


# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr. Dave NICKNAME LAST SUFFIX Burger		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE 2110 Timberline Ct Brenham, TX 77833 <input type="checkbox"/> Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 497-5228		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Karen Rosenbaum NICKNAME LAST SUFFIX Burger		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE 2110 Timberline Ct Brenham, TX 77833 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 497-5228		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year    Month Day Year 08 / 15 / 2023    THROUGH    12 / 31 / 2023		
11 ELECTION	ELECTION DATE Month Day Year 03 / 05 / 2024	ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) District Attorney	
14 NOTICE FROM POLITICAL COMMITTEE(S)	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.		
<input type="checkbox"/> Additional Pages	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
			COMMITTEE ADDRESS
			COMMITTEE CAMPAIGN TREASURER NAME
			COMMITTEE CAMPAIGN TREASURER ADDRESS

**GO TO PAGE 2**

**CANDIDATE / OFFICEHOLDER  
CAMPAIGN FINANCE REPORT**

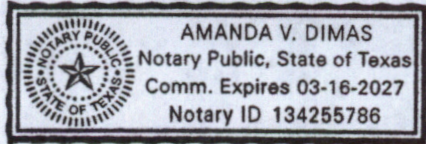
**FORM C/OH  
COVER SHEET PG 2**

15 C/OH NAME <i>Dave Burger</i>		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)	\$ 73.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,623.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ —
	4. TOTAL POLITICAL EXPENDITURES	\$ 10,484.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,139.60
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ —

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

*Dave Burger*  
Signature of Candidate or Officeholder

Please complete either option below:



(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by *Dave Burger* this the *16th* day of *January*, 20*24*, to certify which, witness my hand and seal of office.  
*Audrinos* *Amanda Dimas* *Notary*  
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.  
 My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
 (street) (city) (state) (zip code) (country)  
 Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
 (month) (year)  
 \_\_\_\_\_  
 Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,623.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 10,484.40
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <b>8</b>
2 FILER NAME <b>DAVE BUNGER CAMPAIGN</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>8/15/23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>DAVE BUNGER</b>	7 Amount of contribution (\$) <b>\$ 250.00</b>
6 Contributor address; City; State; Zip Code <b>2110 Timbuline Court Brenham, TX 77833</b>		
8 Principal occupation / Job title (See Instructions) <b>Attorney</b>		9 Employer (See Instructions) <b>Bunger LAW</b>
Date <b>8/15/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>TANYA ROSENBAUM</b>	Amount of contribution (\$) <b>\$ 500.00</b>
Contributor address; City; State; Zip Code <b>3608 FM 2679 Brenham TX 77835</b>		
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date <b>8/15/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>R.C. BUNGER</b>	Amount of contribution (\$) <b>\$ 1,000.00</b>
Contributor address; City; State; Zip Code <b>P.O. Box 210 Dekalb, TX 7559</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>SELF</b>
Date <b>9/01/23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>BENJAMIN BACKWORTH</b>	Amount of contribution (\$) <b>\$ 250.00</b>
Contributor address; City; State; Zip Code <b>105 E. MAIN, Suite 101-A Brenham, TX 77833</b>		
Principal occupation / Job title (See Instructions) <b>Attorney</b>		Employer (See Instructions) <b>SELF</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**

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 9/06/23	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballard & Fleetwood, P.C. 6 Contributor address; City; State; Zip Code 200 E. Alamo Street Brenham, TX 77833	7 Amount of contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 9/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) AMANDA DIMAS Contributor address; City; State; Zip Code P.O. Box 1184 Brenham, TX 77834	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Legal Assistant		Employer (See Instructions) Burger Law Firm

Date 9/14/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cindy Stormer Contributor address; City; State; Zip Code 2005 Ashland Ave Fort Worth, TX 76107	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

Date 9/16/23	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael Burger Contributor address; City; State; Zip Code 1205 Pecan Hollow Trail McKinney, TX 75072	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self.

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>JAMES SANT</b>	7 Amount of contribution (\$) <b>\$500.00</b>
<b>9/18/23</b>	6 Contributor address; City; State; Zip Code <b>1314 Rutherford Drive Mesquite, TX 75149</b>	
8 Principal occupation / Job title (See Instructions) <b>HVAC</b>		9 Employer (See Instructions) <b>Self</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>PATRICIA Kelm</b>	Amount of contribution (\$) <b>\$250.00</b>
<b>9/22/23</b>	Contributor address; City; State; Zip Code <b>2900 Triangle Z Lane Brenham, TX 77833</b>	
Principal occupation / Job title (See Instructions) <b>Retired</b>		Employer (See Instructions) <b>Retired</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Edward Hinch</b>	Amount of contribution (\$) <b>\$50.00</b>
<b>9/28/23</b>	Contributor address; City; State; Zip Code <b>1650 Arrington Rd College Station, TX 77845</b>	
Principal occupation / Job title (See Instructions) <b>Student</b>		Employer (See Instructions) <b>Student</b>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Laurie Hulsman, MD</b>	Amount of contribution (\$) <b>\$50.00</b>
<b>9/25/23</b>	Contributor address; City; State; Zip Code <b>10787 Wildlife Circle, Carmine, TX 78932</b>	
Principal occupation / Job title (See Instructions) <b>Physician</b>		Employer (See Instructions) <b>Self</b>

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**MONETARY POLITICAL CONTRIBUTIONS**

**SCHEDULE A1**

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jeanne Kron</i>	7 Amount of contribution (\$) <i>\$ 100.00</i>
<i>10/17/23</i>	6 Contributor address; City; State; Zip Code <i>P.O. Box 1748 Brenham, TX 77834</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
<i>Retired</i>		<i>Retired</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stella Beery</i>	Amount of contribution (\$) <i>\$ 200.00</i>
<i>10/17/23</i>	Contributor address; City; State; Zip Code <i>5404 Hillside Lane Brenham, TX 77833</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<i>Retired</i>		<i>Retired</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Russell Noe</i>	Amount of contribution (\$) <i>\$ 1,000.00</i>
<i>10/17/23</i>	Contributor address; City; State; Zip Code <i>206 West Main Street Brenham, TX 77833</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<i>Attorney</i>		<i>Self</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Galvan</i>	Amount of contribution (\$) <i>\$ 100.00</i>
<i>10/17/23</i>	Contributor address; City; State; Zip Code <i>1204 Trenchhouse Lane New Braunfels, TX 78130</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<i>Attorney</i>		<i>CPS</i>

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
10/17/23	William Loesch, M.D. 3300 Destable Circle Brenham TX 77833	\$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baylor, Scott & White
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
10/17/23	Barney Loesch 203 S. Jackson St Brenham, TX 77833	\$ 250.00
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Thrivent
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
10/17/23	Audrey Steinbach 6108 Westford Brenham, TX 77833	\$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
10/17/23	Jennifer Buyer 100 MALISA Hill Brenham, TX 77833	\$100.00
Principal occupation / Job title (See Instructions) Funeral Director		Employer (See Instructions) MEMORIAL

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
10/17/23	Don & Lois Holley 405 Country Place, West, TX 77833	\$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Retired		Retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
10/23/23	Scott Ehlerst 101 East Mansfield St Brenham, TX 77833	\$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Retired		Retired
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
10/26/23	John Devoke 2804 Twist of OAK Dr. Brenham, TX 77833	\$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Self-employed		Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
10/29/23	Laurie Hulsman, MD 10787 Wildlife Creek Carmine, TX 78932	\$ 50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Self
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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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 <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$)
10/30/23	JAD Stepp 6 Contributor address; City; State; Zip Code 1155 Darcy Ashford, Ste 104 Houston, TX 77079	\$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Attorney		Stepp Law Firm
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
11/29/23	Laurie Hulsman, MD Contributor address; City; State; Zip Code 10787 Wildlife Circle Carmin, TX 78932	<del>\$100.00</del> \$50.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Physician		Self
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
12/01/23	John Deans Contributor address; City; State; Zip Code 6206 Ganske Rd Burton, TX 77835	\$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Consultant		Deans Consulting
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
12/06/23	Stuart & Jennifer Hnecke Contributor address; City; State; Zip Code 2780 FM 389 Brenham, TX 77833	\$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Business Owners		Self

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debbie Lehmann</i>	7 Amount of contribution (\$) <i>\$100.00</i>
<i>12/17/23</i>	6 Contributor address; City; State; Zip Code <i>703 Peachtree Dr Brenham, TX 77833</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diane Kettler</i>	Amount of contribution (\$) <i>\$50.00</i>
<i>12/21/23</i>	Contributor address; City; State; Zip Code <i>3125 Wiesegape Brenham, TX 77833</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>JANIE MOON</i>	Amount of contribution (\$) <i>\$500.00</i>
<i>12/21/23</i>	Contributor address; City; State; Zip Code <i>P.O. Box 772 Brenham, TX 77834</i>	
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>LAUSTE HUISMAN, MD</i>	Amount of contribution (\$) <i>\$50.00</i>
<i>12/25/23</i>	Contributor address; City; State; Zip Code <i>10783 Wildlife Circle, Carmine, TX 78932</i>	
Principal occupation / Job title (See Instructions) <i>Physician</i>		Employer (See Instructions) <i>Self</i>

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  
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**POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS**

**SCHEDULE F1**

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <b>8</b>	2 FILER NAME <b>DAVE BUNGER CAMPAIGN</b>	3 Filer ID (Ethics Commission Filers)
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4 Date <b>8/31/23</b>	5 Payee name <b>Brenham National Bank</b>
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6 Amount (\$) <b>\$10.00</b>	7 Payee address: <b>2211 5 Day Street</b>	City: <b>Brenham</b>	State: <b>TX</b>	Zip Code <b>77833</b>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>Banking/Accounting</b>	(b) Description <b>Bank Fee</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>8/31/23</b>	Payee name <b>Brenham National Bank</b>
------------------------	--

Amount (\$) <b>\$10.00</b>	Payee address: <b>2211 5 Day Street</b>	City: <b>Brenham</b>	State: <b>TX</b>	Zip Code <b>77833</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Accounting/Banking</b>	Description <b>Bank Fee</b>
	<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	Office sought	Office held
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Date <b>9/05/23</b>	Payee name <b>Clickwork Consulting, LLC</b>
------------------------	--

Amount (\$) <b>\$1,730.69</b>	Payee address: <b>1347 Lamonte Lane</b>	City: <b>Houston</b>	State: <b>TX</b>	Zip Code <b>77088</b>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>Consulting Expense</b>	Description <b>Consulting Fee</b>
	<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	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.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 9/14/23	5 Payee name Brenham Charcuterie BOARDS
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6 Amount (\$) \$133.66	7 Payee address: 903 E. Alamo St Brenham TX 77833	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Food for event
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/20/23	Payee name The Candace Company
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Amount (\$) \$700.00	Payee address: 105 W Alamo St Brenham TX 77833	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Social media management
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/26/23	Payee name Brenham National Bank
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Amount (\$) \$10.00	Payee address: 2211 S. Day Street Brenham TX 77833	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Accounting/Banking	Description Bank Fee
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

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

**SCHEDULE F1**

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 10/06/23	5 Payee name UPS
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6 Amount (\$) \$52.94	7 Payee address: 2628 TX-36	City: Brenham	State: TX	Zip Code 77833
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description BUSINESS CARDS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/15/23	Payee name Shelley Wisnet
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Amount (\$) \$24.00	Payee address: 2870 Karrae Lane	City: Brenham	State: TX	Zip Code 77833
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description MAGNETIC CARDS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/9/23	Payee name The Cardale Company
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Amount (\$) \$300.00	Payee address: 105 W Alamo St	City: Brenham	State: TX	Zip Code 77833
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description SOCIAL MEDIA MANAGEMENT
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

**SCHEDULE F1**

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 10/17/23	5 Payee name Kwik Kopy Business Center
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6 Amount (\$) \$85.08	7 Payee address: 2305 S DAY ST Brenham TX 77833	City:	State:	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign Literature
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/17/23	Payee name Clockwork Consulting, LLC
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Amount (\$) \$1,041.25	Payee address: 1347 Lamonte Lane Houston TX 77018	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expenses	Description Consulting Fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/17/23	Payee name Debbie Yungs
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Amount (\$) \$200.00	Payee address: 902 Geney St. Brenham TX 77833	City:	State:	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contract Labor	Description Server for kick-off event
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 10/16/23	5 Payee name Giamfetti
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6 Amount (\$) \$238.16	7 Payee address: 219 E. Main Street	City: Brenham	State: TX	Zip Code 77833
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Event Decorations
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/16/23	Payee name Costco
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Amount (\$) \$243.30	Payee address: 4321 TX 6 Frontage Rd	City: College Station	State: TX	Zip Code 77845
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food For campaign event
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 10/17/23	Payee name Brenham Char/teric Boards
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Amount (\$) \$460.06	Payee address: 903 E. Alamo St	City: Brenham	State: TX	Zip Code 77833
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Food For meet & greet
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

**SCHEDULE F1**

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <b>10/17/23</b>	5 Payee name <b>Must Be Heaven</b>
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6 Amount (\$) <b>\$598.73</b>	7 Payee address; City: State: Zip Code <b>107 W Alamo St Brenham TX 77833</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Campaign Kick-off event</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/17/23</b>	Payee name <b>Wendy Zuniga</b>
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Amount (\$) <b>\$150.00</b>	Payee address; City: State: Zip Code <b>301 S. Market St. Brenham TX 77833</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	Description <b>Photography</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/03/23</b>	Payee name <b>The Cantale Company</b>
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Amount (\$) <b>\$300.00</b>	Payee address; City: State: Zip Code <b>105 W Alamo Brenham TX 77833</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Consulting</b>	Description <b>Social Media Management</b>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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

## SCHEDULE F1

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### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date <b>11/8/23</b>	5 Payee name <b>Las Patcoas Mexican Grill</b>
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6 Amount (\$) <b>\$153.28</b>	7 Payee address; City; State; Zip Code <b>12607 W. Washington St      Burton TX      77835</b>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Event Expense</b>	(b) Description <b>Food for meet &amp; greet</b>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/8/23</b>	Payee name <b>Rick Weis</b>
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Amount (\$) <b>\$100.00</b>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Contract Labor</b>	Description <b>musician for meet &amp; greet</b>
	<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	Office sought	Office held
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Date <b>11/25/23</b>	Payee name <b>Washington County Republican Party</b>
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Amount (\$) <b>\$1,250.00</b>	Payee address; City; State; Zip Code <b>P.O. Box 479      Benham TX      77834</b>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Fees</b>	Description <b>Filing Fee</b>
	<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	Office sought	Office held
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# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

## EXPENDITURE CATEGORIES FOR BOX 8(a)

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
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4 Date 12/6/23	5 Payee name The Candace Company
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6 Amount (\$) \$300.00	7 Payee address: 105 W Alamo	City: Brenham	State: TX	Zip Code: 77833
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting	(b) Description Social Media Management
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/13/23	Payee name SIGNS.COM
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Amount (\$) \$167.50	Payee address: 1550 Gladida Street	City: Salt Lake City	State: Utah	Zip Code: 84104
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Banner
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/16/23	Payee name Clockwork Consulting, LLC
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Amount (\$) \$2200.00	Payee address: 1347 Lamonte Lane	City: Houston	State: TX	Zip Code: 77018
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Campaign Signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

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