#### **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Apollice NAME 189101172 Z SUFFIX Hairst 4 CANDIDATE / APT / SUITE #: ZIP CODE ADDRESS / PO BOX **OFFICEHOLDER** MAILING **ADDRESS** Change of Address AREA CODE 5 CANDIDATE/ PHONE NUMBER **EXTENSION OFFICEHOLDER** PHONE MS / MRS / MR ΜI CAMPAIGN **TREASURER** ucc Date Processed NAME NICKNAME Date Imaged STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE: 7 CAMPAIGN ZIP CODE **TREASURER** 6464 Ethan Lane **ADDRESS** (Residence or Business) AREA CODE EXTENSION 8 CAMPAIGN **TREASURER** PHONE 229-2781 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) **Exceeded Modified** July 15 Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD Month Day **COVERED** 30/2022 4606 THROUGH ELECTION TYPE ELECTION DATE 11 ELECTION Primary Other Description Runoff 11/8/9099 Special 13 OFFICE SOUGHT (if known) 12 OFFICE Mayor-THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT 14 NOTICE FROM 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. **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2** 

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Brent Hairston [16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)  \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 37,635
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ 432
	4. TOTAL POLITICAL EXPENDITURES \$ 17,507 36
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$ 31,43892
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 30,000
	wear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information quired to be reported by me under Title 15, Election Code.
	Aft At
	Signature of Candidate or Officeholder
	Please complete either option below:
•	
(1) Affidavit	
NOTEDICOTAND (OF	
NOTARY STAMP/SEA Sworn to and subscribed	before me by Brent Hairston this the 1/th day of July, which, witness my hand and seal of office.
20 22 . to certify	which, witness my hand and seal of office.
0 same	strack Mary L. Stratta City Secretary
Signature of officer administ	
	OR
(2) Unsworn Declarat	
My name is	, and my date of birth is
	(street) (city) (state) (zip code) (country)
Executed in	County, State of, on the day of, 20 (year)
	Signature of Candidate/Officeholder (Declarant)

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.			
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME	Brent Hairston		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
2/9/203	6 Contributor address; City; 4104 Wimbledon Circle Coll	State; Zip Code	\$1,100 £
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	iions)
Date	)	6 (ID#:)	Amount of contribution (\$)
3/9/2012	Joy thirden  Contributor address; City;  3009 Humminghird Chale Royan	State; Zip Code	\$1,000 = xx
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	· ·	: (ID#)	Amount of contribution (\$)
19/2012	Cameron Comine  Contributor address; City;  3413 Alsece G. Bryon T.77	State; Zip Code	1100 %
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
11/3035	Contributor address; City; 4110 N. Texas the Byon, A.	State; Zip Code 77803	1200 X
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.			
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Brent Hairston	·	3 Filer ID (Ethics Commission Filers)
4 Date	Λ	.C (ID#:)	7 Amount of contribution (\$)
3/14/2033	1 = unt Country Realty 6 Contributor address; City; 7005 Rock Brane Rd College Ha pation / Job title (See Instructions)	State; Zip Code	\$ 500°
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Ala Diministra	.C (ID#:)	Amount of contribution (\$)
2/15/2017	Contributor address; City;  273 Marko Rd. Byan, 77	State; Zip Code	\$1,000%
	233 Marno Ed. Gayar, 17. 77	7808	
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PA		Amount of contribution (\$)
9/15/2028	Roger (dec'd) & Jeannie She Contributor address; City; 508 Moran H. Pryon, D. 7	State; Zip Code	1700 Ex
·	SOB Horan H. Bryon, D. 7	7801	
	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		AC (ID#:)	Amount of contribution (\$)
9/16/3017	Charles Gilleral Contributor address; City;	State; Zip Code	\$1000
	4600 Boge, G. Collegestation 7	7.77845	to the second se
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
<u> Laman</u>	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

## SCHEDULE A1

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

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The	Instruction Guide explains how to complete this fo	orm,	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date  3/5/2013  8 Principal occur	5 Full name of contributor  Johnny Bord  6 Contributor address;  City;  4016 Green Volley Dr. Ryen, IX.  Docation / Job title (See Instructions)  9	State; Zip Code  27803  Employer (See Instruction	7 Amount of contribution (\$)
Date	Full name of contributor out-of-state PAC (IE		Amount of contribution (\$)
7/16/2022	Nancy Then Hardener  Contributor address; City;  1870 Gray stone Dr. Byan K.	. !	F1,000=2
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	ns)
Date	Ada 14 Dayld	D#:)	Amount of contribution (\$)
3/18/2038	Contributor address; City;		1,000%
Principal occup	717 E. OSR Pryon JV - > 7 ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date 3	Full name of contributor out-of-state PAC (IE	D#:)	Amount of contribution (\$)
194/2097	***************************************	State; Zip Code	\$100 Z
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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## SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
3/2/2028	Braudon Eisen Mann  6 Contributor address; City; State; Zip Code  P.O. Box 9863 College Hother, TX, 77847  pation / Job title (See Instructions)  9 Employer (See Instructions)	\$750 Zx
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	ltions)
		•
-		
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
eg. 1	Lour bettermen	
2/2/2	Contributor address; City; State; Zip Code 18687 An asazi Bluff Tave. Colge Mation 7 7845	, 69
1, 1,9011	10:00 / / / A + F	10000
	18687 Anascay Duft True. ange Mation 77845	
Principal occup	eation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
_ 9	Da Rota	
3/2/	Contributor address; City; State; Zip Code	\$ 2 - 00
1/0/9033	Contributor address; City; State; Zip Code	1 250 %
	P.O. Box 3993 Bryon, Tx. 77805	
Principal occup	pation / Job title (See Instructions) Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
<b>7</b>		Amount of Contribution (4)
3/21	Louis Neuman	
125/2022	Contributor address; City; State; Zip Code	1500 TX
	1300 E. 243 St. Bryan, Tx. 77802	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		
Ī		

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### SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Michael Messer	7 Amount of contribution (\$)
3/23/2022	6 Contributor address; City; State; Zip Code	855 7
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/03/0012	John Pont Teel  Contributor address; City; State; Zip Code  1703 Greyslane Dr. Byon, \$2.77807	\$50 \frac{20}{7x}
Principal occup	ation / Job title (See Instructions) Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/23/2011	Clay May O  Contributor address; City; State; Zip Code  754 Pyster Creek Buda 72. 78610	1250=
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
3/26/2022	Contributor address; City; State; Zip Code  2619 Loch in vor Love, Bryan, R. 72807	1100%
Principal occur	pation / Job title (See Instructions) Employer (See Instruc	tions)

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

## SCHEDULE A1

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The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Dang Ernest Pakersan	7 Amount of contribution (\$)	
3/25/2028	6 Contributor address; City; State; Zip Code	\$5000	
8 Principal occu	3417 (office Ct. Tyler, TX. 7570) pation / Job title (See Instructions)  9 Employer (See Instru	 uctions)	
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	
3/29/2012	Contributor address; City; State; Zip Code  3327 Aigh Blaff Dr. Peller, TX 75334-7827	13,000 3	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3/3/2002	April Hedrick  Contributor address; City; State; Zip Code  3701 University Dr. E. Ste365 Byzin 12 77807	\$1,0000	
Principal occup	eation / Job title (See Instructions)  Employer (See Instru	 uctions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
3/31/2017	Ramiro (scholo Contributor address; City; State; Zip Code	\$1,000 =	
· .	3000 belieds way, Buyan, Ty. 77807		
Principal occup	eation / Job title (See Instructions) Employer (See Instru	uctions)	

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## SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)  Tolar Terme  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
f	18118 Macrifield Trive to start 2, 27084 pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
4/14/2012	Contributor address; City; State; Zip Code  318 N Bryan Are. Bryan 7+, 77803  ation / Job title (See Instructions) Employer (See Instruc	\$1,000 Xx
Principal occup	ation / Job title (See Instructions)  Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
4/14/2012	Contributor address; City; State; Zip Code  5879 Hove Greek ld. Bryan, 72. 77808	45,000 XV
Principal occup	ation / Job title (See Instructions)  Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
4/22/2022	Ben Butler Contributor address; City; State; Zip Code  4897 DJ-4 Tradd 3 D 7766	\$ 2005x
Principal occup	ration / Job title (See Instructions)  Employer (See Instructions)	tions)

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## SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.			
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	; (ID#:)	7 Amount of contribution (\$)
5/3/2097	6 Contributor address; City;	State; Zip Code	1350=
8 Principal occu	ation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date		; (ID#:)	Amount of contribution (\$)
5/13/2017	Mode Steffenson Contributor address; City; 5148 Cottonwood Lu-Selt Lake Cotto	State; Zip Code	12500 =
	) 198 (oftonwood Lu_ Selt Leke ()); ation / Job title (See Instructions)	Eur 84117 Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
2/23/2027	Contributor address; City;  203 C=llege vice 7, 5	State; Zip Code	1700号
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC	; (ID#:)	Amount of contribution (\$)
5/24/2-22	Contributor address; City; P.O. Box 10300 Collectoring	State; Zip Code	1/00克,
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	-		
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## SCHEDULE A1

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

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
6/8/3083	6 Contributor address: City: State: 7in Code	11,000 xx
8 Principal occu	pation / Job title (See Instructions)  State: Zip Code  3008 Hokon, Right-Line Boxxx 77807  9 Employer (See Instructions)	'   nstructions)
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)
6/9023	Dehhie Lowis  Contributor address; City: State; Zip Code  4016 Austing Estates Dr. Boyant. 778	\$ \$300 Z
Principal occup	eation / Job title (See Instructions) Employer (See In	
Date	Full name of contributor out-of-state PAC (ID#:	(4)
1/2/	Contributor address; City; State; Zip Code  103) Love Circle College Action X. 77840  pation / Job title (See Instructions)  Employer (See In	\$1,000=
Principal occup	pation / Job title (See Instructions) Employer (See In	structions)
Date	Full name of contributor out-of-state PAC (ID#:	
17/2011	Contributor address; City; State; Zip Code	\$1000
Principal occup	Dation / Job title (See Instructions)  Employer (See In	nstructions)

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## SCHEDULE A1

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

			_
The	Instruction Guide explains how to complete this form	,	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)
6/21	Jen Wang  6 Contributor address; City; Sta	te; Zíp Code	\$ 7 200
CAUG/16/	7803 Trayler St. Sugarfand K.		\$500 Th
8 Principal occu		mployer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
	Contributor address; City; Sta	te; Zîp Codê	
Principal occup	ation / Job title (See Instructions)	mployer (See Instructi	ons)
Date	Full name of contributor out-of-state PAC (ID#:	)	Amount of contribution (\$)
-	Contributor address; City; Sta	. 1	
:	Continuator address, City, Sta	te; Zip Code	
Principal occup	ation / Job title (See Instructions) E	mployer (See Instructi	ions)
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)
	Contributor address; City; Sta	te; Zip Code	
Principal occup	ation / Job title (See Instructions)	mployer (See Instructi	ions)
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NI	EEDED

# 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

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 (orthogogae) and listed should

Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 5 Payee name 6 Amount (\$) City; 7 Payee address; State; Zip Code New Orleans La, 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Credit land fee PURPOSE Feel OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Category (See Categories listed at the top of this schedule) Description PURPOSE Credit cord put **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Card Serve Center - Mustercurd

Iddress; City;

P.O. Box 569170 Talles Payee address; State; Zip Code Category (See Categories listed at the top of this schedule) Description **PURPOSE** Vano-5 Credit and put. **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

# **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)
nt Expense	Loan Repayment/Reimbursem

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

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

Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Brent HairaL	3 Filer ID (Ethics Commission Filers)
4 Date 3/3/2000	5 Payee name Anedot, Inc.	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
901	1740 Popleas St.	Wer Orleans La. 70117
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	Fees	Credit Card Fee
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Ol	Candidate / Officeholder name H	Office sought Office held
Date	Payee name	
3/23/2023	Anedst, Inc.	
Amount (\$)	Payee address;	City; State; Zip Code
901	1340 Poydras St.	New Drkors La. 70112
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Credit and Fee
	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/Ol	Candidate / Officeholder name	Office sought Office held
Date 3/37/2013	Payee name  Anedot Znc	
Amount (\$)	Payee address;	City; State; Zip Code
\$ 1007	1340 Poydas St.	War Orleans, La. 70112
**************************************	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	Fees	Creal + Card Fee
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

	<b>EXPENDITURE CATEGORIES</b>	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting/Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Fees Office Ov Food/Beverage Expense Polling E y Gift/Awards/Memorials Expense Printing B		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
Credit Card Payment	The Instruction Guide explains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Breat Hairston	<b>.</b>	3 Filer ID (Ethics Commission Filers)	
4 Date 3/3//2013	5 Payee name Aveds 1 Inc.			
6 Amount (\$)/	7 Payee address;	City;	State; Zip Code	
430	# 1340 Poxeras St.	he Orlean,	La. 70112	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Fees	Cre	dt Cool Fer	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
3/28/2022	Arelot Inc.			
Amount (\$)	Payee address;	City;	State; Zip Code	
2039	1340 Payalras St.	Nardens	, La. 70112	
	Category (See Categories listed at the top of this schedule)	Description		•
PURPOSE OF EXPENDITURE	Fees	Cred	tard Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	-
Date	Payee name			_
4/2/2022	Avedot tra			
Amount (\$)	Payee address;	City;	State; Zip Code	_
130	1740 Populsos St. Na	-Others, Lo	7011	_
•	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Feel	Cre	elt Cord Fees	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

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

Advertising Expense Accounting/Banking Consulting.Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees Offi Food/Beverage Expense Pol Gift/Awards/Memorials Expense Prin	in Repayment/Reimbursement co Overhead/Rental Expense ting Expense 2 Transportation Equipment & Related Expense 2 Travel In: District 2 Travel Out Of District 2 Travel Out Of District 3 Other (enter a category not listed above)
Credit Card Payment	The Instruction Guide explains ho	w to complete this form.
1 Total pages Schedule F1:	2 FILER NAME Brent Hair	3 Filer ID (Ethics Commission Filers)
4 Date 6/17/3017	5 Payee name Aveilst Inc	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
439	1340 Poydras St.	Nar Osteans, La. 70117
8	(a) Category (See Categories listed at the top of this sched	(b) Description
PURPOSE OF EXPENDITURE	Facs	Credit Gurd Fee
	(c) Check if travel outside of Texas. Complete Schedu	leT. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/3/2022	Aziopa Stralegiei	
Amount (\$)	Payee address;	City; State; Zip Code
118005	800 W. 472 St.	Ste 202 confee Cty, MO 64112
	Category (See Categories listed at the top of this schedu	- 4. / / /
PURPOSE OF EXPENDITURE	Consulty Expense	Consisting
	Check if travel outside of Texas. Complete Schedu	eT. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/3/2077	Me. to Nizole 11	ietsgrophy
Amount (\$)	Payee address;	City; State; Zip Code
村,62325	1303 Francis Price Colleg	e Stato- 14.77840
	Category (See Categories listed at the top of this schedu	Description
PURPOSE OF EXPENDITURE	Advertising Exposse	Description  Photoscophy
: :	Check if travel outside of Texas. Complete Schedu	eT. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF	THIS SCHEDULE AS NEEDED

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundralsing Expense
Transportation Equipment & Related Expense Travel In District
Travel Out Of District

Candidate/Officeholder/Politica	I Committee Legal Services Salaries/W	ages/Contract Labor	Other (enter a category not listed above)	
Credit Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Breat Houston		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Pavee name			
3/28/2027	Nolon Kegar	^		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
113059	7 Payee address; 2300 Cottage Ln. Apt. 8			
•	(a) Category (See Categories listed at the top of this schedule)	77845		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE				
OF	Advertising Forevor	Vide	o production	
EXPENDITURE	raver 15.4 soperce		1.000	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/Ol-	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
. /	,			
4/13/2022	Axiom Stralegies			
Amount (\$)	Payee address;	City;	State; Zip Code	
¥ 1	800 W 470 B. A.	:300		
1,14343	1,14343 Konsas Ct, MO 64117			
· · · · · · · · · · · · · · · · · · ·	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	Conthy Expense	1 1	Card production	
EXPENDITURE	Conf Itily Expense	Polm	cerd production	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OI	<del>I</del>			
Date	Payee name			
4/12/	Axiom Strates	.>• <i>r</i>	·	
4/13/2000	- Aldivi Thates	10-3		
Amount (\$)	Payee address;	City;	State; Zip Code	
p 00	Fayee address, 800 W. 470 St.	Stc700		
\$1,5000		110 141	•	
1/	Cantai City	T	1 -	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE	2			
OF EXPENDITURE	Consulting Expense	COU	·1-1-1-1-9	
	/ / !! ) //	Chock if Austin	, TX, officeholder living expense	
<u> </u>	Check if travel outside of Texas. Complete Schedule T.			
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held	
expenditure to benefit C/OI				
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED	
1	ALIACHADDINONAL COLIECCI IIIIO	COLUMN TO HELP		

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica CreditCard Payment	Committee Legal Services Salaries AVages / Contract Labor Other (enter a category not listed above)			
C, San Quiter Bymont	The Instruction Guide explains how to complete this form.			
1 Total pages Schedule F1:	2 FILER NAME  Brent Howester  3 Filer ID (Ethics Commission Filers)			
4 Date 4/19/30+3	5 Payee name Axiom Strategies			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
1,11800	800 W. 4715 St. Aetos Kaniai C.t., MO 64717			
8	(a) Category (See Categories listed at the top of this schedule) (b) Description			
PURPOSE OF EXPENDITURE	Consulting Expense Consulting			
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held			
Date	Payee name			
5/24/2077	Edgerton Strolegies			
Amount (\$)	Payee address; City; State; Zip Code			
F400°=	1540 Keller Parting \$108-407 Keller, TX. 7/248			
	Category (See Categories listed at the top of this schedule)  Description			
PURPOSE OF EXPENDITURE	Consulting Expense Consulting - Social Modia			
	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 Payee name				
Date 5/25/2088	Payee address; City: State; Zip Code			
Amount (\$)	Payee address; City; State; Zip Code			
48601	800 W. 474 St. Ste 200 Kansas Ct, MO 64112			
	Category (See Categories listed at the top of this schedule)  Description			
PURPOSE OF EXPENDITURE	Advertisy Expense Facehock Ads			
	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX; officeholder tiving expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name Office sought Office held			
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

# SCHEDULE F1

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

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Event Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/M  The Instruction Guide explains how to c	/ages/Contract Labor	Other (enter a category not listed above)
1 Total pages Schedule F1:	Broat Harrison		3 Filer ID (Ethics Commission Filers)
4 Date 6/11/2027	BVAA HOL (	Brown Volley.	Horzen Arenzon Misseum) State; Zip Code
6 Amount (S)	7 Payee address; 500 EALT &	City: FByerty.	State; Zip Code
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Event Expense	Para	le entry Tee
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	,	
Amount (\$)	Payee address;	City;	State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit G/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED

# SCHEDULE **F4**

	EXPENDITURE CATEGORIES FOR BOX 10(a)
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Il Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to complete this form.
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEM	s HO215
5 Date 4/3/3017	6 Payee name Facthook
7 Amount (\$) 400	8 Payee address; City; State; Zip Code
9 TYPE OF EXPENDITURE	Political Non-Political
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Engage   Ad-Vide
	(c) 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 6/7/2017	Payee name Wave - Zeropad Praduction
Amount (\$)	Payee address; City; State; Zip Code
1,395 %	TX.
TYPE OF EXPENDITURE	Political Non-Political
	Category (See Categories listed at the top of this schedule)  Description
PURPOSE OF EXPENDITURE	Priviling Expense Carpaign high-coods
	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

# SCHEDULE F4

		EXPENDITURE CA	ATEGORIES FO	OR BOX 10(a)		*.
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political	( <b>/</b>	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services	Office Overf Polling Expe se Printing Exp		Solicitation/Fundrais Transportation Equip Travel In District Travel Out Of Distric Other (enter a catego	ment & Related Expense
		The Instruction Guide	xplains how to co	mplete this form.	- *	
1 Total pages Schedule F4:	2 FILER N	AME		-	3 Filer ID (Ethics	Commission Filers)
4 TOTAL OF UNITEM	ZED EXPE	NDITURES CHAR	GEDTOACRI	EDIT CARD	\$	
5 Date 6/7/2017	6 Payee n	ame Facehous	K.			
7 Amount (\$)	8 Payee a	ddress;		City;	State;	Zip Code
8747			·	CA		
9 TYPE OF EXPENDITURE	P	olitical	Non-Pol	itical		
10	(a) Category	(See Categories listed at the to	p of this schedule)	(b) Description		
PURPOSE OF Expenditure	A	derting In	euse	Facel	ock ads	-
	(c)	Check if travel outside of Texas, Co	omplete Schedule T.	Check if A	ustin, TX, officeholder livir	ng expense
11 Complete ONLY if direct expenditure to benefit C/OH	Cand	idate / Officeholder nan	ne Of	fice sought	Office	neld
Date 4/37/3077	Payee r	force	hook			
Amount (\$)	Payee a	address;		City;	State;	Zip Code
23791					CA	
TYPE OF EXPENDITURE	P	olitical	Non-Po	olitical		*
	Category	/ (See Categories listed at the to	op of this schedule)	Description		
PURPOSE OF EXPENDITURE	Aa	herthy Enjo	h/C*	Forel	ock Ads	
		Check if travel outside of Texas. C	Complete Schedule T.	Check if A	Austin, TX, officeholder liv	ng expense
Complete ONLY if direct expenditure to benefit C/OH	Cand	didate / Officeholder nar	me O	ffice sought	Office	held
,	I					
·	ATTAC	H ADDITIONAL COP	IES OF THIS S	CHEDULE AS N	EEDED	

# SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel In District Gift/Awards/Memorials Expense Printing Expense Travel Out Of District			
1 Total pages Schedule F4:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A CREDIT CARD \$			
5 Date 5/70/2073	6 Payee name Carypan Side Lick			
7 Amount (\$)	8 Payee address; City; State; Zip Code  Alcols TX			
9 TYPE OF EXPENDITURE	Political Non-Political			
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Block walking Am pinil.			
ZXI ZXI ZXI	(c) 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			
Complete ONLY if direct	Payee name			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Cincerloider Harrie			
Complete ONLY if direct expenditure to benefit C/OH  Date	Payee name  Congress Side Cit			
Complete ONLY if direct expenditure to benefit C/OH  Date	Payee name  Congress Side Cit			
Complete ONLY if direct expenditure to benefit C/OH  Date / D/John  Amount (\$)  TYPE OF	Payee name  Corryon S. de Eick  Payee address;  City; State; Zip Code  Afed > TX			
Complete ONLY if direct expenditure to benefit C/OH  Date / John Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF	Payee name  Corryon Side Each  Payee address;  City; State; Zip Code  Address  Political  Non-Political  Category (See Categories listed at the top of this schedule)  Description			
Complete ONLY if direct expenditure to benefit C/OH  Date / John Amount (\$)  TYPE OF EXPENDITURE  PURPOSE OF	Payee name  Conyon Side City:  Payee address:  City: State: Zip Code  Aled:  Political  Non-Political  Category (See Categories listed at the top of this schedule)  Canada, Experie  Description  Consoling Experie  Description			
Complete ONLY if direct expenditure to benefit C/OH  Date	Payee name  Carryon S. de Citx  Payee address;  City; State; Zip Code  Aled:  Political  Non-Political  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Category (See Categories listed at the top of this schedule)  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense			

# SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica	Fees O Food/Beverage Expense Pe y Gift/Awards/Memorials Expense Pe	oan Repayment/Reimbursement ffice Overhead/Rental Expense olling Expense rinting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)	
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$	
5 Date (/3=/103)	6 Payee name Facehask			
7 Amount (\$)	8 Payee address;	City;	State; Zip Code	
9 TYPE OF EXPENDITURE	Political	Non-Political		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this scho		closk ads	
	(c) Check if travel outside of Texas. Complete Sche	eduleT. Check if	Austin, TX, officeholder living expense	
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
Amount (\$)	Payee address;	City;	State; Zip Code	
TYPE OF EXPENDITURE	Political	Non-Political		
_ :	Category (See Categories listed at the top of this sch	nedule) Description		
PURPOSE OF EXPENDITURE				
	Check if travel outside of Texas. Complete Sch		Austin, TX, officeholder living expense	
	The state of the s		Office 1-1-1	
Complete <u>ONLY</u> if direct expenditure to benefit C <i>I</i> OH	Candidate / Officeholder name	Office sought	Office held	
	Candidate / Officeholder name	Office sought	Office neta	