#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. 3 CANDIDATE / MS / MRS / MR OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME SUFFIX wrida 4 CANDIDATE / ADDRESS / PO BOX: APT / SUITE # STATE: ZIP CODE CITY: OFFICEHOLDER MAILING **ADDRESS** Change of Address EXTENSION 5 CANDIDATE/ Date Hand-delivered or Date Postmarked **OFFICEHOLDER** PHONE Receipt # Amount \$ 6 CAMPAIGN **TREASURER** Date Processed NAME NICKNAME SUFFIX Date Imaged vridge CITY; STATE; ZIP CODE CAMPAIGN **TREASURER ADDRESS** Calle Lily Ct. Ide Jackson TX 77566 (Residence or Business) 8 CAMPAIGN **TREASURER** PHONE 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD Day COVERED 28 /24 THROUGH **ELECTION DATE ELECTION TYPE** 11 ELECTION Primary Runoff Other Month Description General Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) onia Cty Commissioner 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 SOR OFFICEHOLDER'S KNOWLEDGE OR 14 NOTICE FROM **POLITICAL** CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS **GENERAL** Additional Pages

GO TO PAGE 2

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COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

SPECIFIC

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

Forms provided by Texas Ethics Comm

## FORM C/OH COVER SHEET PG 2

Revised 8/17/2020

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5350		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$		
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,613		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 11523		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	*\$0,000		
i	ewear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information		
	Signature of Ca	andidate or Officeholder		
	Diago complete cither entire below	<i>,</i> -		
	Please complete either option below	<b>v.</b>		
(A) A (C) - 1-				
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed		, day of,		
, to certify	which, witness my hand and seal of office.			
Signature of officer administer	· · · · · · · · · · · · · · · · · · ·	Title of officer administering oath		
(2) Unsworn Declarati	or on			
My name is Jay E	Juand Burrydae , and my date of birth is	01-76-1965		
My address is				
Executed in Braz Dri	(city) (street) (city) (street) (city) (street) (city) (street) (month	2024.		
	Signature of Candid	date/Officeholder (Declarant)		

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## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19	19 FILER NAME DUMI ACO.		
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$5350
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 10,000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$ 11,613
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUI	NDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TIONS RETURNED	\$

### **MONETARY POLITICAL CONTRIBUTIONS**

### SCHEDULE A1

If the requested information is not applicable, <b>DO NOT include this page in the report.</b>				
The	The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:			
2 FILER NAME	Tay Burridge			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
3/12/24	6 Contributor address;	city:	State; Zip Code	120. <sup>30</sup>
8 Principal occup	·		9 Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
4/4/24	Contributor address;	City;	State; Zip Code	400,00
Principal occup	 pation / Job title (See Instructions)	Freepon	Employer (See Instruct	ions)
retine	<u>d</u>			
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
4/18/24	Contributor address;	City;	State; Zip Code	20. <sub>00</sub>
Principal occup	pation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)
4/17/24	6 lenn Starkey Contributor address;	City;	State; Zip Code	100.°°
Principal occur	pation / Job title (Sec s)	Alvini		ione)
	Principal occupation / Job title (Sec s) 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.				
			<b>—</b>	

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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.	_3		
2 FILER NAME	Buridge	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)		
3/9/20	Michael H. Philips  6 Contributor address; City; State; Zip Code	500.°°		
11109	Λ	300.		
8 Principal occup	pation / Job title (See Instructions)  Am le for TX 77515  g Employer (See Instructions)	ions)		
B Timespar occup	Salient, deb title (eee instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
3/9/24	Contributor address; City; State; Zip Code	500° ∞		
011709	Angloto TX 77516			
Principal occup	at e Instructions)	ions)		
attorney	Self			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)		
3/8/24	Contributor address; City; State; Zip Code	100,00		
	late Jackson TX 77566			
	eation / Job title (See Instructions)  Employer (See Instructions)	tions)		
Afforne	j Seif			
Date	Full name of contributor out-of-state PAC (ID#:)  May Middleto	Amount of contribution (\$)		
3/12/24	Contributor address; City; State; Zip Code	2500.00		
_	Galuston TX 77553			
<u>^</u>	pation / Job title (See matruct ns) Employer (See Instruct			
tlected	official State of Texas	5		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS N			
	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.

if the requested information is not applicable, <b>bo Not include this page in the report.</b>				
The Instruction Guide explains how to complete this form.				
2 FILER NAME	Burridge	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)		
4/3/24	1000043 HMTY City; State; Zip Code  Branca TX 7743	300.		
8 Principal occup				
operator	Brazonia C	tu		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
4/20/24	Contributor address; City; State; Zip Code			
170	Lake Jackson TX 722	امام		
Principal occup	ation / Job title (See Instructions) Employer (See			
Attorn	ey Self			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
4/21/24	Contributor address; City; State; Zip Code	500.30		
,,,,	Monvel TX M757	9		
Principal occup	pation / Job title (Se s) Employer (See			
Attorner	Self			
Date	Full name of contributor out-of-state PAC (ID#:	) Amount of contribution (\$)		
	Contributor address; City; State; Zip Code			
Principal occup	eation / Job title (See Instructions)  Employer (See	Instructions)		
	ATTACHADDITIONAL COPIES OF THIS SCHEDUL	E AS NEEDED		
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

# LOANS SCHEDULE E

	The	nstruction Guide explains how to complete this form.	•	1	Total pages Schedule E:
2	2 FILER NAME			3	Filer ID (Ethics Commission Filers)
	Jay B.	wridge			
4	TOTAL OF UN	ITEMIZED LOANS		\$	
5	Date of loan	7 Name of lender out-of-state PAC (ID#:	)	9	Loan Amount (\$)
(	4/2/24	Jey Burridas.		B	10,000
6	Is lender a financial Institution?	8 Lender address; City; State; Zip C	Code	-	Interest rate
	Y (N)	73 N. Calla Lity Lake Tuckson, T	x 71566	11	Maturity date
12	Principal occupation	on / Job title (See Instructions) 13 Employe	er (See Instructions)	ı A	
14	Description of Colla	ateral 15 Check if		depo	osited into political account
16	GUARANTOR INFORMATION	17 Name of guarantor		19	Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City; State; Zip C	ode		
20	Principal Occupat	ion (See Instructions)  21 Employe	er (See Instructions)	-	
	Date of loan	Name of lender out-of-state PAC (ID#:	)		Loan Amount (\$)
	Is lender a financial	Lender address; City; State; Zip C	Code		Interestrate
	Institution? Y N				Maturity date
	Principal occupation	on / Job title (See Instructions) Employe	er (See Instructions)		
_	Description of Colla		personal funds were estructions)	depo	osited into political account
	GUARANTOR INFORMATION	Name of guarantor			Amount Guaranteed (\$)
		Guarantor address; City; State; Zip C	ode		
	not applicable				
	Principal Occupati	on (See Instructions) Employe	er (See Instructions)		
		ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EDE	ED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

#### SCHEDULE F1

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

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)				
CreditCardPayment The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER_NAME /		3 Filer ID (Ethics Commission Filers)	
	lay Durridge			
4 Date 2 /	5 Payee name			
311/24	Ceiglers			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Ďescription		
PURPOSE				
OF EXPENDITURE	Advertising	Shirts		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OF	İ	-		
Date	Payee name			
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3/1/24	Walmort			
Amount (\$)	Payee address;	City;	State; Zip Code	
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110.89	Tal Huy 352 Lake Jac	1	77%6	
	Category (See Categories listed at the top of this schedule)	Description		
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EXPENDITURE	Polling Expense	Tents		
	) Check if travel outside of Texas. Complete Schedule T.		in, TX, officeholder living expense	
Complete ONLY if direct	ONLY if direct Candidate / Officeholder name Office sought Office he		Office held	
expenditure to benefit C/OH				
Date	Payee name			
3/-/24	Mibrall , Assoc			
Amount (\$)	JIDMI + HSSOC.	Citur	State: 7in Code	
Amount (\$)	Payee address;	City;	State; Zip Code	
518.30	4203 Glade Shadow (*.	1/1 ~	22/10	
718.20	10 0 90 0000	Katy 1X.	77494	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF				
EXPENDITURE	Consultinje	fee		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
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expenditure to benefit C/OH	I			
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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### SCHEDULE F1

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	,
1 Total pages Schedule F1:	2 FILER NAME	1	3 Filer ID (Ethics Commission Filers)
6	Jankuride		
4 Date	5 Payee name	·	
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6 Amount (\$)	7 Payee address;	City;	State; Zip Code
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	11201
PURPOSE OF	Event	1 . 100 4	
EXPENDITURE	e verti	tundrais	ll
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
Date	Payee name		
2 / 1 / 1/2 /			
3 114104	Grap a bus		
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• •	•	,,	·
450,00	108 Hargett St. Chut	, TX. 77	5 31
7007	Category (See Categories listed at the top of this schedule)	Description	33[
PURPOSE			
OF	Event	restal	
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	Check if travel outside of Tiexas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	1		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED
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#### SCHEDULE F1

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

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	
1 Total gages Schedule F1:	2_FILER NAME)		3 Filer ID (Ethics Commission Filers)
6	Jay Buridge		
4 Date 3 / 18 / 19	Sibrull and Assoc.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
1257.62	4203 Glade Shedow C	t. Karty J	X 77494
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	•
PURPOSE			
OF EXPENDITURE	Consultaré	fees	
	J		- TV -#
	(c) Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
Date	Payee name Payee name		
3/22/24	Nibrell and Assue.		
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2550.00	4203 Glade Shedow C	t. Kuty	TX 77494
	Category (See Categories listed at the top of this schedule)	Description	
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OF EXPENDITURE	Consultino	Fres	
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Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/Oh		emee cought	elillee ilelle
Date	Payee name		
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Amount (\$)	Payee address;	City;	State; Zip Code
300,00	105 Willis St. Alui	in, TX. 7	7511
<del>-</del>	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE			4
OF EXPENDITURE	1 Other	membersh	$\varphi$
	Check if travel outside of Texas. Complete Schedule T.		n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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### SCHEDULE F1

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

	EXPENDITURE CATEG	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains	-	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1 Total pages Schedule F1:	2 FILER NAME Jay Buridal		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
200	LXX Canada Dr	Anoloton	TX 77515
8	(a) Category (See Categories listed at the top of this si	<u> </u>	110
PURPOSE			
OF EXPENDITURE	Office	postage	
	(c) Check if travel outside of Tiexas. Complete Sci	hedule T. Check if Aust	in, TX, officeholder living expense
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
4/3/24	Sprint 2 Print		
Amount (\$)	Payee address;	City;	State; Zip Code
775.00	8748 Clay Rd \$30	O Houston	TX 77080
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	Check if travel outside of Texas. Complete Sci	hedule T. Check if Aust	in, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
experientare to benefit ever			
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U2000	19203 Glade Shaderi	Ct. Katy TX	77494
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Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
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## SCHEDULE F1

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (neutron enterprised should)

Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed a					ory not listed above)	
Credit Card Payment  The Instruction Guide explains how to complete this form.						
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6	Jan	Buridge				
4 Date )	5 Payee nar			•		
418/24	Wale	GNEAS				
6 Amount (\$)	7 Payee ad	dress;	City;	State;	Zip Code	
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8	(a) Category	/ (See Categories listed at the top of this s	chedule) (b) Description		•	
PURPOSE	_	~				
OF EXPENDITURE	Min	hao	Cards			
			<del>-</del>			
	(c) f	Check if travel outside of Tiexas. Complete Sc	hedule I. Check if Aust	in, TX, officeholder livin	g expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF		ate / Officeholder name	Office sought		Office held	
Date	Payee nai	me		,		
419/24	USP.	5				
Amount (\$)	Payee ad	dress;	City;	State;	Zip Code	
136.00	100 (	Cannon Dr.	Angletin	TX 7	17515	
	Category	(See Categories listed at the top of this so	chedule) Description			
PURPOSE	١					
OF EXPENDITURE	Adve	Misine	Strand			
		)	() / () / () / ()			
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Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name	Office sought		Office held	
Date	Payee na	ıme				
4/9/24	Walg	Mens				
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OF EXPENDITURE	Dring	11/9	Cards			
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Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name	Office sought		Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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### SCHEDULE F1

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

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	Other (enter a category not listed above)			
1 Total pages Schedule F1:	<u> </u>		3 Filer ID (Ethics Commission Filers)			
6	Jay Burridge		,			
4 Date	5 Payee name					
4/13/24	l'ay tal					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
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8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	_					
OF EXPENDITURE	1-115					
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name		The state of the s			
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Amount (\$)	Payee address;	City;	State; Zip Code			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE						
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D. 1.	Power name					
Date	Payee name					
Amount (\$)	Payee address;	City;	State; Zip Code			
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	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE						
OF EXPENDITURE						
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
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expenditure to benefit C/OH		C.noc cougnt	Cinico Held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

Forms provided by Texas Ethics Com

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