Contributor address; pation / Job title (See Instructions)	) City;	#:) State; Zip Code	Amount of contribution (\$)

The Instruction Gu	ide explains how to com	plete this form.	1 Total pages Schedule A1:
FILER NAME			3 Filer 1D (Ethics Commission Filers)
TEDA. DRS	DADOLS		
Date 5 Full name of	TACHARI	of-state PAC (ID#	_) 7 Amount of contribution (\$)
6 Contributor	address; Cit	y; State; Zip Code THE THE THESI	#475
Principal occupation / Job title		9 Employer (See Inst	ructions)
Guid	f contributor out-o	of-slate PAC (ID#	Amount of contribution (\$)
Contributor	address; City	y: State; Zip Code	125
Principal occupation / Job title (	See Instructions)	Employer (See Inst	ructions)
Date Full name of	f contributor 0 out-o	rf-state PAC (ID#	Amount of contribution (S)
	address; City	: State: Zip Code	QU
		r; State; Zip Code	
Contributor		LAKE LACKSO	
Contributor	See Instructions)	Employer (See Instr f-state PAC (ID#:	_) Amount of contribution (\$)
Principal occupation / Job title ( Date Full name of MATT	See Instructions) f contributor out-o Broand S address; City	Employer (See Instr f-state PAC (ID#:	ructions)
Principal occupation / Job title ( Date Full name of MATT	See Instructions)	Employer (See Instr f-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title ( Date Full name of MATT Contributor	See Instructions)	f-state PAC (ID#:	Amount of contribution (\$)
Principal occupation / Job title ( Date Full name of MATT Contributor Principal occupation / Job title (	See Instructions)	Employer (See Instr f-state PAC (ID#: State; Zip Code Employer (See Instr Employer (See Instr	Amount of contribution (\$)

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) EDA. t PERADDUS 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) JANICE DAY \$ 125 101923 6 Contributor address; City: State: Zip Code TCHWOOD 1877531 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) RETINED Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) RONNELCH 105/23 Contributor address: City. State; Zip Code TX TTELdo AKEJACKSON Employer (See Instructions) Principal occupation / Job title (See Instructions) PSLICE OFFICER CITY OF LAKE LACKSON Full name of contributor aut-of-state PAC (ID# Date Amount of contribution (\$) DRKY 15 400 12/5/23 City; State; Zip Code Contributor address; ANGLETON & TISIS Employer (See Instructions) Principal occupation / Job title (See Instructions) CODIGYS USED CANS CAIL SALES Full name of contributor Date out-of-state PAC (ID#. Amount of contribution (\$) MIKE FULTON 4-00 19/5/23 Contributor address; City; State; Zip Code WTE, 1X TTS31 Principal occupation / Job title (See Instructions) Employer (See Instructions) LAW ENFORCEMENT CONSTATLE 1 ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. www.ethics.state.tx.us Revised 11/15/2022 Forms provided by Texas Ethics Commission

	e Instruction Guide explains how to complete t	this form.	1 Total pages Schedule A1:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
TEDA	1. BRANDUS		
4 Date	5 Full name of contributor 🗌 out-of-state	PAC (ID#)	7 Amount of contribution (\$)
	LATURY HATTHORD		# 250
\$13	6 Contributor address; City;	State; Zip Code	650
	A	NEARTON, DE	
	cupation / Job title (See Instructions)	9 Employer (See Instru	
DAIL	BONDSMAN	ABC BAIL	LOOND
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
	TED DAHL		at-
015/23	Contributor address; City;	State; Zip Code	# 200
	FRE	SPORT, TATIS	41
Principal occi	upation / Job title (See Instructions)	Employer (See Instruc	L
DEVEN	LOPER	SELF	
Date	Full name of contributor Out-of-state a	PAC (ID#)	Amount of contribution (\$)
	JEFF DODSON		
15/23	Contributor address; City;	State; Zip Code	# 300
-1-1	E.		
Principal occu	apation / Job title (See Instructions)	Employer (See Instruc	1
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Data			
Date	Full name of contributor	PAC (ID#:)	Amount of contribution (\$)
1.01	Contributor address; City;	State; Zip Code	\$ 525
96123		77515	ne -
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	upation / Job title (See Instructions)	Employer (See Instruc	ctions)
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2 FILER NAM			3 Filer ID (Ethics Commission Filers)
TAD	A. BRUADDUS		
4 Date	F.J. JOHN RICH 6 Contributor address; Cli	ty; State; Zip Code	7 Amount of contribution (\$)
		DEELN, TX: 7742	
	cupation / Job fitle (See Instructions)	9 Employer (See Instru SELF	ictions)
Date	Full name of contributor I out-	ty: State: Zip Code	Amount of contribution (\$)
5	Eupation / Job title (See Instructions)	Employer (See Instru CITTY OF-L	AKEJACKSON
Date		of-state PAC (ID#:	Amount of contribution (\$)
	Full name of contributor	y; State; Zip Code	Amount of contribution (\$) 500
Principal occ	LISA BARGER-We Contributor address; Cit supation / Job title (See Instructions)	y; State; Zip Code	to 300 ch.
DISI23	LISA Brock-We Contributor address; Cit	y; State; Zip Code	to 300 ch.
Principal occ	Contributor address; Cit	y; State; Zip Code	Amount of contribution (\$)
Principal occ	Contributor address; City contributor address; City pupation / Job title (See Instructions)	y; State; Zip Code	Amount of contribution (\$)
Date	Lisa Banack-We         Contributor address;         City         cupation / Job title (See Instructions)         MacTOR         Full name of contributor         Contributor         Contributor         Contributor         Contributor         Contributor	y; State; Zip Code Employer (See Instru- of-state PAC (ID#) y; State; Zip Code Employer (See Instru-	Amount of contribution (\$)
Principal occ Date Principal occ	LisaBanack-We         Contributor address;         City         cupation / Job title (See Instructions)         Contributor         Full name of contributor         Contributor address;         Contributor address;         City	y; State; Zip Code Employer (See Instru- Sectors) of-state PAC (ID#) y; State; Zip Code	Amount of contribution (\$)
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#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) LED A. GROADLY 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Out-of-state PAC (ID# LISA BANDICH - WOODS # 600 6 Contributor address; City: Pet 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) 9 SELF CONTRACTOR Full name of contributor Out-of-state PAC (ID#: Date Amount of contribution (\$) RONNIE BRONDOW 91573 Contributor address; City: State: Zip Code CUTE IX TTESI Principal occupation / Job title (See Instructions) Employer (See Instructions) KETINE ? Full name of contributor out-of-state PAC (ID# Date Amount of contribution (\$) DICK- WOOD A 000 State; Zip Code 10/5/23 City; Contributor address; AKE-LACKSON, TEGO Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF CATRACTOR Date Full name of contributor out-of-state PAC (ID# Amount of contribution (\$) -ADINY P THORN 8,000 ...................... 1015123 State; Zip Code Contributor address: City; (DN, 1X 77515 Principal occupation / Job title (See Instructions) Employer (See Instructions) SELF DAILBONSMAN ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements. Revised 11/15/2022 www.ethics.state.tx.us Forms provided by Texas Ethics Commission

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SCHEDULE F1

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SCHEDULE F1

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Forms provided by Texas Ethics Commission

SCHEDULE F1

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

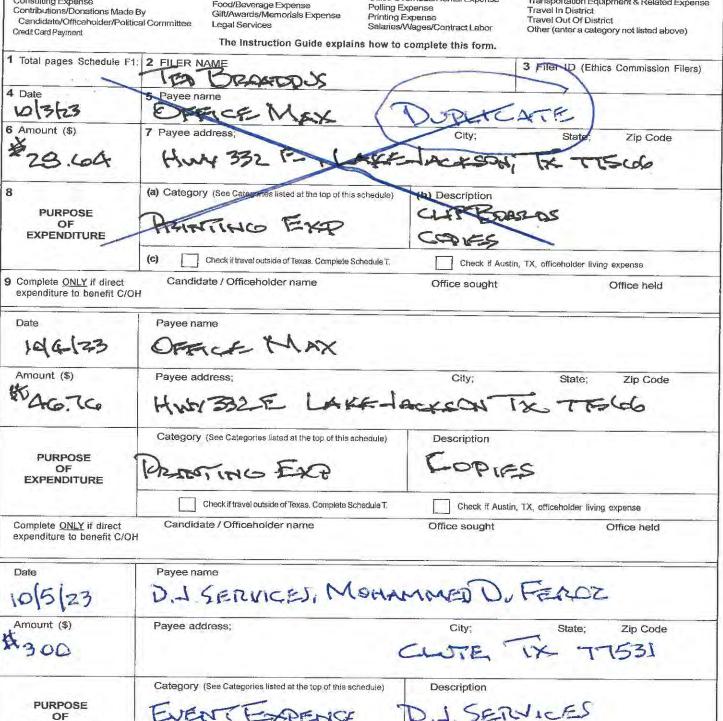
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Check if Austin, TX, officeholder living expense

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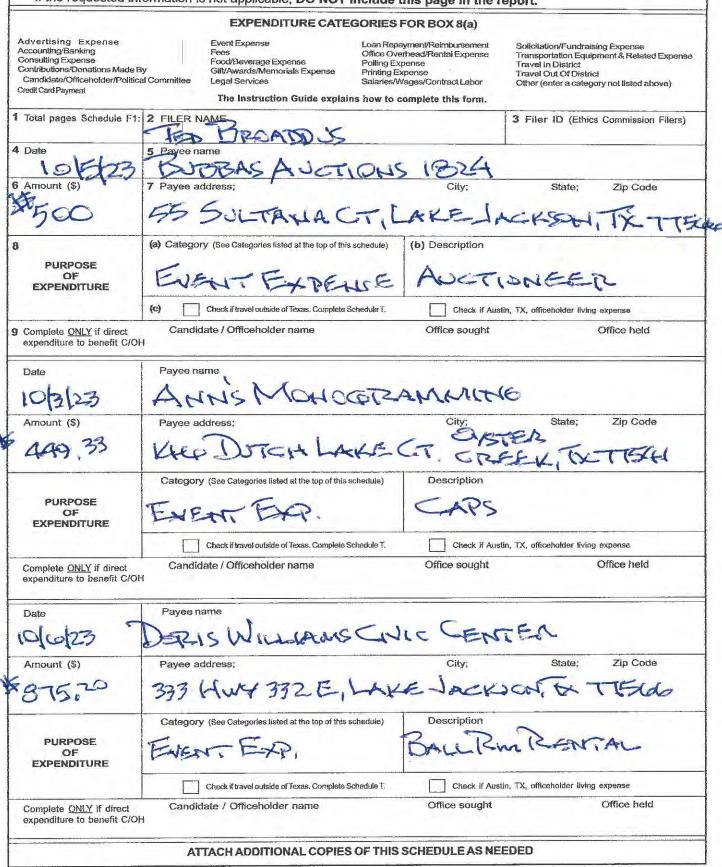
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