CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains ho	w to complete this form.	1 Fillor ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr.	James James	W. MI	8 OFFICE USE ONLY		
	NICKNAME	LAST Edge	SUFFIX	Date Received 4617 1879 2		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	X; APT / SUITE #,	CHY; STATE; ZIP CODE	RECEIVED JUL 2023		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Ogte Hand delivered or Date Pastmerked		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR Mr. NICKNAME	FIRST William LAST	мі H. SUFFIX	Date Processed Amount 31		
-	Bill	Flores		Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	4715 Coppe	(NO PO BOX PLEASE). APT / S prfield Dr.	Bryan	STATE: ZIP CODE TX 77802-5936		
8 CAMPAIGN TREASURER PHONE	AREA CODE (979)	PHONE NUMBER 436-8000	EXTENSION			
9 REPORTTYPE	Jenuery 16	30th day before a		15th day effer compaign treasurer appointment (Officeholder Only)		
10 PERIOD	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
COVERED	Month 07	Day Year / 01 / 2022	THROUGH 12	Day Year / 31 / 2022		
11 ELECTION	Manth Day	Yes: Primary	Runotf Cher Description			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGHT (IT KNOWN) Bryan City Council	Single Member District 4		
14 NOTICE FROM POLITICAL COMMITTEE(S)	CONSENT, CANDIDATES	& AND OFFICEHOLDERS ARE REQUIR	ACCEPTED OR POLITICAL EXPENDITURES M S MAY HAVE BEEN MADE WITHOUT THE CAND RED TO REPORT THIS INFORMATION ONLY IF T	ADE BY POLITICAL COMMITTEES TO SUPPORT NOATE'S OR OFFICENOLDER'S KNOWLEGGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES,		
NO 100 V	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	RAL COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	4		
				NV-		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	I FINANCE REPORT	
16 C/OH NAME Jai	nes W. Edge	3 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ -0-
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,096.33
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	DAY \$ 394.75
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T LAST DAY OF THE REPORTING PERIOD	S 0.00
rei	quired to be reported by me under Title 15, Election Code. Signature of Cand	Idate or Officeholder
	Please complete either option below:	
(1) Affidavit		¥
NOTARY STAMP/SEA	L	
Swom to and subscribed	before me by this the	day of,
20, to certify	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath
建工业的	OR	19 19 19 19 19 19 19 19 19 19 19 19 19 1
(2) Unsworn Declarati	on	Control Contro
My name is	(street), and my date of birth is	te) (zip code) (country)
Executed in Braz		, 2023.
	Signature of Candidate	e/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	James W. Edge	20 Filer ID (Ethics Commission Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$		
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	8		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$		
4.	SCHEDULE E: LOANS	\$		
5.	5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
۵,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	/он \$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$		
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$		
	The state of the s			

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 Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Loan Repayment/Reimbursement Accounting/Banking Consulting Expense Feas Office Overhead/Rental Expense Food/Reversge Expense Gif/Awards/Memonals Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed abovo) Credit Cerd Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) James W. Edge 4 Date 5 Payee name Copy Corner 07/05/202 6 Amount (S) 7 Payee address; City; State; Zip Code 2307 Texas Ave. S. 11.04 College Station TX 77840 8 (a) Category (See Calegories listed at the top of this achedule) (b) Description PURPOSE Printing expense OF EXPENDITURE Envelopes Check if travel outside of Texas. Complete Schedule T. Check if Auslin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Walmart Supercenter 07/05/2022 Amount (\$) Payee address; City; State; Zip Code 2200 Briarcrest Dr. Bryan 23.51 TX 77802 Category (See Categories listed at the top of this schedule) Description PURPOSE Name badges, Sharpies Office supplies EXPENDITURE Check if Iravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Date Рауее пате 07/06/2022 Buppy's Catering Ambunt (\$) Payee address; City: State; Zip Code 5,237.17 506 Sulphur Springs Rd. Bryan TX 77801 Category (See Categories listed at the top of this schodule) Description PURPOSE Catering Expense OF EXPENDITURE Appreciation reception Check if Iraval outside of Texas. Complete School (e. I. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH

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/Bovorage Expense Git/Awards/Memorials Expense Légal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Pulling Expense Printing Expense Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Contract and Contract Contract Contract Contract Contract Contract Contract Contract Contract Con

Candidate/Officeholder/Political Committee Legal Services Salaries/Wieges/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Fi					
4 Date 07/07/2022	5 Payee name Walmart Supercenter					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
34.11	2200 Briarcrest Dr.	TX 77802				
8	(a) Category (500 Categories listed at the top of this schedule)					
PURPOSE OF EXPENDITURE	Office Supplies	Folders, bi	Folders, binders, paper			
	(c) Charkif travel outside of Texas, Complete Schedule 1.	Check if Aust	in, TX, nfficeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name		rate to			
07/19/2022	Bobby Gutierrez Campaign					
Amount (\$)	Payee address;	City;	State; Zlp Code			
500.00						
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Contributions made by candidate Political contribution					
	Check if travel outside of Texas, Complete Schedule T.	Check if Austi	in, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
expenditure to panett Oron	Bobby Gutierrez	Bryan Mayor	or Bryan City Council			
Date	Payee name	Produced	THE RESERVE AND ADDRESS OF THE PARTY OF THE			
07/11/2022	Brazos Cotton Exchange					
Amount (\$)	Payee address;	City;	State; Zlp Code			
600.00	200 S. Main St,	Bryan	TX 77803			
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Event venue expense	Appreciation	on reception			
	Check if travel outside of Texas, Complete Schedule T.	Check if Austir	n, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED			

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

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense p Gift/Awards/Memorials Expense p	Gift/Awards/Memorials Expense Printing Expense			
Credit Card Payment	The Instruction Guide explains h	now to complete this form.	Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME James W. Edge		3 Filer ID (Ethics Commission Filers)		
4 Date 09/06/2022	5 Payee name Ray Arrington Campaign				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
300.00					
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description			
PURPOSE OF EXPENDITURE	Contributions made by candida	ate Political cor	Political contribution		
	(c) Check if travel cutside of Texas. Complete School	dule T. Check If Aust	in, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder паше Ray Arrington	Office sought Bryan City Co	ouncil SMD2		
Date	Payee name	The state of the s	TA'S		
09/16/2022	Sexual Assault Resource Center				
Amount (\$)	Payee address;	City;	State; Zip Code		
200.00	Unpublished	Bryan	TX		
	Category (See Categories listed at the top of this sched	edule) Description			
PURPOSE OF EXPENDITURE	Contributions made by candida	te Evening Ut	nder the Stars donation		
	Check if travel outside of Yexas. Complete School	dule T. Check if Austi	in, TX, officoholder living expense		
Complete <u>ONLY</u> if direct expanditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name	• Mary III			
09/20/2022	Aron Collins Campaign				
Amount (S)	Payeo address;	City;	State; Zip Code		
104.17			2		
	Category (See Categories listed at the top of this school	dule) Description	The state of the s		
PURPOSE OF EXPENDITURE	Contributions made by candid	date Political con	ıtribution		
	Check if travel outside of Texas. Complete School	iule T. Check if Austin	n, TX, officeholder tiving expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held		
	Aron Collins	College Station City	Council		
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEE	DED		

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/Boverage Expense
Gitt/Awards/Momoria's Expense

Loan Repayment/Relmbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Manas/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Retated Expense
Travel in District
Other (enter a category not listed above)

Candidate/Officeholder/Politica Crodit Card Payment	al Committee Legal Services Selaries/ The Instruction Guide explains how to	Wages/Contract Labor	Travel Out Of District Other (enter a category	not listed above)		
1 Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)				
4 Date 09/21/2022	5 Payee name Rotary Club of Bryan	, W Small s	l			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
380.00	Box 2760	Bryan	'I'X 778	305		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Fees	Club dues				
	(c) Check if travel outside of Texes. Complete School T.	Check If Austi	n, TX, officaholder living ex	kpense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	0	ffice held		
Date	Payee name					
09/23/2022	Garza Photo Designs					
Amount (\$)	Рвуее address;	City;	State;	Zip Code		
350.00	611 E. 29th. St.	Bryan	TX 77	803		
	Category (See Categories listed at the top of this schedule)	Description	~			
PURPOSE OF EXPENDITURE	Event Expense	Photograph	hy, appreciation reception			
	Check if travel outside of Texas. Complete Schodulo T.	Check if Austin	Check if Austin, TX, officeholder Iiving expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Qí	ffice held		
Date	Payee name		- T Colombia	***************************************		
10/20/2022	Republican Women of the Brazos V	alley				
Amount (\$)	Payee address;	Clty;	State;	Zip Code		
22.00						
	Category (See Categories listed at the top of this schedule)	Description		****		
PURPOSE OF EXPENDITURE	Event Expense	Monthly luncheon meeting				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	. TX, afficeholder living ex	pense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held		
(ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED			

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/Officoholder/Political Committee

Event Expense
Fees
Foot/Bevorage Expense
Gitt/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Panting Expense

Sokoitation/Fundraising Expense
Transportation Equipment & Rolated Expense
Travel Out Of District
Travel Out Of District
Offers (Anthon Coloneau and Estad observe)

Contributions/Donations Made By Candidate/Officoholder/Political Committee Codt Card Payment		Git/Awarda/Memorials Expense Printing Expense Printing Expense Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.		Travel In District Travel Out Of District Other (enter a category not listed abovo)			
1 Total pages Schedule F1: 2 FILER N					3 Filer ID (Ethic	(Ethics Commission Filers)	
4 Date 11/10/2022	5 Рауев п Асси	ame iprint			ū.		
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code	
334.33	3616	5 E. 29th. St.		Bryan	TX	77802	
8	(a) Catego	ry (See Categories listed at the top of this	s schedulo}	(b) Description			
PURPOSE OF EXPENDITURE	Printing expense			Stationary			
	(c)	Check if travel outside of Texas, Complete S	Schedule T.	Chock if Austin	n, TX, officeholder livin	g exponso	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
Date	Payee na	ame	NO. ALALON AND ADDRESS OF THE PARTY OF THE P	7.7 (0.0)			
Amount (\$)	Рауее а	ddress;	The state of the state of	City;	State;	Zip Çode	
PURPOSE OF EXPENDITURE	Category	y (See Categories listed at the top of this s	schedule)	Description		-	
		Check if travel outside of Texas. Complete \$	3chedule T.	Check if Austin	n, TX, officeholder living	g expense	
Complete ONLY if direct Candid expenditure to benefit C/OH		date / Officeholder name		Office sought		Office held	
Date	Payee n	ame				and the second s	
Amount (\$)	Payee ad	idress;	***************************************	City;	State;	Zip Code	
PURPOSE OF EXPENDITURE	Category	/ (See Categorios listed at the top of this s	schedule)	Description			
		Check if travel outside of Texas. Complete Sc	chedulo T.	Chack if Austin,	, TX, officeholder living	ехрепье	
Complete ONLY If direct expenditure to benefit C/OH		late / Officeholder name		Office sought	****	Office held	
	AT	TACH ADDITIONAL COPIES	OF THIS S	SCHEDULE AS NEE!	DED	7.5	