

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: 360
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR. FIRST TED MI A. NICKNAME LAST SUFFIX BROADBUSH	OFFICE USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1300 E. KYLERD., CLUTE, TX 77531	Date Received FILED 1-16-2024 JOYCE HUDMAN, COUNTY CLERK, BRAZORIA CO. TEXAS BY K. Fennell DEPUTY	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 487 9445	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MR. DAVID MI A. NICKNAME LAST SUFFIX RAYBORN	Receipt #	Amount \$
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 119 MESQUITE ST. LAKE JACKSON, TX, 77566	Date Processed	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 549 4304	Date Imaged	
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 Month Day Year 08 / 19 / 2023 THROUGH 01 / 15 / 2024		
11 ELECTION	ELECTION DATE Month Day Year 03 / 05 / 24	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)	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	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>TED A. BROADBUSH</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)	\$
	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 DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ted A. Broadbush

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is TED A. BROADBUSH, and my date of birth is 06/18/1951
 My address is 1300 E. KYLE RD, CWITE TX 77531 U.S.
(street) (city) (state) (zip code) (country)

Executed in BRAZORIA County, State of TEXAS, on the 16TH day of JAN., 2024
(month) (year)

Ted A. Broadbush

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

TED A. BRADDOUS

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,645
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 4221
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 3946.70
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 13,239.73
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

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 TED A. BRADDOUS		3 Filer ID (Ethics Commission Filers)
4 Date 8/29/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENJO KELLY	7 Amount of contribution (\$) \$ 2000
6 Contributor address; City; State; Zip Code [REDACTED] BRAZORIA, TX 77422		
8 Principal occupation / Job title (See Instructions) SELF EMPLOYED		9 Employer (See Instructions)
Date 9/2/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LONNIE MARESH	Amount of contribution (\$) \$ 500
Contributor address; City; State; Zip Code [REDACTED] ANGLETON TX 77515		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 9/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JAMES NUNEZ	Amount of contribution (\$) \$ 1200
Contributor address; City; State; Zip Code [REDACTED] RICHWOOD, TX 77531		
Principal occupation / Job title (See Instructions) MACHINIST/WELDER		Employer (See Instructions) ABSOLUTE MACHINE SHOP
Date 9/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUG MILLER	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code [REDACTED] FREEPORT, TX 77541		
Principal occupation / Job title (See Instructions) SAFETY LEADER		Employer (See Instructions) KELLEY SERVICES

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME TED A. BROADBOS		3 Filer ID (Ethics Commission Filers)
4 Date 9/26/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TYDE MILLER	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code [REDACTED] FREEDPORT, TX		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RUSSELL MILLER	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code [REDACTED] TX 78133 CANYON LAKE,		
Principal occupation / Job title (See Instructions) PARK MGR.		Employer (See Instructions) TEXAS PARKS & WILDLIFE
Date 9/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAROL MILLER	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code [REDACTED] TX 78133 CANYON LAKE,		
Principal occupation / Job title (See Instructions) OWNER B&B		Employer (See Instructions) SELF-EMP.
Date 9/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JANIE MURSHAW	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code [REDACTED] TX 77550 GALVESTON,		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 TEO BRADDUS		3 Filer ID (Ethics Commission Filers)
4 Date 9/29/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BOBBY FORTNER	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code [REDACTED] LAKE KESSON, TX 77506		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/4/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CELESTE BRADDUS	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code [REDACTED] RICHMOND TX 77401		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 10/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) F.J. RICHERS	Amount of contribution (\$) \$ 225
Contributor address; City; State; Zip Code [REDACTED] SWEENEY, TX 77480		
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) WEST BRASGLEN COUNTY DRAINAGE DISTRICT
Date 10/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RANDELL DAY	Amount of contribution (\$) \$ 450
Contributor address; City; State; Zip Code [REDACTED] RICHWOOD, TX 77371		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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

TED A. BROADUS

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/23

5 Full name of contributor

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

KATRA MARESH

7 Amount of contribution (\$)

\$ 40

6 Contributor address;

City;

State; Zip Code

ANGLETON, TX 77515

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/5/23

Full name of contributor

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

DOUG ZACHARY

Amount of contribution (\$)

\$ 40

Contributor address;

City;

State; Zip Code

CLUTE, TX 77531

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/5/23

Full name of contributor

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

DAVID CULPPER

Amount of contribution (\$)

\$ 45

Contributor address;

City;

State; Zip Code

CLUTE, TX 77531

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/5/23

Full name of contributor

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

MARLENE ZACHARY

Amount of contribution (\$)

\$ 20

Contributor address;

City;

State; Zip Code

CLUTE, TX 77531

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TED A. BROADUS

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/23

5 Full name of contributor

ASHLEY BROADUS

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

7 Amount of contribution (\$)

\$ 20

6 Contributor address;

City;

State;

Zip Code

LAKE JACKSON, TX

8 Principal occupation / Job title (See Instructions)

SCHOOL TEACHER

9 Employer (See Instructions)

B.I.S.D.

Date

10/5/23

Full name of contributor

JOHN DEAN

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

Amount of contribution (\$)

\$ 20

Contributor address;

City;

State;

Zip Code

BRAZORIA, TX 77620

Principal occupation / Job title (See Instructions)

HOME BUILDER

Employer (See Instructions)

SELF

Date

10/5/23

Full name of contributor

STEPHANIE GOODE

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

Amount of contribution (\$)

\$ 20

Contributor address;

City;

State;

Zip Code

LAKE JACKSON, TX 77566

Principal occupation / Job title (See Instructions)

SCHOOL TEACHER

Employer (See Instructions)

B.I.S.D.

Date

10/5/23

Full name of contributor

TED DAHL

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

Amount of contribution (\$)

\$ 20

Contributor address;

City;

State;

Zip Code

FREEDOM, TX 77541

Principal occupation / Job title (See Instructions)

DEVELOPER

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TED A. BRADDOX

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/23

5 Full name of contributor

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

LAUREN WHITWORTH

7 Amount of contribution (\$)

\$ 20

6 Contributor address;

City;

State;

Zip Code

ROSSHAWN, TX 75083

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/5/23

Full name of contributor

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

TIM BEKKULA

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

FREEDORS, TX 77541

Principal occupation / Job title (See Instructions)

I.T. SPECIALIST

Employer (See Instructions)

B.P.

Date

10/5/23

Full name of contributor

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

OHLAND WHITE

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

WHITE, TX 75531

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/23

Full name of contributor

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

STEVEN GAMBOA

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

WHITE, TX 75531

Principal occupation / Job title (See Instructions)

OPERATOR

Employer (See Instructions)

DOW

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 TED BROADDU		3 Filer ID (Ethics Commission Filers)
4 Date 10/5/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOE & CANDY BILLARD	7 Amount of contribution (\$) \$ 100
6 Contributor address; City; State; Zip Code [REDACTED] LAKE JACKSON TX 77506		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ERIC BROADDU	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code [REDACTED] LAKE JACKSON TX 77506		
Principal occupation / Job title (See Instructions) ENGINEER / TECH SALES		Employer (See Instructions) ECOLAB
Date 10/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEB BROADDU	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code [REDACTED] CLUTE TX 77531		
Principal occupation / Job title (See Instructions) FINANCIAL ADVISOR		Employer (See Instructions) J.E. BROADDU INVESTMENT
Date 10/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DANNY WIDNER	Amount of contribution (\$) \$ 100
Contributor address; City; State; Zip Code [REDACTED] LAKE JACKSON TX 77506		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
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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

TED A. BROADBENT

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/23

5 Full name of contributor

SCOTT GUCK

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

7 Amount of contribution (\$)

\$ 100

6 Contributor address;

City;

State;

Zip Code

CLUTE, TX 77531

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

10/5/23

Full name of contributor

BRIAN BROADBENT

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

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

WILLIAMSPORT, PA.

Principal occupation / Job title (See Instructions)

DOCTOR

Employer (See Instructions)

WILLIAMSPORT HOSPITAL

Date

10/6/23

Full name of contributor

BILLY HARLAN

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

Amount of contribution (\$)

\$ 100

Contributor address;

City;

State;

Zip Code

CLUTE, TX 77531

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/23

Full name of contributor

JOE BELLARD

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

Amount of contribution (\$)

\$ 500

Contributor address;

City;

State;

Zip Code

LAKE JACKSON, TX 77506

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TED A. BROADDY

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/23

5 Full name of contributor

out-of-state PAC (ID# _____)

DOUG ZACHARY

7 Amount of contribution (\$)

\$ 475

6 Contributor address;

City;

State;

Zip Code

CLUTE, TX 77531

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

10/5/23

Full name of contributor

out-of-state PAC (ID# _____)

FAYN ROBEARS

Amount of contribution (\$)

\$ 125

Contributor address;

City;

State;

Zip Code

MESQUITE, TX 75150

Principal occupation / Job title (See Instructions)

PROPERTY MGR

Employer (See Instructions)

GRAYSTAR

Date

10/5/23

Full name of contributor

out-of-state PAC (ID# _____)

LISA BUNDICK-WOODS

Amount of contribution (\$)

\$ 200

Contributor address;

City;

State;

Zip Code

LAKE JACKSON, TX 77566

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/23

Full name of contributor

out-of-state PAC (ID# _____)

MATT BROADDY

Amount of contribution (\$)

\$ 325

Contributor address;

City;

State;

Zip Code

LAKE JACKSON, TX 77566

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

DON

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TED A. BRADY

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/23

5 Full name of contributor

JANICE DAY

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

7 Amount of contribution (\$)

\$ 125

6 Contributor address;

City;

State;

Zip Code

[REDACTED] RICHWOOD, TX 77531

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

10/5/23

Full name of contributor

ROY WELCH

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

Amount of contribution (\$)

\$ 700

Contributor address;

City;

State;

Zip Code

[REDACTED] TX 77566 LAKE JACKSON

Principal occupation / Job title (See Instructions)

POLICE OFFICER

Employer (See Instructions)

CITY OF LAKE JACKSON

Date

10/5/23

Full name of contributor

CORKY PARKER

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

Amount of contribution (\$)

\$ 400

Contributor address;

City;

State;

Zip Code

[REDACTED] ANGLETON, TX 77515

Principal occupation / Job title (See Instructions)

CAR SALES

Employer (See Instructions)

CORKY'S USED CARS

Date

10/5/23

Full name of contributor

MIKE FULTON

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

Amount of contribution (\$)

\$ 400

Contributor address;

City;

State;

Zip Code

[REDACTED] CWITE, TX 77531

Principal occupation / Job title (See Instructions)

LAW ENFORCEMENT

Employer (See Instructions)

CONSTABLE

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 TED A. BRAADUS		3 Filer ID (Ethics Commission Filers)
4 Date 10/1/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LARRY HATHHORD	7 Amount of contribution (\$) \$ 250
	6 Contributor address; City; State; Zip Code [REDACTED] ANGLETON, TX 77515	
8 Principal occupation / Job title (See Instructions) BAIL BONDSMAN		9 Employer (See Instructions) ABC BAIL BOND
Date 10/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TED DAHL	Amount of contribution (\$) \$ 200
	Contributor address; City; State; Zip Code [REDACTED] FRESBURG, TX 77541	
Principal occupation / Job title (See Instructions) DEVELOPER		Employer (See Instructions) SELF
Date 10/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF DODSON	Amount of contribution (\$) \$ 300
	Contributor address; City; State; Zip Code [REDACTED] CWITE, TX 77531	
Principal occupation / Job title (See Instructions) LAW ENFORCEMENT		Employer (See Instructions) CONSTABLE
Date 10/5/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LONNIE MURKESH	Amount of contribution (\$) \$ 525
	Contributor address; City; State; Zip Code [REDACTED] ANGLETON, TX 77515	
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TED A. BRADDOUS

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/23

5 Full name of contributor

F.J. JOHN RICHERS

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

7 Amount of contribution (\$)

\$ 225

6 Contributor address;

City;

State;

Zip Code

SWEENEY, TX 77480

8 Principal occupation / Job title (See Instructions)

ENGINEER

9 Employer (See Instructions)

SELF

Date

10/5/23

Full name of contributor

ROY WELCH

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

Amount of contribution (\$)

\$ 650

Contributor address;

City;

State;

Zip Code

LAKE JACKSON, TX 77566

Principal occupation / Job title (See Instructions)

POLICEMAN

Employer (See Instructions)

CITY OF LAKE JACKSON

Date

10/5/23

Full name of contributor

LISA BUNDICK-WOODS

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

Amount of contribution (\$)

\$ 300

Contributor address;

City;

State;

Zip Code

LAKE JACKSON, TX 77566

Principal occupation / Job title (See Instructions)

CONTRACTOR

Employer (See Instructions)

SELF EMPLOYED

Date

10/5/23

Full name of contributor

ROY WELCH

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

Amount of contribution (\$)

\$ 1000

Contributor address;

City;

State;

Zip Code

LAKE JACKSON, TX 77566

Principal occupation / Job title (See Instructions)

POLICE OFFICER

Employer (See Instructions)

LAKE JACKSON

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TED A. BROADUS

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/23

5 Full name of contributor

LISA BUNDICK-WOODS

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

7 Amount of contribution (\$)

\$ 600

6 Contributor address;

City;

State; Zip Code

LAKE JACKSON, TX 77566

8 Principal occupation / Job title (See Instructions)

CONTRACTOR

9 Employer (See Instructions)

SELF

Date

10/5/23

Full name of contributor

RONNIE BROADUS

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

Amount of contribution (\$)

\$ 550

Contributor address;

City;

State; Zip Code

CLUTE, TX 77531

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

10/5/23

Full name of contributor

LISA BUNDICK-WOODS

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

Amount of contribution (\$)

\$ 500

Contributor address;

City;

State; Zip Code

LAKE JACKSON, TX 77566

Principal occupation / Job title (See Instructions)

CONTRACTOR

Employer (See Instructions)

SELF

Date

10/5/23

Full name of contributor

LARRY HATHORN

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

Amount of contribution (\$)

\$ 1000

Contributor address;

City;

State; Zip Code

ANGLETON, TX 77515

Principal occupation / Job title (See Instructions)

BAIL BONDSMAN

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

TEP A. BROADUS

3 Filer ID (Ethics Commission Filers)

4 Date

10/5/23

5 Full name of contributor out-of-state PAC (ID#: _____)

KEVIN WELCH

7 Amount of contribution (\$)

\$ 200

6 Contributor address; City; State; Zip Code

[REDACTED] **LAKE JACKSON, TX 77566**

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

Date

10/5/23

Full name of contributor out-of-state PAC (ID#: _____)

JAKE BROADUS

Amount of contribution (\$)

\$ 500

Contributor address; City; State; Zip Code

[REDACTED] **TTS66 LAKE JACKSON, TX**

Principal occupation / Job title (See Instructions)

OPERATOR

Employer (See Instructions)

Dow

Date

10/5/23

Full name of contributor out-of-state PAC (ID#: _____)

JANICE DAY

Amount of contribution (\$)

\$ 325

Contributor address; City; State; Zip Code

[REDACTED] **RICHWOOD, TX 77566**

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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME TED A. BROADDUJ		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 9/15/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBORAH K. BROADDUJ	8 Amount of Contribution \$ \$ 775	9 In-kind contribution description 5 AUCTION ITEMS *
7 Contributor address; City; State; Zip Code [REDACTED] CLUTE, TX 77531		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) RETIRED		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 9/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUG MILLER	Amount of Contribution \$ \$ 215	In-kind contribution description ELEC. GRIDDLE
Contributor address; City; State; Zip Code [REDACTED] FRERDONT, TX 77531		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) CONSTRUCTION SAFETY LEADER		Employer (FOR NON-JUDICIAL) (See Instructions) KELLY SERVICES	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

* WAVY TEXAS FLAG \$200
 BBQ BASKET \$50
 HAND MADE KNIFE \$250
 WOMAN PAMPERS SET \$50
 28" BLACKSTONE GRIDDLE \$225

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME TED A. BROADJUS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/1/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: TED BROADJUS, JR.	8 Amount of Contribution \$ \$ 30	9 In-kind contribution description 1 DZ .999 SILVER COIN
7 Contributor address; City; State; Zip Code [REDACTED] LAKE JACKSON TX 77566		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) MAINT. SCHEDULER		11 Employer (FOR NON-JUDICIAL)(See Instructions) OLINCORP.	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 9/27/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: RONALD N. BROADJUS	Amount of Contribution \$ \$ 474	In-kind contribution description 3 ACTION ITEMS *
Contributor address; City; State; Zip Code [REDACTED] CLUTE, TX 77531		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) RETIRED		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>* 4 MOSQUITO FESTIVAL TSHIRTS \$ 100 HERITAGE .22/.22 WMR REVOLVER \$ 175 75 QT. MAGELLAN ICE CHEST \$ 199</p>			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME TED A. BROADJUS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/2/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NOAH CAIN	8 Amount of Contribution \$ \$ 60	9 In-kind contribution description WILDLIFE PRINTS
7 Contributor address; City; State; Zip Code [REDACTED] CLUTE, TX 75841		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) INDUSTRIAL X-RAY TECH		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 10/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MATT BROADJUS	Amount of Contribution \$ \$ 100	In-kind contribution description PHOTO ART DIAMONDBACK
Contributor address; City; State; Zip Code [REDACTED] LAKE JACKSON, TX 77556		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) ATTORNEY		Employer (FOR NON-JUDICIAL)(See Instructions) DOW, USA	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME TED A. BASADDUS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/14/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENNIFER ARMSTRONG	8 Amount of Contribution \$ 200	9 In-kind contribution description CUSTOM ASTORIA QUILT
7 Contributor address; City; State; Zip Code [REDACTED] LAKE JACKSON, TX		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) RETIRED		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 9/26/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DOUG ZACHARY	Amount of Contribution \$ 499	In-kind contribution description BBQ PIT
Contributor address; City; State; Zip Code [REDACTED] CLUTE, TX 77531		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) RETIRED		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME TED A. BRADDOCK		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 9/15/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JOHN GOODSON	8 Amount of Contribution \$ \$ 250	9 In-kind contribution description HAND MADE KNIFE
7 Contributor address; City; State; Zip Code [REDACTED] LAKE JACKSON, TX 77566		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) RETIRED		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 10/3/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARK BRADDOCK	Amount of Contribution \$ \$ 773	In-kind contribution description (4) * AUCTION ITEMS
Contributor address; City; State; Zip Code [REDACTED] FREERPORT, TX 77541		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) RETIRED		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

* GAME HUNTER CHAIR \$ 79
 STALKER 305 CROSSBOW \$ 299
 REDFIELD 12X50 BINOC \$ 150
 CUSTOM RED W/ REEL \$ 250
 \$ 773

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME TED A. BROADDUS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 12/2/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) NATALIE BROADDUS	8 Amount of Contribution \$ \$ 200	9 In-kind contribution description METAL WALKY FLAG
7 Contributor address; City; State; Zip Code [REDACTED] LAKE JACKSON, TX 77566		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) ATTORNEY		11 Employer (FOR NON-JUDICIAL) (See Instructions) DAVID SHARP LAW FIRM	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 9/25/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WILLIAM WHITE	Amount of Contribution \$ \$ 250	In-kind contribution description BOWIE KNIFE
Contributor address; City; State; Zip Code COVINGTON, LA 70433		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) RETIRED		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME TED A. BRADDOCK		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/2/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SUZANNE THIBODEAUX	8 Amount of Contribution \$ \$140	9 In-kind contribution description 2 DECORATIVE WREATHS
7 Contributor address; City; State; Zip Code [REDACTED] CLUTEK TX 75331		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) TEACHER		11 Employer (FOR NON-JUDICIAL) (See Instructions) BRADDERON COLLEGE	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 12/1/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JASON SANTIMAURO	Amount of Contribution \$ 200	In-kind contribution description JET COOKER
Contributor address; City; State; Zip Code [REDACTED] LAKE JACKSON, TX TX 75566		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) WELDER		Employer (FOR NON-JUDICIAL) (See Instructions) TEAMS	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME TED BROADUS		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/1/23	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JEFF DODSON	8 Amount of Contribution \$ 50	9 In-kind contribution description WINE BOX / CUTTING BOARD
7 Contributor address; City; State; Zip Code [REDACTED] CLUTE, TX 75311		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

LOANS

SCHEDULE E

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 E: 1
2 FILER NAME TED A. BROADDUS		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1 (\$3000)
5 Date of loan 8/15/23	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) FIRST STATE BANK, CLUTE	9 Loan Amount (\$) \$ 3000
6 Is lender a financial Institution? <input checked="" type="radio"/> Y <input type="radio"/> N	8 Lender address; City; State; Zip Code P.O. BOX 577 CLUTE, TX 77531	10 Interest rate 9.5%
		11 Maturity date 11/15/23
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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 B(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		2 FILER NAME TED BROADBENT		3 Filer ID (Ethics Commission Filers)	
4 Date 8/31/23		5 Payee name MONARCH PRINTING			
6 Amount (\$) \$454.65		7 Payee address; 6605 MCGREW HOUSTON TX		City:	State: Zip Code 77087
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXP.		(b) Description FUNDRAISER FUNDRAISER DONATION ENVELOPES		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH					
Date 8/28/23		Candidate / Officeholder name DUSTIN LASARZ FUNDRAISER			
Amount (\$) \$695		Payee address; BRASORIA TX			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AWARD EXP		Description GRILL AUCTION ITEM		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date 8/25/23		Candidate / Officeholder name JEFF DODSON FUNDRAISER			
Amount (\$) \$325.00		Payee address; OYSTER CREEK TX 77541			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) AWARD EXP		Description KNIFE, WOOD TEX. AUCTION ITEM PRAGUE		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Payee address;			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- | | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | 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 TED BROADBENS		3 Filer ID (Ethics Commission Filers)	
4 Date 9/2/23		5 Payee name HOBBY LOBBY			
6 Amount (\$) \$ 120.02		7 Payee address; City; State; Zip Code 125 W. HWY 332 LAKE JACKSON TX 77506			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description FLORAL		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9/10/23		Payee name ANN'S MCHROGRAMMING			
Amount (\$) \$ 291.00		Payee address; City; State; Zip Code 146 DUTCH LAKE CT FREEPORT TX 77541			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description 12 CAPS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 8/20/23		Payee name THE FACTS			
Amount (\$) \$ 255.00		Payee address; City; State; Zip Code 720 S MAIN ST CLUTE TX 77531			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING		Description AD		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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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		2 FILER NAME TED BRADDOCK		3 Filer ID (Ethics Commission Filers)	
4 Date 9/1/23		5 Payee name HOBBY LOBBY			
6 Amount (\$) \$ 97.81		7 Payee address; City; State; Zip Code 125 HWY 332 W LAKE JACKSON TX 77566			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE		(b) Description DECORATIONS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9/12/23		Payee name MCCOYS			
Amount (\$) \$ 7.57		Payee address; City; State; Zip Code 1300 N HWY 332^{283 B} RICHWOOD TX 77531			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP		Description PAINT		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
Date 9/13/23		Payee name OFFICE DEPOT			
Amount (\$) \$ 16.24		Payee address; City; State; Zip Code HWY 332 LAKE JACKSON TX 77566			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP.		Description COPIES		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	

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 TED BROADBENT	3 Filer ID (Ethics Commission Filers)
4 Date 9/12/23	5 Payee name DOLLAR TREE	
6 Amount (\$) \$ 60.00	7 Payee address; City; State; Zip Code 125 HWY 332 W LAKE JACKSON TX 75606	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXP	(b) Description DECORATIONS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/13/23	Payee name OFFICE DEPOT	
Amount (\$) \$ 11.37	Payee address; City; State; Zip Code HWY 332 W LAKE JACKSON TX 75606	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP	Description COPIES / FORMS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/13/23	Payee name OFFICE DEPOT	
Amount (\$) 113.41	Payee address; City; State; Zip Code HWY 332 W LAKE JACKSON TX 75606	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP	Description INK CARTR. PRINTING
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 TED A. BROADOUS	3 Filer ID (Ethics Commission Filers)
4 Date 9/19/23	5 Payee name DORIS WILLIAMS CIVIC CENTER	
6 Amount (\$) * 498.00	7 Payee address; City: State: Zip Code 333 HWY 332 E LAKE JACKSON TX 77566	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENTS EXPENSE	(b) Description CIVIC CENTER RENTAL
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/19/23	Payee name THE SOURCE WEEKLY	
Amount (\$) * 300.00	Payee address; City: State: Zip Code 233 PARKING WAY LAKE JACKSON, TX 77566	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description CAMPAIGN AD
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 9/25/23	Payee name OFFICE MAX	
Amount (\$) * 41.98	Payee address; City: State: Zip Code HWY 33W LAKE JACKSON TX 77566	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description INK STAMP
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 TED A. BRETTANIS	3 Filer ID (Ethics Commission Filers)
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4 Date 9/25/23	5 Payee name MONARCH PRINTING
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6 Amount (\$) \$ 730.08	7 Payee address; City; State; Zip Code 6605 MCGREW HOUSTON TX 77087
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXP.	(b) Description 1000 FLYERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/23/23	Payee name OFFICE MAX
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Amount (\$) \$ 16.24	Payee address; City; State; Zip Code HWY 332 W LAKE JACKSON TX 77566
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP	Description PRINT PAPER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/28/23	Payee name OFFICE MAX
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Amount (\$) \$ 33.56	Payee address; City; State; Zip Code HWY 332 W LAKE JACKSON TX 77566
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP.	Description INK CARTRIDGE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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: 5	2 FILER NAME TED A. BRADY	3 Filer ID (Ethics Commission Filers)
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4 Date 9/29/23	5 Payee name BEST BUY
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6 Amount (\$) \$63.35	7 Payee address; City: State: Zip Code 104 HIGHWAY 332 E LAKE JACKSON TX 77500
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXP	(b) Description C.C. READER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3/23	Payee name DOLLAR TREE
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Amount (\$) \$41.43	Payee address; City: State: Zip Code 101 DIXIE DR. CLUTE TX 77531
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP.	Description BALLPOINT PENS STAPLER
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/3/23	Payee name OFFICE MAX
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Amount (\$) \$23.64	Payee address; City: State: Zip Code HWY 332 E LAKE JACKSON TX 77500
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP	Description CLIP BOARDS COPIES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 TEA BRANDUS	3 Filer ID (Ethics Commission Filers)
4 Date 10/3/23	5 Payee name OFFICE MAX	
6 Amount (\$) \$29.64	7 Payee address; City; State; Zip Code Hwy 332 E LAKE JACKSON, TX 77566	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXP	(b) Description CLIPBOARDS COPIES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/4/23	Payee name OFFICE MAX	
Amount (\$) \$46.76	Payee address; City; State; Zip Code Hwy 332 E LAKE JACKSON TX 77566	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP	Description COPIES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 10/5/23	Payee name D.J. SERVICES, MOHAMMED D. FERAZ	
Amount (\$) \$300	Payee address; City; State; Zip Code CLUTE TX 77531	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description D.J. SERVICES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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 TED BROADUS	3 Filer ID (Ethics Commission Filers)
4 Date 10/5/23	5 Payee name BUBBAS AUCTIONS 1824	
6 Amount (\$) \$500	7 Payee address; 55 SULTANA CT, LAKE JACKSON, TX 77566	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description AUCTIONEER
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/3/23	Payee name ANN'S MONOGRAMMING	
Amount (\$) \$449.33	Payee address; 4400 DUTCH LAKE CT. CRYSTAL CREEK, TX 77541	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP.	Description CAPS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/6/23	Payee name DERIS WILLIAMS CIVIC CENTER	
Amount (\$) \$875.20	Payee address; 333 HWY 332 E, LAKE JACKSON, TX 77566	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXP.	Description BALL Rm RENTAL
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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 TED BRADDOX	3 Filer ID (Ethics Commission Filers)
4 Date 10/19/23	5 Payee name OFFICE MAX	
6 Amount (\$) \$ 40.04	7 Payee address; City; State; Zip Code HWY 1332 E, LAKE JACKSON, TX 75506	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXP	(b) Description INK CART.
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 10/5/23	Payee name MCGOYS	City; State; Zip Code
Amount (\$) 15.42	Payee address; 1300 N HWY 288B, CLUTIF, TX 75311	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXP	Description SIGN POST
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

Date 11/3/23 - 1/3/24	Payee name MCGOYS	City; State; Zip Code
Amount (\$) \$ 960.38	Payee address; 1300 N HWY 288B, RICHWOOD, TX 75311	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE SIGNS	Description PAINT & TPOST 11/3 \$11.98, 11/5 \$9.49, 11/11 \$11.12, 11/15 \$22.70, 11/15 \$25.35, 11/20 \$209.19, 11/27 \$61.08, 11/28 \$15.45, 11/30 \$47.75, 12/28 \$4.27, 12/5 \$31.78, 12/5 \$61.59, 12/12 \$32.42, 12/14 \$22.78, 12/15 \$49.77, 12/15 \$20.82, 11/3 \$52.72
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME TED A. BROADUS	3 Filer ID (Ethics Commission Filers)
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4 Date 10/19/23 10/23/23	5 Payee name MONARCH PRINTING CO, INC
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6 Amount (\$) \$484.50	7 Payee address: 6605 MCGREW HOUSTON, TX 77057	City:	State:	Zip Code:
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description 10/19/23 \$2814.53 10/23/23 \$2,000.00 YARD SIGNS/BARRIERS SIGNS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/24/23 To 11/4/24	Payee name HARBOR FREIGHT
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Amount (\$) \$123.40	Payee address: 165 OYSTER CREEK DR, SUITE A LAKE JACKSON, TX 77506	City:	State:	Zip Code:
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9 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING SIGN MATERIAL EXPENSE	Description CABLE TIES / SCREWS 10/24 \$52.97 11/14 \$12.40 11/20 \$11.22 11/29 \$12.93 12/1 \$21.64 12/9 \$7.44 1/4 \$4.96
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/20/23 10/12/23	Payee name ACADEMY SPORTS & OUTDOORS
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Amount (\$) \$627.81	Payee address: 120 TX-332 LAKE JACKSON, TX 77506	City:	State:	Zip Code:
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10 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSES AUCTION ITEMS	Description 9/20 FORT KLOOF HERITAGE TRUCK RADER \$411.33 10/12 \$216.48 22 WMB R.R.
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 TED A. BROADUS	3 Filer ID (Ethics Commission Filers)
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4 Date 9/14/23 - 12/16/23	5 Payee name OFFICE MAX
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6 Amount (\$) \$224.00	7 Payee address; City; State; Zip Code 104 HWY 332 E, STE 300 LAKE JACKSON, TX 77566
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE / PRINTING	(b) Description PRINT FLYERS / INK CAR, 9/14 \$11.37 9/22 \$18.38 12/16 \$194.95
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/14/23 - 12/05/23	Payee name LAKE HARDWARE
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Amount (\$) \$35.30	Payee address; City; State; Zip Code DIXIE DR. LAKE JACKSON, TX 77566
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description FASTENERS 11/14/23 \$12.32 11/20/23 \$10.00 12/05/23 \$12.44
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 11/20/23	Payee name LACASNA
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Amount (\$) \$59.42	Payee address; City; State; Zip Code 105 ABNER JACKSON PKWY LAKE JACKSON, TX, 77566
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE EXP	Description LUNCH FOR STEERING TEAM
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED