

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

John Duranberger

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN
PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR
CONTRIBUTIONS MADE ELECTRONICALLY)

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 16,875.00

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 9189.90

4. TOTAL POLITICAL EXPENDITURES

\$ ~~9189.90~~

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 7685.10

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.

John Duranberger

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by *[Signature]* this the 18 day of January,
20 22, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, 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)

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: <div style="text-align: center; font-size: 24pt;">28</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST <u>John</u> MI NICKNAME LAST <u>Duisenberg</u> SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <u>2900 Turkey Creek Ln</u> <u>Brenham, Tx 77833</u>		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(979) 421-2827</u>		
6 CAMPAIGN TREASURER NAME	MS / MRS / <input checked="" type="radio"/> MR FIRST <u>John</u> MI NICKNAME LAST <u>Baird</u> SUFFIX		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <u>4800 Old Chappell Mill Rd</u> <u>Brenham, Tx 77833</u>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <u>(979) 836-6717</u>		
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 THROUGH Month Day Year <u>7 / 1 / 21</u> <u>12 / 31 / 21</u>		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <u>3 / 2 / 22</u> <input type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) <u>County Judge</u>	13 OFFICE SOUGHT (if known) <u>Same</u>	
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE TYPE		COMMITTEE NAME	
<input type="checkbox"/> GENERAL		COMMITTEE ADDRESS	
<input type="checkbox"/> SPECIFIC		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

GO TO PAGE 2

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>John Dillanberger</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16875.00
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	\$ 9189.90
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 5582.80
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: 14
2 FILER NAME John Duranberg		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John & Jane Barkhill	7 Amount of contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code 4800 Old Chappell Hill, Brenham, TX 77833		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 11/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Elfred & Sue Pfeffen	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 2660 Kalam Ln, Brenham, TX 77833		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: John & Dottie Schner	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 5951 Doe Run Ln, Brenham, TX 77833		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim & Carol Locke	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 109292 FM 2447, Chappell Hill, TX 77426		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 14
2 FILER NAME John Durrenberger		3 Filer ID (Ethics Commission Filers)
4 Date 11/17/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim Kruse	7 Amount of contribution (\$) \$ 125.00
6 Contributor address; City; State; Zip Code 3401 Wiese Paper Rd, Blomington, TX 77833		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim & Susan Chisolm	Amount of contribution (\$) \$ 1,000.00
Contributor address; City; State; Zip Code PO Box 545, Chappell Hill, TX 77426		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ray & Cherry Daugherty	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 8251 Cotton Tail Ln, Brenham, TX 77833		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roger & Tamy Metzger	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 3560 Bluebonnet Blvd, Brenham, TX 77833		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME John Dullenberg		3 Filer ID (Ethics Commission Filers)
4 Date 11-17-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Darrell & Andrea Fischer 6 Contributor address; City; State; Zip Code 9858 Friendship Circle, Burton, TX 77835	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11-16-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mayor Milton + Twila Tate Contributor address; City; State; Zip Code 2407 Dillon, Braham, TX 77833	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11-17-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Ron & Danna Alford Contributor address; City; State; Zip Code 2409 E. Rose Lake Dr, Brenham TX 77833	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11-17-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Robert & Karen Funk Contributor address; City; State; Zip Code 3103 Indian Creek Lane, Brenham, TX 77833	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME John Duranberger		3 Filer ID (Ethics Commission Filers)
4 Date 11/15/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mark & Leslie Pennybacker 6 Contributor address; City; State; Zip Code PO Box 990, Branham, TX 77833	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)

Date 11/12/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Deb & Jennifer Poston Contributor address; City; State; Zip Code 2927 Turkey Creek Ln, Branham, TX 77833	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/17/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Connie Wilder Contributor address; City; State; Zip Code 203 W. Alamo, Branham, TX 77833	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11/15/21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Brandie Conway Contributor address; City; State; Zip Code 608 Spencer St., Branham, TX 77833	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME John Duranberger		3 Filer ID (Ethics Commission Filers)
4 Date 11-7-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Clarence Gecke	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 1600 Lonahof St, Brenham, TX 77833		
8 Principal occupation / Job title (See Instructions) Funeral Director		9 Employer (See Instructions)
Date 11-8-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Rick Kehlenbach	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 17611 Rustington Dr, Spring TX 77379		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-9-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Gary Appelt	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 1907 FM 390 W, Brenham, TX 77833		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11-9-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dani Parker	Amount of contribution (\$) \$ 500.00
Contributor address; City; State; Zip Code 4699 Krueger Rd, Washington, Brenham, TX 77830		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 14

2 FILER NAME

John Durenberger

3 Filer ID (Ethics Commission Filers)

4 Date

11-8-21

5 Full name of contributor

☐ out-of-state PAC (ID#:

Eldon & Tina Mikeska

6 Contributor address;

City;

State;

Zip Code

2403 Gun & Rd Road, Brenham Tx 77833

7 Amount of contribution (\$)

\$ 100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-10-21

Full name of contributor

☐ out-of-state PAC (ID#:

Sally Blackie Sengel

Contributor address;

City;

State;

Zip Code

PO Box 2196, Brenham, TX 77833

Amount of contribution (\$)

\$ 500.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-11-11

Full name of contributor

☐ out-of-state PAC (ID#:

George Sengel

Contributor address;

City;

State;

Zip Code

PO Box 301 Brenham, TX 77834

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-8-21

Full name of contributor

☐ out-of-state PAC (ID#:

Eddie & Susan Bauman

Contributor address;

City;

State;

Zip Code

9950 Winding Way, Chappel Hill, TX 77426

Amount of contribution (\$)

\$ 200.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME John Durrenberger		3 Filer ID (Ethics Commission Filers)
4 Date 11-9-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cynthia Clayton 6 Contributor address; City; State; Zip Code PO Box 518 Chappell Hill, TX 77426	7 Amount of contribution (\$) \$ 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-6-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Hal & Lucy Moolman Contributor address; City; State; Zip Code 2605 Chelcie Lane, Branham, TX 77833	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-7-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Lynwood & Sandra Kindt Contributor address; City; State; Zip Code 1205 FM 390 E Branham, TX 77833	Amount of contribution (\$) \$ 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-11-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Dr. Stuart Haffner Contributor address; City; State; Zip Code 6522 FM 50, Branham, TX 77833	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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:

14

2 FILER NAME

John Durrenberger

3 Filer ID (Ethics Commission Filers)

4 Date

11-8-21

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Jim or Betty Hafner

7 Amount of contribution (\$)

\$ 200.00

6 Contributor address;

City;

State;

Zip Code

4100 Hwy 105, Brenham, TX 77833

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11-8-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Leon Schwartz

Amount of contribution (\$)

\$ 50.00

Contributor address;

City;

State;

Zip Code

8728 Little Rocky Rd. Brenham, TX 77833

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12-7-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

John or Lori Hasskari

Amount of contribution (\$)

\$1,000.00

Contributor address;

City;

State;

Zip Code

1702 Walsch Ln, Brenham, TX 77833

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

11-7-21

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Ben & Betsy Fletcher

Amount of contribution (\$)

\$ 200.00

Contributor address;

City;

State;

Zip Code

PO Box 515, Somerville, TX 77879

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Retired

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: 14
2 FILER NAME John Dorianberger		3 Filer ID (Ethics Commission Filers)
4 Date 11-22-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amber Noman 6 Contributor address; City; State; Zip Code 2401 Turkey Creek Ln, Brenham, TX 77833	7 Amount of contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-19-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S.P. "Butch" Hall Contributor address; City; State; Zip Code 8200 Fm 2447, Chappell Hill, TX 77426	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-15-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) S. Ann Sewell Contributor address; City; State; Zip Code 255 Wiesepacker Rd, Blomington, TX 77833	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-15-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Weiss Contributor address; City; State; Zip Code 9220 Shirltail Blomington, TX 77833	Amount of contribution (\$) \$200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 14
2 FILER NAME John Duranberger		3 Filer ID (Ethics Commission Filers)
4 Date 11-19-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: William Pennybacker 6 Contributor address; City; State; Zip Code 2900 Indian Paint Birch, Brenham TX 77833	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-11-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Bob + Cathleen Davis Contributor address; City; State; Zip Code 6070 Gibbs Creek Rd, Chappell Hill, TX 77426	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tieman H. Dippel Contributor address; City; State; Zip Code 804 E. Mansfield, Brenham, TX 77833	Amount of contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Darrell & Betty Farley Contributor address; City; State; Zip Code 3351 Jasmine, Brenham, TX 77833	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

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: 14
2 FILER NAME John Dolrenberger		3 Filer ID (Ethics Commission Filers)
4 Date 11-4-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dr. Donald & Carol Draehn 6 Contributor address; City; State; Zip Code 8440 FM 2502, Brahm TX 77833	7 Amount of contribution (\$) \$ 100.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-7-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom & Susan Bullock Contributor address; City; State; Zip Code P.O. Box 2489, Brahm TX 77833	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-7-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ronnie Schulte Contributor address; City; State; Zip Code 5353 Beckelmann Rd, Brahm TX 77833	Amount of contribution (\$) \$ 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-6-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Shoup Contributor address; City; State; Zip Code 110 Greenway Dr, Brahm TX 77833	Amount of contribution (\$) \$ 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME Sohn Dolanberger		3 Filer ID (Ethics Commission Filers)
4 Date 11-6-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Paul & Babs Krause	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 3880 Mustang Rd, Brenham, TX 77833		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 11-6-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jim & Leanne Rigby	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 3555 Bluehaven Hill Circle, Brenham, TX 77833		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11-7-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Edward & Lorinda Krause	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 2825 Turkey Creek Lane, Brenham, TX 77833		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 11-4-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Howard Krause	Amount of contribution (\$) \$ 250.00
Contributor address; City; State; Zip Code 5211 Cedar Hill Rd, Brenham, TX 77833		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: <div style="text-align: center; font-size: 1.5em;">14</div>
2 FILER NAME <div style="font-size: 1.2em;">John Dorian Berger</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">11-7-21</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">KP & Leta Phillips</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">\$ 250.00</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">4107 W. 3rd St, Brenham TX 77833</div>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date <div style="font-size: 1.2em;">11-4-21</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Wayne Giese</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$ 500.00</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">2321 Gunt Rd Giese, Brenham TX 77833</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <div style="font-size: 1.2em;">11-6-21</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Clim Ellison</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$ 250.00</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">1900 S. Bluebell Rd, Brenham TX 77833</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date <div style="font-size: 1.2em;">11-17-21</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em;">Mike Hopkins, Jr.</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">\$ 500.00</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">PO Box 1919, Brenham TX 77833</div>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME John Duranberger		3 Filer ID (Ethics Commission Filers)
4 Date 11-11-21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 14101 FM 1371 Doug Smith	7 Amount of contribution (\$) \$ 100.00
6 Contributor address; City; State; Zip Code 14101 FM 1371, Chappell Hill, TX 77426		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11-11-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liz Rigney	Amount of contribution (\$) \$ 150.00
Contributor address; City; State; Zip Code 4854 Post Oak Timber, Houston, TX 77056		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11-17-21	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandra Tara Limmer	Amount of contribution (\$) \$ 150.00
Contributor address; City; State; Zip Code 4800 MH. Vernon Rd, Brenham TX 77833		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME John Durrenberger	3 Filer ID (Ethics Commission Filers)
4 Date 12-31-21	5 Payee name John Durrenberger	
6 Amount (\$) \$2010.00	7 Payee address; City; State; Zip Code 2900 Turkey Creek Ln Blomham, TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Campaign Expenses - Reimbursement	(b) Description Event Donations, tickets, memberships
	(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 John Durrenberger	Office sought County Judge - 8me
Date 12-22-21	Payee name John Durrenberger	
Amount (\$) \$327.10	Payee address; City; State; Zip Code 2900 Turkey Creek Ln. Blomham, TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign expense Reimbursement	Description staff appreciation, meals, etc. Dec. 2021
	<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
Date 12-31-21	Payee name John Durrenberger	
Amount (\$) \$5582.80	Payee address; City; State; Zip Code 2900 Turkey Creek Ln Blomham, TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Reimbursement	Description Schedule G Reimbursement
	<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

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/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME John Durrenberger		3 Filer ID (Ethics Commission Filers)	
4 Date 11-18-21		5 Payee name Sael Rano			
6 Amount (\$) \$1,000.00		7 Payee address; City; State; Zip Code 2720 Bluebonnet Blvd Briarham TX 77833			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) consulting		(b) Description consulting		
	(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	
Date 11/		Payee name Kathryn DRAGNA			
Amount (\$) \$270.00		Payee address; City; State; Zip Code 505 W. 5th St. Briarham TX 77833			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Campaign photos		Description Campaign photos		
	<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	
Date		Payee name			
Amount (\$)		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 9	2 FILER NAME John Durrenberger	3 Filer ID (Ethics Commission Filers)
4 Date 9/11/21	5 Payee name Washington County Fair	
6 Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 1305 E. Bluebell Rd. #110, Brenham, Tx 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Tickets
	(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
Date 11/15/21	Payee name Washington County Clerk	
Amount (\$) \$750.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 100 E. Main, Brenham, Tx 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Filing Fee	Description 2022-Election
	<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
Date 12-7-21	Payee name Washington County Chamber of Commerce	
Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 314 S. Austin, Brenham, Tx 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense	Description Leg. Forum
	<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 John Durrenberger - County Judge - Same	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 9	2 FILER NAME John Durrenberger	3 Filer ID (Ethics Commission Filers)
4 Date 7-5-21	5 Payee name Branham Booster Club	
6 Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code PO Box 2371 Branham Tx 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contribution	(b) Description Donation
	(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 John Durrenberger - County Judge	
Date 7-5-21	Payee name Branham Heritage Museum	
Amount (\$) \$40.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 105 S. Market Branham Tx 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Donation
	<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 John Durrenberger - County Judge	
Date 7-5-21	Payee name Sheriffs Assoc. of TX	
Amount (\$) \$35.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1601 S. 3-35 Austin, Tx 78741	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Contribution	Description Donation
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 9	2 FILER NAME John Durrenberger	3 Filer ID (Ethics Commission Filers)
4 Date 7/30/21	5 Payee name Miracle Farm	
6 Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 10802 Fm 2621 Brenham, Tx 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Donation
	(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		

Date 8/17/21	Payee name Congressman Michael McCaul	
Amount (\$) \$106.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 815 A Biazos St. PMB 230 Austin, Tx 78701	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<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		

Date 8-15-21	Payee name Brenham Fire Dept.	
Amount (\$) \$325.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 101 N. Chappell Hill Brenham, Tx 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 9	2 FILER NAME Idan Duranberger	3 Filer ID (Ethics Commission Filers)
4 Date 9/12/21	5 Payee name Animal Friends of Washington Co.	
6 Amount (\$) \$500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 3901 TX-36 Branham, TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Donation
	(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		
Date 8/26/21	Payee name Washington County Chamber of Commerce	
Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 314 S. Austin Branham, TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<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		
Date 10-8-21	Payee name Prairie Hill VFD	
Amount (\$) \$20.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7559 FM 50 Branham, TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 9	2 FILER NAME John Duienberg	3 Filer ID (Ethics Commission Filers)
4 Date 10-24-21	5 Payee name Burton Cotton Gin Museum	
6 Amount (\$) \$50.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 307 N. Main Burton, TX 77835	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Donation
	(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		
Date 10-8-21	Payee name Washing County Fair Assoc.	
Amount (\$) \$1117.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1305 E. Bluebell Lane Blancham, TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<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		
Date 11/2/21	Payee name SAVE OUR SIMON	
Amount (\$) \$300.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 111 W. Main St. Blancham, TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 9	2 FILER NAME John Furmberger	3 Filer ID (Ethics Commission Filers)
4 Date 10-27-21	5 Payee name Graham Masonic Lodge	
6 Amount (\$) \$100.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 908 US 290 Brenham, TX 77833	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Donation	(b) Description Donation
	(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		
Date 12-18-21	Payee name Prairie Hill VFD	
Amount (\$) \$30.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 7559 FM 50 Brenham, TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<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		
Date 11-8-21	Payee name Lloyd Sanders Benefit	
Amount (\$) \$500.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 2305 FM 50 Brenham, TX 77833	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Donation	Description Donation
	<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="text-align: center; font-size: 1.5em;">9</div>	2 FILER NAME <div style="font-size: 1.2em;">John Durrenberger</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">7-1-21</div>	5 Payee name <div style="font-size: 1.2em;">Boys & Girls Club</div>	
6 Amount (\$) <div style="font-size: 1.2em;">\$ 181.16</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">1710 E. Tom Green Bronham, TX 77833</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Donation</div>	
	(b) Description <div style="font-size: 1.2em;">Donation</div>	
	(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		
Date Payee name <div style="font-size: 1.2em;">12-3-21 US Postal</div>		
Amount (\$) <div style="font-size: 1.2em;">\$41.40</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">307 N. Austin Bronham, TX 77833</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Stamps</div>	
	Description <div style="font-size: 1.2em;">Stamps</div>	
	<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		
Date Payee name <div style="font-size: 1.2em;">12-3-21 US Postal</div>		
Amount (\$) <div style="font-size: 1.2em;">\$150.80</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">307 N. Austin Bronham, TX 77833</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Postage</div>	
	Description <div style="font-size: 1.2em;">Postage - Christmas Cards</div>	
	<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		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 9	2 FILER NAME John Duranberger		3 Filer ID (Ethics Commission Filers)
4 Date 12-1-21	5 Payee name Walgreens		
6 Amount (\$) \$580.65 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code 2411 S. Day St. Brenham, TX 77833		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Christmas Cards		(b) Description Christmas 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			
Date 11/13/21	Payee name LQ's BBQ		
Amount (\$) \$99.59 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1407 W. Main Brenham, TX 77833		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Food		Description Event Food
	<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			
Date 10/13/21	Payee name The Yard		
Amount (\$) \$81.60 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code 1405 W. Main Brenham, TX 77833		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Volunteer Event		Description Volunteer 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			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: <div style="text-align: center; font-size: 2em;">9</div>	2 FILER NAME <div style="font-family: cursive; font-size: 1.2em;">John Duranberger</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-family: cursive; font-size: 1.2em;">9-5-21</div>	5 Payee name <div style="font-family: cursive; font-size: 1.2em;">St. Stanislaus Catholic Church</div>		
6 Amount (\$) <div style="font-family: cursive; font-size: 1.2em;">\$ 200.00</div> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <div style="font-family: cursive; font-size: 1.2em;">9175 FM 1371 Chappel Hill, TX 77426</div>		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-family: cursive; font-size: 1.2em;">Donation</div>		(b) Description <div style="font-family: cursive; font-size: 1.2em;">Donation</div>
	(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			
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<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			
Date	Payee name		
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED