

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 1**

<b>The C/OH Instruction Guide explains how to complete this form.</b>		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <b>41</b>				
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR <b>Mr.</b>	FIRST <b>Jay</b>	MI <b>E</b>	<b>OFFICE USE ONLY</b>			
	NICKNAME	LAST <b>Burridge</b>	SUFFIX				
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> <small>Change of Address</small>	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			FILED <b>5-20-24</b> <b>JOYCE HUDMAN,</b> COUNTY CLERK, BRAZORIA CO., TEXAS BY <i>[Signature]</i> DEPUTY			
	<b>73 N. Calla Lily Ct. Lake Jackson TX 77566</b>						
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE <b>(979)</b>	PHONE NUMBER <b>236-3351</b>	EXTENSION	Date Received			
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR <b>Mrs.</b>	FIRST <b>Samantha</b>	MI <b>D.</b>	Date Hand-delivered or Date Postmarked			
	NICKNAME	LAST <b>Burridge</b>	SUFFIX	Receipt #			
<b>7 CAMPAIGN TREASURER ADDRESS</b> <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE			Amount \$			
	<b>73 N. Calla Lily Ct. Lake Jackson TX. 77566</b>			Date Processed			
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE <b>(979)</b>	PHONE NUMBER <b>709-3597</b>	EXTENSION	Date Imaged			
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)						
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
<b>10 PERIOD COVERED</b>	Month	Day	Year	Month	Day	Year	
	<b>2</b>	<b>27</b>	<b>24</b>	THROUGH	<b>5</b>	<b>20</b>	<b>24</b>
<b>11 ELECTION</b>	ELECTION DATE		ELECTION TYPE				
	Month	Day	Year	Primary	<input checked="" type="radio"/> Runoff	Other Description	
	<b>5</b>	<b>28</b>	<b>24</b>	General	Special		
<b>12 OFFICE</b>	OFFICE HELD (if any)			<b>13 OFFICE SOUGHT (if known)</b>			
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>  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	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

**GO TO PAGE 2**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME <u>Jay Burridge</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>57,440</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>34,679</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>40,872</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>80,000</u>

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.

\_\_\_\_\_  
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 Jay Burridge, and my date of birth is 01-26-65.

My address is 73 W Calla Lily CT, Lakes Jackson, TX, 77566, USA.

Executed in Brazoria County, State of Texas, on the 20 day of May, 20 24.

Jay Burridge  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Jay Burnidge</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 57440
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 7,727
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 10,000
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 34,679
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 FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	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: <b>18</b>
2 FILER NAME <b>Jay Burridge</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3/9/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Michael H. Phillips</b>	7 Amount of contribution (\$) <b>500.00</b>
6 Contributor address; City; State; Zip Code <b>Angleton TX 77515</b>		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date <b>3/9/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mike Phillips</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>Angleton TX 77516</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>	Employer (See Instructions) <b>Self</b>	

Date <b>3/8/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Stan Simiskey</b>	Amount of contribution (\$) <b>100.00</b>
Contributor address; City; State; Zip Code <b>Lake Jackson TX 77566</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>	Employer (See Instructions) <b>Self</b>	

Date <b>3/12/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Mayer Middleton</b>	Amount of contribution (\$) <b>2500.00</b>
Contributor address; City; State; Zip Code <b>Galveston TX 77553</b>		
Principal occupation / Job title (See Instructions) <b>Elected official</b>	Employer (See Instructions) <b>State of Texas</b>	

**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:

18

2 FILER NAME

Jay Burridge

3 Filer ID (Ethics Commission Filers)

4 Date

3/12/24

5 Full name of contributor

Carl Herbst

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

100.<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

Hallettville TX 77964

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

4/4/24

Full name of contributor

Lesla Girouard

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

400.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

Freeport TX 77541

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

4/18/24

Full name of contributor

Keith Coulter

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

50.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

Longview TX 75604

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

Date

4/17/24

Full name of contributor

Glenn Starkey

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

100.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

Alvin TX

Principal occupation / Job title (See Instructions)

retired

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Jan Burridge</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>4/2/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>James Henry</b>	7 Amount of contribution (\$) <b>300.00</b>
6 Contributor address; City; State; Zip Code <b>Brazoria TX 77402</b>		
8 Principal occupation / Job title (See Instructions) <b>operator</b>		9 Employer (See Instructions) <b>Brazoria City</b>
Date <b>4/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Stan Simiskey</b>	Amount of contribution (\$) <b>300.00</b>
Contributor address; City; State; Zip Code <b>Lake Jackson TX 77566</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>
Date <b>4/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Michael Diaz</b>	Amount of contribution (\$) <b>500.00</b>
Contributor address; City; State; Zip Code <b>Marvel TX 77578</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>Self</b>
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)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Jay Burridge</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/4/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Bo Stallman</b>	7 Amount of contribution (\$) <b>400.<sup>00</sup></b>
	6 Contributor address; City; State; Zip Code <b>Angleton TX 77515</b>	
8 Principal occupation / Job title (See Instructions) <b>Sheriff</b>		9 Employer (See Instructions) <b>Brazoria City</b>
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Travis Pate</b>	Amount of contribution (\$) <b>700.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>Wheeler TX 77566</b>	
Principal occupation / Job title (See Instructions) <b>Police officer</b>		Employer (See Instructions) <b>Brazoria City</b>
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Jeff Crisp</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>Clute TX 77531</b>	
Principal occupation / Job title (See Instructions) <b>Business owner</b>		Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Dusty Hopkins</b>	Amount of contribution (\$) <b>990.<sup>00</sup></b>
	Contributor address; City; State; Zip Code <b>Sweeny, TX</b>	
Principal occupation / Job title (See Instructions) <b>Business owner</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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1 Total pages Schedule A1:

18

2 FILER NAME

Jay Burridge

3 Filer ID (Ethics Commission Filers)

4 Date

4/22/24

5 Full name of contributor

Cory Thomas

out-of-state PAC (ID#: \_\_\_\_\_)

7 Amount of contribution (\$)

300.<sup>00</sup>

6 Contributor address;

City;

State;

Zip Code

Jones Creek TX 77541

8 Principal occupation

title (See Instructions)

9 Employer (See Instructions)

Date

5/2/24

Full name of contributor

Rob Giesecke

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1200.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

Damon TX 77430

Principal occupation

title

(See Instructions)

Employer (See Instructions)

Real Estate

Self

Date

5/2/24

Full name of contributor

Alex Kemker

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

800.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

Peotone TX 77581

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

5/6/24

Full name of contributor

Patton Ritter

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

1170.<sup>00</sup>

Contributor address;

City;

State;

Zip Code

Angleton TX 77515

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Attorney

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Jay Burnidge</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/2/24</b>	5 Full name of contributor <b>Alisa Burke</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>Richardson TX 77531</b>	7 Amount of contribution (\$) <b>1195.00</b>
8 Principal occupation / Job title (See Instructions) <b>Business owner</b>		9 Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor <b>Trisha Cross</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>Freerport, TX 77541</b>	Amount of contribution (\$) <b>1100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor <b>Page Friudenberg</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>Whe Jackson TX 77526</b>	Amount of contribution (\$) <b>1400.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Jay Burridge</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/2/24</b>	5 Full name of contributor <b>John Luquette</b> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>60.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Waco, TX 77566</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor <b>Blain Sollock</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>400.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Freeport, TX 77541</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor <b>Chris Cloninger</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>1300.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Richardson, TX 75081</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor <b>Jason Cardoba</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>1000.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Waco, TX 77566</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Jay Burridge</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/2/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>James Henry</b>	7 Amount of contribution (\$) <b>600.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Brown TX 77422</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>James Nunez</b>	Amount of contribution (\$) <b>2410.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Richwood TX 77531</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Danny Leist</b>	Amount of contribution (\$) <b>1525.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Waller Jackson TX 77566</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Amy Bradshaw</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Portland TX 77581</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Jay Burridge</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/1/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Wayne Cromis</b>	7 Amount of contribution (\$) <b>300.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Quaker Cr. TX 77541</b>		
8 Principal occupation / Job title (See instructions)		9 Employer (See Instructions)

Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Margery Valdez</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Lake Jackson TX 77566</b>		
Principal occupation / Job title (See instructions) <b>Marketing</b>		Employer (See Instructions)

Date <b>4/29/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Chris Auer</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Angleton TX 77525</b>		
Principal occupation / Job title <b>Business owner</b>		Employer (See Instructions)

Date <b>4/29/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Thomas Strosken</b>	Amount of contribution (\$) <b>300.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Lake Jackson TX 77566</b>		
Principal occupation / Job title <b>retired</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Jay BurrIDGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/2/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Michael Phillips</b>	7 Amount of contribution (\$) <b>200.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Angleton TX 77575</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>	9 Employer (See Instructions)	
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Cody Beasley</b>	Amount of contribution (\$) <b>300.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Freeport TX 77541</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Janie Tumlinson</b>	Amount of contribution (\$) <b>300.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Freeport TX. 77541</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Billy Myers</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Brazoria TX 77422</b>		
Principal occupation / Job title (See Instructions) <b>Business owner</b>		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <b>Jay Burridge</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/2/24</b>	5 Full name of contributor <b>Maha Norris</b> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) <b>475.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Lake Jackson TX 77566</b>		
8 Principal occupation / Job title (See Instructions) <b>Retired</b>	9 Employer (See Instructions)	
Date <b>5/2/24</b>	Full name of contributor <b>Jerome Aldrich</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Lake Jackson TX 77566</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>	Employer (See Instructions)	
Date <b>5/2/24</b>	Full name of contributor <b>Kenjo Kelley</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>1350.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Brownia TX 77422</b>		
Principal occupation / Job title (See Instructions) <b>Business owner</b>	Employer (See Instructions)	
Date <b>5/2/24</b>	Full name of contributor <b>Gary Brandon</b> out-of-state PAC (ID#: _____)	Amount of contribution (\$) <b>2,000.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Freeport TX 77541</b>		
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.

# 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: <b>18</b>
2 FILER NAME <b>Jay BurrIDGE</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/2/14</b>	5 Full name of contributor <b>Thomas Jones</b> out-of-state PAC (ID#: _____) or address: City; State; Zip Code <b>Angleton TX 77515</b>	7 Amount of contribution (\$) <b>50.00</b>
8 Principal occupation / Job title (see instructions) <b>retired</b>		9 Employer (See Instructions)
Date <b>5/2/14</b>	Full name of contributor <b>Elizabeth Day</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>Angleton TX 77515</b>	Amount of contribution (\$) <b>130.00</b>
Principal occupation / Job title (see instructions)		Employer (See Instructions)
Date <b>5/2/14</b>	Full name of contributor <b>Scott Ross</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>1 Lake Jackson TX 77526</b>	Amount of contribution (\$) <b>150.00</b>
Principal occupation / Job title (see instructions)		Employer (See Instructions)
Date <b>5/2/14</b>	Full name of contributor <b>Ted Broadus</b> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code <b>Clute TX 77531</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (see instructions) <b>retired</b>		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

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:

18

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Jay Burridge

4 Date

5/2/24

5 Full name of contributor

Albert Smith

out-of-state PAC (ID#)

6 Contributor address;

City;

State;

Zip Code

Lake Jackson TX 77566

7 Amount of contribution (\$)

150.<sup>00</sup>

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Date

5/2/24

Full name of contributor

Bubba Whitton

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

Lake Jackson TX 77566

Amount of contribution (\$)

1,500.<sup>00</sup>

Principal occupation

r.

s)

Employer (See Instructions)

Date

4/22/24

Full name of contributor

Dianna Caldwell

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

Eddy TX 76524

Amount of contribution (\$)

500.<sup>00</sup>

Principal occupation

retired

ructions)

Employer (See Instructions)

Date

4/30/24

Full name of contributor

Linda Kellogg

out-of-state PAC (ID#)

Contributor address;

City;

State;

Zip Code

Lake Jackson TX 77566

Amount of contribution (\$)

25.<sup>00</sup>

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

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: <b>18</b>
2 FILER NAME <b>Jay Burridge</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/2/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Fred Koster</b>	7 Amount of contribution (\$) <b>400.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Brownia TX 77422</b>		
8 Principal occupation / Job title (See Instructions) <b>Business owner</b>	9 Employer (See Instructions)	
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Kenneth Hayes</b>	Amount of contribution (\$) <b>2,000.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Freeport TX 77542</b>		
Principal occupation / Job title (See Instructions) <b>Business owner</b>		Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Renee Rape</b>	Amount of contribution (\$) <b>5,500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Clute TX 77531</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Muki Wells</b>	Amount of contribution (\$) <b>3,100.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Angleton TX 77515</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		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

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: <b>18</b>
2 FILER NAME <b>Jay Berridge</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/2/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>James Henry</b>	7 Amount of contribution (\$) <b>60.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Brownia TX 77422</b>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Cole Regges</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Brownia TX 77422</b>		
Principal occupation / Job title (See Instructions) <b>musterin</b>		Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Allen Williams</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Richard TX 77531</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Lornie Laguna</b>	Amount of contribution (\$) <b>100.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Anpleton TX 77575</b>		
Principal occupation / Job title (See Instructions) <b>retired</b>		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: <b>18</b>
2 FILER NAME <b>Jay Burridge</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/2/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Jeff Purvis</b>	7 Amount of contribution (\$) <b>700.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Lake Jackson TX 77566</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>	9 Employer (See Instructions)	
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Chris Caldwell</b>	Amount of contribution (\$) <b>600.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Freeport TX 77541</b>		
Principal occupation / Job title (See Instructions) <b>Business owner</b>		Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Louann Farmer</b>	Amount of contribution (\$) <b>50.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Freeport TX 77541</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/2/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Wayne Cromis</b>	Amount of contribution (\$) <b>6500.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Oyster Cr TX 77541</b>		
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.		
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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: 18
2 FILER NAME Jay Burridge		3 Filer ID (Ethics Commission Filers)
4 Date 5/2/24	5 Full name of contributor Stuart Farmer out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 200. <sup>00</sup>
6 Contributor address; City; State; Zip Code Arlington TX 77515		
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)	

Date 5/2/24	Full name of contributor Doug Colvin out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100. <sup>00</sup>
Contributor address; City; State; Zip Code Lake Jackson TX 77566		
Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions)	

Date 5/2/24	Full name of contributor Craig Burridge out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100. <sup>00</sup>
Contributor address; City; State; Zip Code Houston TX 77059		
Principal occupation / Job title (See Instructions) retired	Employer (See Instructions)	

Date 5/2/24	Full name of contributor Charles Farmer out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100. <sup>00</sup>
Contributor address; City; State; Zip Code Lake Jackson, TX 77566		
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	

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**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: <b>18</b>
2 FILER NAME <b>Jay Burridge</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>5/2/24</b>	5 Full name of contributor out-of-state PAC (ID#: _____) <b>Ravi Singhani</b>	7 Amount of contribution (\$) <b>100.<sup>00</sup></b>
6 Contributor address; City; State; Zip Code <b>Lake Jackson TX 77566</b>		
8 Principal occupation (See Instructions)		9 Employer (See Instructions)
Date <b>5/11/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Michael Schmidt</b>	Amount of contribution (\$) <b>300.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Marvel TX 77578</b>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>5/16/24</b>	Full name of contributor out-of-state PAC (ID#: _____) <b>Bobby Varinder</b>	Amount of contribution (\$) <b>5,000.<sup>00</sup></b>
Contributor address; City; State; Zip Code <b>Houston TX 77042</b>		
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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>8</u>	
2 FILER NAME <u>Jay Burridge</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u>7,727</u>	
5 Date <u>5/2/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Moffett</u> <u>Anpleton TX 77515</u>	8 Amount of Contribution \$ <u>50.<sup>00</sup></u>	9 In-kind contribution description <u>Cutting Board</u> <u>Custom</u>
10 Principal occu / 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 <u>5/2/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Greg Gallardo</u> Contributor address; City; State; Zip Code <u>Anpleton TX 77515</u>	Amount of Contribution \$ <u>100.<sup>00</sup></u>	In-kind contribution description <u>Rocket Stove</u>
Principal occu 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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>8</u>	
2 FILER NAME <u>Jay Burrige</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>5/2/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Eddie Rafe</u>	8 Amount of Contribution \$ <u>450.<sup>00</sup></u>	9 In-kind contribution description <u>Glock pistol</u>
7 Contributor address; City; State; Zip Code <u>Lake Jackson, TX 77566</u>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <u>Inspector</u>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <u>Self</u>	
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 <u>5/2/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Ryan Cole</u>	Amount of Contribution \$ <u>800.<sup>00</sup></u>	In-kind contribution description <u>Bay Fishing Trip</u>
Contributor a City; State; Zip Code <u>Angleton TX 77515</u>		<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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

The instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 8

2 FILER NAME

Jay Burridge

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$

5 Date

5/2/20

6 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Mike Wells

7 Contributor address; City; State; Zip Code

Angleton TX 77515

8 Amount of Contribution \$

400.<sup>00</sup>

9 In-kind contribution description

Guns purchase

Golf Set

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation Job title (FC

Retired

ICIAL) (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

5/2/20

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

Corey Thomas

Contributor address; City; State; Zip Code

Jones Creek TX 77541

Amount of Contribution \$

350.<sup>00</sup>

In-kind contribution description

Fire Pit

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.



# 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: <u>8</u>	
2 FILER NAME <u>Jay Burridge</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>5/2/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Renee Raze</u>	8 Amount of Contribution \$ <u>50.<sup>00</sup></u>	9 In-kind contribution description <u>Custom Knife</u>
7 Contributor address; City; State; Zip Code <u>Clute TX 77531</u>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <u>retired</u>		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 <u>5/2/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Dusty Hopkins</u>	Amount of Contribution \$ <u>100.<sup>00</sup></u>	In-kind contribution description <u>Axis Hunt</u>
tributor address; City; State; Zip Code <u>Sireeny TX</u>		Check if travel outside of Texas. Complete Schedule T.	
Principal occu / Job ti ON-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)			

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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: <u>8</u>	
2 FILER NAME <u>Jay Burridge</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>5/6/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Wayne Woster</u>	8 Amount of Contribution \$ <u>30.00</u>	9 In-kind contribution description <u>Custom pens</u>
7 Contributor address; City; State; Zip Code <u>Aradon TX 77515</u>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupa _____ 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 <u>5/6/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Chris Caldwell</u>	Amount of Contribution \$ <u>1325.00</u>	In-kind contribution description <u>Vacation Rental UT Henry Golden Bay + picture</u>
ibu ddr City; State; Zip Code <u>Freeport TX 77541</u>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job _____ 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**

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# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <u>8</u>	
2 FILER NAME <u>Jay Burridge</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>5/2/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Mike Fulton</u> on _____ City: _____ State: _____ Zip Code: _____ <u>Clute TX 77531</u>	8 Amount of Contribution \$ <u>250.<sup>00</sup></u>	9 In-kind contribution description <u>American Flag Shotgun</u>
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 <u>5/2/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>James Henry</u> City: _____ State: _____ Zip Code: _____ <u>Brown TX 77422</u>	Amount of Contribution \$ <u>450.<sup>00</sup></u>	In-kind contribution description <u>NERK Jeter safe signed picture</u>
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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

# 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: <u>8</u>	
2 FILER NAME <u>Jay Burridge</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>5/2/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Fred Konter</u>	8 Amount of Contribution \$ <u>300.00</u>	9 In-kind contribution description <u>Yellowstone Paddlewheeler Tickets</u>
7 Contributor address; City; State; Zip Code <u>Brown TX 77422</u>		<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 <u>5/2/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <u>Miranda Moorehead</u>	Amount of Contribution \$ <u>100.00</u>	In-kind contribution description <u>paintings</u>
Contributor address; City; State; Zip Code <u>Angleton TX 77515</u>		<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)			
<p><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>			

# 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: <u>8</u>	
2 FILER NAME <u>Jay Burridge</u>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date <u>5/2/24</u>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) <u>Jay Burridge</u>	8 Amount of Contribution \$ <u>1272</u>	9 In-kind contribution description <u>Auction items</u>
7 Contributor address; City; State; Zip Code <u>1000 Jackson TX 77026</u>		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#: _____ ) <u>Kenjo Kelley</u>	Amount of Contribution \$ <u>800</u>	In-kind contribution description <u>Astros Tickets</u>
	Contributor's City; State; Zip Code <u>BROZONIA TX 77422</u>	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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME

Jay Burridge

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$

5 Date of loan

4/8/14

7 Name of lender

Jay Burridge

out-of-state PAC (ID#: \_\_\_\_\_ )

9 Loan Amount (\$)

\$ 10,000

6 Is lender a financial institution?

Y  N

8 Lender address; City; State; Zip Code

73 N. Calla Lily Lake Jackson, TX 77566

10 Interest rate

11 Maturity date

12 Principal occupation / Job title (See Instructions)

Police officer

13 Employer (See Instructions)

Brazoria County

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

not applicable

17 Name of guarantor

18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender

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

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

not applicable

Name of guarantor

Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

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 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.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Jay Burridge	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 3/1/24	<b>5</b> Payee name Zeiglers
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<b>6</b> Amount (\$) 221.74	<b>7</b> Payee address; 137 E Mulberry St. Angleton TX 77515	City;	State;	Zip Code
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising	<b>(b)</b> Description Shirts
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/1/24	Payee name Walmart
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Amount (\$) 118.84	Payee address; 121 Hwy 332 Lake Jackson TX 77566	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Polling Expense	Description Tents
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/5/24	Payee name Dibrell & Assoc.
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Amount (\$) 518.30	Payee address; 4203 Glade Shadow Ct. Katy TX 77494	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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.

<b>1</b> Total pages Schedule F1: 11		<b>2</b> FILER NAME Jay Burridge		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date 3/14/24		<b>5</b> Payee name Etsu			
<b>6</b> Amount (\$) 161.18		<b>7</b> Payee address; City; State; Zip Code 117 Adams St. Brooklyn NY 11201			
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event		<b>(b)</b> Description Fundraiser		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/14/24		Candidate / Officeholder name Grab a Gun			
Amount (\$) 756.63		Office sought Office held			
Payee name Grab a Gun		City; State; Zip Code 200 E Belt Line Rd. Ste 403 Coppell, TX 75019			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event		Description Fundraiser		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 3/15/24		Candidate / Officeholder name Cubi of Chute			
Amount (\$) 450. <sup>00</sup>		Office sought Office held			
Payee name Cubi of Chute		City; State; Zip Code 108 Hargett St. Chute, TX. 77531			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event		Description rental		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date		Candidate / Officeholder name			
Amount (\$)		Office sought			
Payee name		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.

<b>1</b> Total pages Schedule F1: 11		<b>2</b> FILER NAME: Jay Burridge		<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date: 3/18/24		<b>5</b> Payee name: Dibrell and Assoc.			
<b>6</b> Amount (\$): 1257.62		<b>7</b> Payee address; City; State; Zip Code: 4203 Glade Shadow Ct. Katy TX 77494			
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule): Consulting		<b>(b)</b> Description: Fees		
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date: 3/22/24		Payee name: Dibrell and Assoc.			
Amount (\$): 2550.00		Payee address; City; State; Zip Code: 4203 Glade Shadow Ct. Katy TX 77494			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): Consulting		Description: Fees		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	
Date: 4/1/24		Payee name: Alvin Manuel Chamber			
Amount (\$): 300.00		Payee address; City; State; Zip Code: 105 Willis St. Alvin, TX. 77511			
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule): Other		Description: membership		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH					
Candidate / Officeholder name		Office sought		Office held	

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: 11	<b>2</b> FILER NAME Jay Burridge	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 4/14/24	<b>5</b> Payee name US Post office	
<b>6</b> Amount (\$) 204. <sup>00</sup>	<b>7</b> Payee address; City; State; Zip Code 100 Cannon Dr Angleton TX 77515	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office	<b>(b)</b> Description Postage
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/3/24	Payee name Sprint 2 Print	
Amount (\$) 775. <sup>00</sup>	Payee address; City; State; Zip Code 8748 Clay Rd # 300 Houston TX 77080	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing	Description Signs
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 4/2/24	Payee name Henry Dibrell	
Amount (\$) 4000. <sup>00</sup>	Payee address; City; State; Zip Code 4203 Glade Shadow Ct. Katy TX 77494	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting	Description Fee
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <p style="text-align:center;">11</p>	<b>2</b> FILER NAME <p style="text-align:center;">Jay Burridge</p>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <p style="text-align:center;">4/8/24</p>	<b>5</b> Payee name <p style="text-align:center;">Walgreens</p>	
<b>6</b> Amount (\$) <p style="text-align:center;">58.13</p>	<b>7</b> Payee address; City; State; Zip Code <p style="text-align:center;">131 Oyster Cr. Dr. Lake Jackson TX 77566</p>	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <p style="text-align:center;">printing</p>	<b>(b)</b> Description <p style="text-align:center;">Cards</p>
	<b>(c)</b> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <p style="text-align:center;">4/9/24</p>	Candidate / Officeholder name <p style="text-align:center;">USPS</p>	Office sought <p style="text-align:center;"></p>
Amount (\$) <p style="text-align:center;">136.<sup>00</sup></p>	Payee address; City; State; Zip Code <p style="text-align:center;">100 Cannon Dr. Angleton TX 77515</p>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <p style="text-align:center;">Advertising</p>	Description <p style="text-align:center;">Stamps</p>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date <p style="text-align:center;">4/9/24</p>	Candidate / Officeholder name <p style="text-align:center;">Walgreens</p>	Office held <p style="text-align:center;"></p>
Amount (\$) <p style="text-align:center;">38.75</p>	Payee address; City; State; Zip Code <p style="text-align:center;">131 Oyster Cr. Dr. Lake Jackson TX 77566</p>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <p style="text-align:center;">printing</p>	Description <p style="text-align:center;">Cards</p>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name <p style="text-align:center;"></p>		
Office sought <p style="text-align:center;"></p>		
Office held <p style="text-align:center;"></p>		

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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: <u>11</u>	2 FILER NAME <u>Jay Burridge</u>	3 Filer ID (Ethics Commission Filers)
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4 Date <u>4/13/24</u>	5 Payee name <u>Pay Pal</u>
--------------------------	--------------------------------

6 Amount (\$) <u>67.14</u>	7 Payee address; City; State; Zip Code <u>2211 N. 1<sup>st</sup> St. San Jose CA 94088</u>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>	(b) Description <u>Fees</u>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
------	------------

Amount (\$)	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 11	2 FILER NAME Jay Burridge	3 Filer ID (Ethics Commission Filers)
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4 Date 4/29/24	5 Payee name Kenjo
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6 Amount (\$) 2435.62	7 Payee address; 200 E San Bernard St. Brazoria TX 77422	City;	State;	Zip Code
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Event	(b) Description Food
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/4/24	Payee name Dibrell + Assoc.
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Amount (\$) No, \$50.00	Payee address; 4203 Glade Shadow Ct. Katy, TX. 77494	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Consulting Exp.	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 5/1/24	Payee name Paypal
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Amount (\$) 44.80	Payee address; 2211 N. 1st St. San Jose CA 95131	City;	State;	Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Fees	Description Fees
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

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: <b>11</b>	2 FILER NAME <b>Jay Burridge</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5/2/24</b>	5 Payee name <b>Sarcione</b>
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6 Amount (\$) <b>451.45</b>	7 Payee address; City; State; Zip Code <b>1955 Broadway St. 600 Oakland CA 94612</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Fees</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/6/24</b>	Payee name <b>Ziglers</b>
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Amount (\$) <b>113.04</b>	Payee address; City; State; Zip Code <b>137 E Mulberry Angleton TX 77515</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>hats + shirts</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/6/24</b>	Payee name <b>Alvin Sun</b>
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Amount (\$) <b>570.00</b>	Payee address; City; State; Zip Code <b>570 Dula Alvin TX 77511</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Ads</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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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 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.

<b>1</b> Total pages Schedule F1: <i>11</i>	<b>2</b> FILER NAME <i>Jan Burridge</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>5/9/24</i>	<b>5</b> Payee name <i>Zeiglers</i>	
<b>6</b> Amount (\$) <i>115.03</i>	<b>7</b> Payee address; City; State; Zip Code <i>137 E Mulberry Angleton TX 77515</i>	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Adv.</i>	<b>(b)</b> Description <i>Shirts</i>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5/7/24</i>	Payee name <i>TC PAA</i>	
Amount (\$) <i>250.00</i>	Payee address; City; State; Zip Code <i>240 W Galveston St. League City TX 77574</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event</i>	Description <i>Sponsorship</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date <i>5/10/24</i>	Payee name <i>USPS</i>	
Amount (\$) <i>1564.00</i>	Payee address; City; State; Zip Code <i>100 Cannon Dr. Angleton, TX 77515</i>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>postage</i>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>11</b>	2 FILER NAME <b>Jay Burridge</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>5/16/24</b>	5 Payee name <b>PayPal</b>
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6 Amount (\$) <b>154.15</b>	7 Payee address; City; State; Zip Code <b>2211 N 1st St. San Jose, CA 95131</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Fees</b>	(b) Description <b>Fees</b>
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/8/24</b>	Payee name <b>24 Hour Wrist Bands.com</b>
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Amount (\$) <b>121.73</b>	Payee address; City; State; Zip Code <b>14550 Beechmont St. #100 Houston TX 77083</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>Signs</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>5/13/24</b>	Payee name <b>USPS</b>
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Amount (\$) <b>204.<sup>00</sup></b>	Payee address; City; State; Zip Code <b>530 E Main St Clute TX 77531</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Advertising</b>	Description <b>postage</b>
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: <i>11</i>	<b>2</b> FILER NAME <i>Jon Burridge</i>	<b>3</b> Filer ID (Ethics Commission Filers)	
<b>4</b> Date <i>5/15/24</i>	<b>5</b> Payee name <i>24 Hr Wristbands.com</i>		
<b>6</b> Amount (\$) <i>193.73</i>	<b>7</b> Payee address; City; State; Zip Code <i>14550 Beechnut St. #100 Houston TX. 77083</i>		
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <i>pens</i>	
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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