CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 1** CAMPAIGN FINANCE REPORT 1 Filer ID (Ethics Commission Mass) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRS1 3 CANDIDATE / OFFICE USE ONLY **OFFICEHOLDER** Brandon T Mr. NAME SUFFIX NICKNAME LAST Dillon Todd 4 CANDIDATE/ ADDRESS / PO BOX; APT / SUITE #; STATE; ZIP CODE 7427 FM 222 Loop S OFFICEHOLDER MAILING Coldspring, TX 77331 **ADDRESS** Change of Address thaul-deliyered or PHONE NUMBER 5 CANDIDATE/ AREA CODE EXTENSION Dans Postmarked OFFICEHOLDER (281) 761-5574 PHONE MS / MRS / MR FIRST 6 CAMPAIGN **TREASURER MRS** Amy Ν NAME SUFFIX NICKNAME LAST Dillon STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; STATE; ZIP CODE CAMPAIGN TREASURER 7427 FM 222 Loop S, Coldspring, TX 77331 ADDRESS (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** PHONE 761-5574 *(* 281 9 REPORT TYPE 15th day after campaign January 15 30th day before election Runoff treasurer appointment (Officeholder Only) **Exceeded Modified** Final Report (Attach C/OH - FR) July 15 8th day before election Reporting Limit 10 PERIOD COVERED 31 22 7 22 THROUGH **ELECTION TYPE** 11 ELECTION ELECTION DATE Primary Runoff Other Year Description General Special 8 OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) 12 OFFICE CRIMINAL DISTRICT ATTY 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 OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS **GO TO PAGE 2**

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGN	N FINANCE REPORT	60	VER SE	HEET PG 2
15 C/OH NAME BRANDON TODD DIL	LON	16 Filer	ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER T PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	THAN	\$	0.00
	 TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) 	ANS)	\$	0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0.00
	4. TOTAL POLITICAL EXPENDITURES		\$	72.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	E LAST DAY	\$	0.00
OUTSTANDING LOAN TOTALS	 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD 	AS OF THE	\$	0.00
	Please complete either option be	low:		ē
SHAROI	Please complete either option be	of Candidate of	or Onicerola	er *
Comm.	Kan la Told Willon	the _/7	ph (anuary.
D hason	, D. Eldridge Shavon D. Eldridge	٥	Note	zy prstati
Signature of officer administer	V III. White Interness and Company of the Company o		Title of officer	Aministering oath
(2) Unsworn Declaration	on		77.17.55	
My name is	and my date of bird	th is		
My address is		*		
Executed in	(લીઇ) County, State of, on theday of (rr	, ,	(zip cude) , 20 (year)	
	Signature of Ca	andidate/Office	eholder (Decla	arant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	ER NAME NDON TODD DILLON	Commission	r Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		JBTOTAL MOUNT
1,00	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8:	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	72.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	эн \$	0.00
11	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00

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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/Donations Made By Polling Expense Printing Expense Travel In District Travel Out Of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Brandon Todd Dillon 4 Date 5 Payee name 07/22/2022 JP Morgan Chase 6 Amount (\$) 7 Payee address; City; State: Zip Code 12.00 270 Park Avenue, New York, NY Reimbursement from political contributions intended (b) Description (a) Category (See Categories listed at the top of this schedule) PURPOSE Account Service Fees Banking OF EXPENDITURE Check if travel outside of Texas, Complete Schedulo T. (c) Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date 08/22/2022 JP Morgan Chase Amount (\$) Payee address; City; Zip Code 12.00 270 Park Avenue, New York, NY Reimbursement from political contributions intended Category (See Categories listed at the top of this schedule) Description **PURPOSE** Account Service Fees Banking EXPENDITURE Check if Iravel outside of Texas Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date JP Morgan Chase 09/22/2022 Payee address: Amount (\$) Zip Code City; State: 12 00 270 Park Avenue, New York, NY Reimbursement from political contributions intended Description Category (See Categories listed at the top of this schedule) PURPOSE Account Service Fees Banking ΩF EXPENDITURE

Complete <u>ONLY</u> if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Office sought

Check if travel outside of Texas Complete Schedule T

Candidate / Officeholder name

Office held

Chack if Austin, TX, officoholder living expanse

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

Event Expense Fcos Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repaymont/Reimbursement Offico Overhead/Rental Exponse Polling Expense Printing Expense Salarias/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (enter a calegory not listed above)

Candidate/Officeholder/Politi Credil Card Paymen!	The Instruction Guide explains how to	complete this form.	Other (enter a category	not listed above)
1 Total pages Schedule G: 2	² FILER NAME Brandon Todd Dillon		3 Filer ID (Ethics C	ommission Filers)
4 Date 10/22/2022	5 Payee name JP Morgan Chase			
6 Amount (\$) 12.00 Reimbursement from political contributions intended	7 Payee address; 270 Park Avenue, New York, NY	City;	State;	Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Calegories listed at the top of this schedule) Banking	(b) Description Account Servic	e Fees	
	(c) Check if Iravel outside of Texas, Complete Schedule T.	Check If Austin,	TX, officeholder living exp	ense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
Date 11/22/2022	Payee name JP Morgan Chase			
Arnount (\$) 12.00 Reimbursement from political contributions intended	Payee address; 270 Park Avenue, New York, NY	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Banking	Account Servic	e Fees	
	Check if travel outside of Texas Complete Schedule T.	Check if Austin, TX, officeholder living exponse		
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	0	ffice held
Date 12/21/2022	Payee name JP Morgan Chase			
Amount (\$)	Payee address;	City;	State;	Zip Code
12.00 Reimbursement from political contributions intended	270 Park Avenue, New York, NY			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the lop of this schedule) Banking	Account Service	e Fees	
	Check if travel outside of Texas. Complete Schedule T.	Check If Auslin,	TX, officeholder living expe	nse
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	0	ffice held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEED!	ED	

		CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID Œthics Commission Fil	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR. NICKNAME Todd	Brandon LAST Dillon	MI T SUFFIX	Date of the date o
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE /	7427 FN 77331	DX; APT / SUITE #; C	CITY; STATE; ZIP CODE Coldspring, TX EXTENSION	JUL 18 2022 or Date Pestmarked
OFFICEHOLDER PHONE	(281)	761-5574		Registration of the Passinance
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS NICKNAME	Amy LAST Dillon	MJ N SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / SU	Coldspring, TX 7	STATE: ZIP CODE
8 CAMPAIGN TREASURER PHONE	(281)	PHONE NUMBER 761-5574	EXTENS ON	
9 REPORT TYPE	January 15 July 15	30th day before elec	J	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Altach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year / 01 / 22	THROUGH 06	Th Day Year / 30 / 22
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special	
2 OFFICE	OFFICE HELD (IF any	District Attorney	13 OFFICE SOUGHT (If known of the control of the co	trict Attorney
4 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTI	CE OF POLITICAL CONTRIBUTIONS ACCEPTED THE SECURITY OF	CCEPTED OR POLITICAL EXPENDITURES	S MADE BY POLITICAL COMMITTEES TO SUPPORT MINIDATES OR OFFICEHOLOGIS KNOWLEDGE OR IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES,
Additional Pages	COMMITTEE TYPE	COMMITTEE ADDRESS		
	SPECIFIC	COMMITTEE CAMPAIGN TREAS		
		GO ТО Р	AGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Brandon "Todd" Dillo	n	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER TH. PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAN)	s) \$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 86.36
	4. TOTAL POLITICAL EXPENDITURES	\$ 86.36
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LA OF REPORTING PERIOD	AST DAY \$ 8.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS CLAST DAY OF THE REPORTING PERIOD	OF THE \$ 0.00
req	vear, or affirm, under penalty of perjury, that the accompanying report is truired to be reported by me under Title 15, Election Code. Signature of C	andidate or Officeholder
	Please complete either option below	w:
(1) Affidavit		
4171	refore me by <u>Brandin Table Dillon</u> this the lijch, witness my hand and seal of office DE Idridge	18th day of Tuly. Notan/State Lixas
Signature of officer administeria	ng oath Printed name of officer administering oath	Title of officer administering oath
2) Unsworn Declaration	OR	
/ly name is	, and my date of birth is	<u>, </u>
xecuted in	(street) (city) (s	state) (zip code) (country) , 20 (year)
	Signature of Candid	date/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FIL	ER NAME 20 Filer ID (Ethi	cs Commissio	on Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
Ť£	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	86.36
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.,	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	48.36
10,	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF CA	он \$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	0.00
2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	0.00

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services Loan Repayment/Reirnbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Oredit dator ayment	The Instruction Guide explains how to	complete this form.	
1 Total pages Schedule F1	2 FILER NAME Brandon "Todd" Dillon	3 Filer	ID (Ethics Commission Filers)
4 Date	5 Payee name		
1/24/22	Brandon Todd Dillon		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$12.00	7427 FM 222 Loop S, Cold	spring, TX 77331	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Banking	Account Service	e Fees
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officel	holder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Brandon "Todd" Dillon	Office sought District Attorney	Office held District Attorne
Date	Payee name		
2/22/22	Brandon Todd Dillon		
Amount (\$)	Payee address;	City;	State; Zip Code
\$12.00	7427 FM 222 Loop S, Colds	spring, TX 77331	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Banking	Account Service	Fees
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeh	older living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OF	Brandon "Todd" Dillon	District Attorney	District Attorne
Date	Payee name		
3/21/22	Brandon Todd Dillon		
Amount (\$)	Payee address;	City; S	itate; Zip Code
\$12.00	7427 FM 222 Loop S, Colds	pring, TX 77331	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Banking	Account Service	Fees
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeho	lder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held
expenditure to benefit C/OH	Brandon "Todd" Dillon D	District Attorney	District Attorne
	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 Glft/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 Out Of District
Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how t	o complete this form.	,
1 Total pages Schedule F	Brandon "Todd" Dillon	3	Filer ID (Ethics Commission Filers)
4 Date 4/21/22	5 Payee name		
6 Amount (\$)	Brandon Todd Dillon 7 Payee address;	City;	State; Zip Code
<u>`</u>			
\$12.00	7427 FM 222 Loop S, Cold	dspring, TX 77	331
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Banking	Account Ser	vice Fees
**	(c) Check if travel outside of Texas, Complete Schedule T.	Check if Austin, Ta	X, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name Brandon "Todd" Dillon	Office sought District Attorn	ey District Attorne
Date	Payee name		
5/20/22	Brandon Todd Dillon		
Amount (\$)	Payee address;	City;	State; Zip Code
\$12.00	7427 FM 222 Loop S, Cold	Ispring, TX 773	331
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Banking	Account Ser	vice Fees
	Check if travel outside of Texas, Complete Schedule T.	Check If Austin, TX	K, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
experiorative to beliefit 6/0	Brandon "Todd" Dillon	District Attorn	ey District Attorne
Date	Payee name		
6/22/22	Brandon Todd Dillon		
Amount (\$)	Payee address;	City;	State; Zip Code
\$12.00	7427 FM 222 Loop S, Colds	spring, TX 773	31
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Banking	Account Serv	rice Fees
	Chack if travel outside of Texas. Complete Schodule T.	Check if Austin, TX,	officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
experientine to deficit C/OI	Brandon "Todd" Dillon	District Attorne	ey District Attorne
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDE	D

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

				S FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Mad- Candidate/Officeholder/Poli Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Exper Legal Services The Instruction Guide of	Office Polling rnse Printin Salarie	lepayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/Contract Labor o complete this form.	Travel in District Travel Out Of Dist	uipment & Related Expense
1 Total pages Schedule G					3 Filer ID (Eth	ics Commission Filers)
4 Date 3/24/22	5 Payee nan		*		II.	
Amount (\$) \$\delta \cdot \cdo	7 Payee add	ress;		City;	State	; Zip Code
PURPOSE OF	(a) Category Bankin	See Calegories listed at the top o	of this schedule)	(b) Description	Service F	ee-Deposit
EXPENDITURE		neck if travel outside of Texas, Comp	olete Cabadula T	-		
GOMPLE ONLY IF direct expenditure to benefit C/OH	Candida	te / Officeholder name on "Todd" Dil		Office sought District Attori	nev Distr	Office held
Date	i	•				
3/2//2Z	Payee nam Brando	n Todd Dillon				
	Brandol Payee addr	n Todd Dillon	S, Col	_{City;} dspring, TX	State; 77331	Zip Code
Amount (\$) > 23.30 Reimbursement from political contributions intended	Brandol Payee addr 7427	n Todd Dillon		_		Zip Code
Amount (\$) >23.30 Reimbursement from political contributions	Brandol Payee addr 7427	n Todd Dillon ess; FM 222 Loop		dspring, TX	77331	zip Code ee-Deposit
Amount (\$) 23.30 Reimbursement from political contributions intended PURPOSE OF	Payee addr 7427 Category (n Todd Dillon ess; FM 222 Loop See Categories listed at the top of	if this schedule)	Description Bank Acct	77331	ee-Deposit
Amount (\$) 23.30 Reimbursement from political contributions intended PURPOSE OF	Payee addr 7427 Category (Fees	n Todd Dillon ess; FM 222 Loop See Categories listed at the top of	if this schedule)	Description Bank Acct	77331 Service F	ee-Deposit
Amount (\$) 23.30 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee addr 7427 Category (Fees	n Todd Dillon ess; FM 222 Loop See Categories listed at the top of eck if travel outside of Texas, Complee / Officeholder name	if this schedule)	Description Bank Acct	77331 Service F	ee-Deposit
Amount (\$) 23.30 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Brandol Payee addr 7427 Category (Fees Candidat	n Todd Dillon ess; FM 222 Loop See Categories listed at the top of eck if travel outside of Texas, Complee / Officeholder name	if this schedule)	Description Bank Acct	77331 Service F	ee-Deposit
Amount (\$) 23.30 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O	Brandol Payee addr 7427 Category (Fees Candidate H	n Todd Dillon ess; FM 222 Loop See Categories listed at the top of eck if travel outside of Texas, Complee / Officeholder name	if this schedule)	Description Bank Acct Check if Austin	77331 Service Fant, TX, officeholder living	ee-Deposit expense Office held
Amount (\$) Amount (\$) Amount (\$) Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date Amount (\$) Reimbursement from political contributions	Brandol Payee addr 7427 Category (Fees Candidat H Payee name	n Todd Dillon ess; FM 222 Loop See Categories listed at the top of eck if travel outside of Texas, Complee / Officeholder name	of this schedule)	Description Bank Acct Check if Austin	77331 Service Fant, TX, officeholder living	ee-Deposit expense Office held
Amount (\$) 23.30 Reimbursement from political contributions intended PURPOSE OF EXPENDITURE Complete ONLY if direct expenditure to benefit C/O Date Amount (\$) Reimbursement from political contributions intended PURPOSE OF	Brandol Payee addr 7427 Category (Fees Candidat H Payee name Payee addre Category (s	n Todd Dillon ess; FM 222 Loop See Categories listed at the top of eck if travel outside of Texas, Compl e / Officeholder name	of this schedule)	Description Bank Acct Check if Austin Office sought City: Description	77331 Service Fant, TX, officeholder living	ee-Deposit expense Office held Zip Code



		ICEHOLDER CE REPORT		FORM C/OH COVER SHEET PG 1
The C/OH Instruction	Guide explains ho	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR NICKNAME	BRANDO LAST DILLON	SUFFIX	Date Fed 2
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address 5 CANDIDATE / OFFICEHOLDER PHONE	ADDRESS / PO BO	1222 /01	SPALE TX 7785) EXTENSION	CONTO CONTO CONTO POSITIVA DE LA POSITIVA DEL POSITIVA DE LA POSITIVA DEL POSITIVA DE LA POSITIVA DEL POSITIVA DEL POSITIVA DE LA POSITIVA DEL POSITIVA DE LA POSITIVA DE LA POSITIVA DE LA POSITIVA DEL POSITIVA DE LA POSITIVA DE LA POSITIVA DEL POSITIVA D
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MES NICKNAME	FIRST AMY LAST DILLON	MI SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1	(NO PO BOX PLEASE); APT/SUI	TE#; CITY:	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	(ZSI)	761 557	EXTENSION CF	
9 REPORT TYPE	January 15	30th day before elect		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year /13 /2021	Month	Day Year / 15 / 2027_
11 ELECTION	Month Day	Year Primary	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (If any		CRIMINAL	DISTRICT ATTORNEY
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES N	CCEPTED OR POLITICAL EXPENDITURES MANAY HAVE BEEN MADE WITHOUT THE CANDI	ADE BY POLITICAL COMMITTEES TO SUPPORT IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR MEY RECEIVE NOTICE OF SUCH EXPENDITURES.
Additional Pages	GENERAL SPECIFIC	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREAS	SURER NAME	
	¥	COMMITTEE CAMPAIGN TREA	SURER ADDRESS	
		GO TO D	AGE 2	ı

CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 16 Filer ID (Ethics Commission Filers) 15 C/OH NAME BRANDON TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 17 CONTRIBUTION \$1,238.76 TOTALS PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE TOTAL UNITEMIZED POLITICAL EXPENDITURE. 3. TOTALS TOTAL POLITICAL EXPENDITURES CONTRIBUTION TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY 5... BALANCE OF REPORTING PERIOD OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Signature of Candidate or Officeholder Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Swom to and subscribed before me by to certify which, witness of hand and seal of office. Printed name of officer administering of Title of officer administering oath Signature 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) County, State of _____, on the _____ day of Executed in ___ (month)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	BRANDON TODD DILLON 20 Filer ID (Ethics	Commission Filers)
	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SE.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 500.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1238.76
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	S
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	S
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$1,256
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	
[1].	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	S
2.	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.

Date S Full name of contributor out-of-state PAC (IDR Zip Code Amount of contribution (\$)	The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City: State; Zip Code Finding occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City: State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City: State; Zip Code Full name of contributor Contributor address; City: State; Zip Code Amount of contribution (\$) Contributor address; City: State; Zip Code	FILER NAME			3 Filer ID (Ethics Commission Filers)
Date Full name of contributor Contributor address; City. State; Zip Code Employer (See Instructions) Date Full name of contributor Contributor address; City: State; Zip Code Employer (See Instructions) Amount of contribution (\$) Contributor address; City: State; Zip Code Principal occupation / Job little (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City: State: Zip Code Amount of contribution (\$) Contributor address: City: State: Zip Code Amount of contribution (\$)		Robert H Trapp		920 0
Contributor address; City. State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Principal occi	pation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Amount of contribution (\$) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job little (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code Amount of contribution (\$)	Date	Full name of contributor out-of-state_PAC	(ID#)	Amount of contribution (\$)
Date Full name of contributor		Control Transition Control Service (Control Service Se	State; Zip Code	
Contributor address; City; State; Zip Code Principal occupation / Job litle (See Instructions) Employer (See Instructions) Data Full name of contributor out-of-state PAC (ID#:) Contributor address; City; State; Zip Code	Principal occu	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Contributor address; City; State; Zip Code Principal occupation / Job little (See Instructions) Employer (See Instructions) Data Full name of contr butor Out-of-state PAC (ID#:	Date	Full name of contributor	(IDA:)	Amount of contribution (\$)
Data Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) Contributor address; City; State; Zip Code				
Contributor address; City; State; Zip Code	Principal occu	partion / Job litle (See Instructions)	Employer (See Instruction	ons)
Contributor address; City; State; Zip Code	Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)				
	РгілсіраІ осси	pation / Job title (See Instructions)	Employer (See Instruction	ons)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

CONTRIBUTIONS `	SCHEDULE A2
If the requested information is not applicable, DO NOT	include this page in the report.
The Instruction Guide explains how to complete	this form. 1 Total pages Schedule A2:
2 FILER NAME REAUDON TODD DIL	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CO	* 1,238.76
5 Date 6 Full name of contributor out-of-state PAC (ID 11/22/21	8 Amount of Contribution \$\ \text{Contribution} \\$ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instru	
12 Contributor's principal occupation (FOR JUDICIAL)	13 Contributor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL)	15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICI	AL)
Date Full name of contributor out-of-state PAC (ID# Patrician Luns Card Contributor address; City;	Amount of In-kind contribution
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instru	
Contributor's principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)
Contributor's employer/law firm (FOR JUDICIAL)	Law firm of contributor's spouse (if any) (FOR JUDICIAL)
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIA	L)
*	

PLEDGED CONTRIBUTIONS SCHEDULE B If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule B: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 TOTAL OF UNITEMIZED PLEDGES \$ Amount In-kind contribution 5 Date 6 Full name of pledger ul-of-state PAC (ID#:_ of Pledge \$ description 7 Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule 1 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instructions) Date Amount In-kind contribution Full name of pledgor out-of-state PAC (ID#:_ of Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T. Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of In-kind contribution Full name of pledgor ut-of-state PAC (ID#:____ Pledge \$ description Pledgor address; City; State; Zip Code Check if travel outside of Texas. Complete Schedule T Employer (See Instructions) Principal occupation / Job title (See Instructions) In-kind contribution Amount of Full name of pledgor Date unt-of-state PAC (ID#:_ Pledge \$ description State: Zip Code City: Fledgor address Check if travel outside of Texas. Complete Schedule T 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,

LOANS If the request	ed information is not applic	able, DO NO	OT include this page in the re	SCHEDULE E
Th	e Instruction Guide explains	how to comp	plete this form.	1 Total pages Schedule E:
2 FILER NAME				3 Filer ID (Ethics Commission Filers)
TOTAL OF U	NITEMIZED LOANS			\$
5 Date of loan	7 Name of lender	out-of-state	PAC (ID#:)	9 Loan Amount (\$)
6 Is lender a financial Institution?	8 Lender address,	City;	State; Zip Code	10 Interest rate
Y N				11 Maturity date
12 Principal occupat	I ion / Job title (See Instructions)		13 Employer (See Instructions)	
■ Description of Co □ none	llateral		Check if personal fun account (See Instruc	ds were deposited into political tions)
6 GUARANTOR INFORMATION	INFORMATION			19 Amount Guaranteed (\$)
not applicable	18 Guarantor address;	City;	State; Zip Code	
Principal Occupa	tion (See Instructions)		21 Employer (Sce Instructions)	
Date of loan	Name of lender	ut-of-slate	PAC (ID#:)	Loan Amount (\$)
Is lender a financial Institution?	Lender address;	City;	State; Zip Code	Interestrate
Y N				Maturity date
Principal occupation	on / Job title (See Instructions)		Employer (See Instructions)	
Description of Colli	ateral		Check if personal fund	s were deposited into political
GUARANTOR	Name of guarantor		account (See Instructi	
INFORMATION	(Name of godination			Amount Guaranteed (\$)
not applicable	Guarantor address:	City;	State; Zip Code	
Principal Occupation	on (See Instructions)		Employer (See Instructions)	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Event Expense Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.	, , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1.	2 FILER NAME BRANDON TODD DI		iler ID (Ethica Commission Fifers)
4 Date 	5 Payor name Promotions		
6 Amount (\$)	7 Payee address;	City,	State; Zip Code
554.76	803 E HOUSTON ST.	LLEVERIMO	TX 77327
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	D. C. Warte	Shires \$ co	22165
OF	Printing Expense		
EXPENDITURE			
	(c) Check if travel outside of Texas. Complete Schedule T	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		
12/7/21	Proverce Printins		
Amount (\$)	Payee address;	City;	State; Zip Code
684.00	1111 County Rund 222	2 Cleveland	TX 77327
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Princing Expense	Compuiso	5.4.5
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, o	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
	Category (See Categories listed at the top of this schodule)	Description	
PURPOSE OF EXPENDITURE			
	Check if travel outside of Texas. Complete Schedule T	Check if Austin, TX, o	ficeholder living expense
Camplete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking
Consulting Expense
Contributions/Donatio

Event Expense Fraci/Beverage Exponse Loan Repnyment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

Candidate/Officeholder/Polltic	- Finning Exp	ges/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethlcs Commission Filers)
4 TOTAL OF UNITER	MIZED UNPAID INCURRED OBLIGATIONS		\$
5 Date	6 Payee name		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Politic	cal	
0 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (c) Check if travel outside of Texas, Complete Schedule T.	b) Description	n, TX, officeholder flying expense
1 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder name Officeholder name	ce sought	Office held
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political Non-Politic	al	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
Complete ONLY if direct	Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name Office		n, TX, officeholder Jiying expense
expenditure to benefit C/OH	Omor	e sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

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

1	The Instruction Guide explains how to complete this form.	1 Total pages Schedule F3:		
FILER NAME		3 Filer ID (Ethics Commission Filers)		
Date	5 Name of person from whom investment is purchased			
	6 Address of person from whom investment is purchased;	City; State; Zip Code		
	7 Description of investment			
	8 Amount of investment (\$)			
Date	Name of person from whom investment is purchased			
	Address of person from whom investment is purchased;	City; State; Zip Code		
	Description of investment			
	Amount of investment (\$)			
	ATTACH ADDITIONAL COPIES OF THIS SCHE	DULE AS NEEDED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report. EXPENDITURE CATEGORIES FOR BOX 10(a) Advertising Expense Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Loan Repayment/Reiroburgement Food/Bevorage Expense Gitt/Awards/Morocitals Expense Accounting/Banking Office Overhend/Rental Expense Polling Expense Consulting Expense Travel In District Travel Out Of District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Other (enter a category not listed above) The Instruction Guide explains how to complete this form, 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 5 Date 6 Payee name 7 Amount (\$) 8 Payee address; City; State; Zip Code TYPE OF Political Non-Political EXPENDITURE (a) Category (See Categories listed at the top of this schedule) 10 (b) Description PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name Date Amount (\$) Payee address: City; State: Zip Code TYPE OF EXPENDITURE Political Non-Political Category (See Categories listed at the top of this schedule) Description PURPOSE OF EXPENDITURE Check if irrovel outside of Fexas Complete Schedule T. Chack if Awith, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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

Event Expense Fees Food/Beverage Expense Gftl/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 (relates a related review)

Contributions/Donations Made Candidate/Officeholder/Politi			Printing Expense Salaries/Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
Credit Card Payment		The Instruction Guide explains I	now to complete this form.	
Total pages Schedule G	2 FILER NA	JODN TODD S	Muan	3 Filer ID (Ethics Commission File
(1/13/21	5 Payee nar	nday Todd	Dillowfre	publican Picty of Tox
Amount (\$) 1, 2 - 0 00 Reimbursement from political contributions intended	7 Payee add		Coldspring	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this sched		Fees
	(c)	Check if travel outside of Texas Complete Schedu	ule T. Check if Austi	in, TX, officeholder living expense
mplete <u>ONLY</u> if direct penditure to benefit C/OH		ate / Officeholder name	Office sought	District Action
Date	Рауее паг	ne		
Amount (\$) Reimbursement from political contributions intended	Payee add	dress;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this sche	dule) Description	
EXT ENDITORE		Check if travel outside of Texas Complete Schedi	ule T. Check if Aust	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/		ate / Officeholder name	Office sought	Office held
Date	Payee nar	18		
Amount (\$) Rembursament from political contributions intended	Payee add	Iress;	City;	State; Zip Code
PURPOSE	Catagory	(See Calegories listed at the 18p of this tebér	fille) Description	
			de T Chack if Augli	n, TX, officeholder living expense
EXPENDITURE		theck if travel outside of Texas; Complete Schedu	CHECK II AUSTI	, ,

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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/Holitical Committee
Credit Card Payment

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

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 calegory not lister above)

Candidate/Officeholder/Poli Credit Card Payment	tical Committee Legal Services Sala The Instruction Guide explains how	ries/Wages/Contract Labor to complete this form.	Other (enter a category not listed above)
Total pages Schedule H:	2 FILER NAME		3 Filer ID (Ethics Commission Filers
1 Date	5 Business name		
Amount (\$)	7 Business address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas, Complete Schadule T.	Check if Austin,	TX, officaholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State, Zip Code
PURPOSE OF EXPENDITURE	Category (See Calegories listed at the top of this schedule)	Description	
EN ZIIBITONE	Check if travel outside of Texas Complete Schedule T.	Check if Auslin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Business name		
Amount (\$)	Business address;	City;	State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
EXPENDITURE	Check if travel outside of Toxas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense
	La contrata de la contrata del la contrata de la co		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

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

	The Instruction Guide explains how to co	mplete this form.		
1 Total pages Schedule I	2 FILER NAME	:	3 Filer ID (Ethics	Commission Filers)
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City	State	Zìp Code
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See in required.)	structions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zíp Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories,)	Description (See ins	structions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See Ins	structions regarding type	of information
Date	Payee name			
Amount (\$)	Payee address;	City	State	Zíp Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories,)	Description (See ins	tructions regarding type (of information

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

195	The Instruction Guide explains how to complete this form.	1 Total pages Schedule K:
FILER NA	ME	3 Filer ID (Ethics Commission Filers)
Date	5 Name of person from whom amount is received	8 Amount (\$)
	6 Address of person from whom amount is received; City;	
	7 Purpose for which amount is received Che	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code
	Purpose for which amount is received Che	eck if political contribution returned to filer
Date	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is received; City;	State; Zip Code
	Purpose for which amount is received Chec	ck if political contribution returned to filer
ate	Name of person from whom amount is received	Amount (\$)
	Address of person from whom amount is radatvad; เมษา	State; Zib code

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule T: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Name of Contributor / Corporation or Labor Organization / Pledgor / Payee 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F4 Schedule G Schedule F2 Schedule H Schedule COH-UC Schedule B-SS 6 Dates of travel 7 Name of person(s) traveling 8 Departure city or name of departure location 9 Destination city or name of destination location 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule C2 Schedule D Schedule F1 Schedule F2 Schedule COH-UC Schedule B-SS Schedule F4 Schedule G Schedule H Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) Name of Contributor / Corporation or Labor Organization / Pledgor / Payee Contribution / Expenditure reported on: Schedule B Schedule A2 Schedule B(J) Schedule G2 Schedule D Schedule F1 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Schedule B-SS Name of person(s) traveling Dates of travel Departure city or name of departure location Destination city or name of destination location Means of transportation Purpose of travel (including name of conference, seminar, or other event) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

	ESIGNATION OF FINAL REPORT	FORM C/OH - FF
	The Instruction Guide explains how to comp	lete this form.
4 20	Complete only if "Report Type" on page 1 is ma	rked "Final Report" ••
1 C/OI	H NAME	2 Filer ID (Ethics Commission Filers)
3 SIGN	NATURE	
I do r desig camp	not expect any further political contributions or political expenditures in connect mating a report as a final report terminates my campaign treasurer appointme aign contributions or make any campaign expenditures without a campaign tr	ction with my candidacy. I understand that nt. I also understand that I may not accept any easurer appointment on file.
		Signature of Candidate / Officeholder
FILES	R WHO IS NOT AN OFFICEHOLDER mplete A & B below only if you are not an officeholder. ••	
A.	CAMPAIGN FUNDS	
Chec	ck only one:	
	I do not have unexpended contributions or unexpended interest or income	earned from political contributions
	I have unexpended contributions or unexpended interest or income earned may not convert unexpended political contributions or unexpended interest personal use. I also understand that I must file an annual report of unexpended contributions or unexpended interest or income earned on politing this final report. Further, I understand that I must dispose of unexpendenterest or income earned on political contributions in accordance with the rest or income earned on political contributions in accordance with the rest.	st or income earned on political contributions to pended contributions and that I may not retain tical contributions longer than six years after
B.	ASSETS	
Check	Conly one:	
	I do not retain assets purchased with political contributions or interest or oth	er income from political contributions
	I do retain assets purchased with political contributions or interest or other in that I may not convert assets purchased with political contributions or interes personal use. I also understand that I must dispose of assets purchased will requirements of Election Code, § 254.204.	come from political contributions. Lunderstand
		Signature of Candidate
	HOLDER	
* Cómji	Ate this section only if you are an officeholder **	
a	am aware that I remain subject to filing requirements applicable to an officeholds le. I am also aware that I will be required to file reports of unexpended contribut n officeholder, I retain political contributions, interest or other income from political olitical contributions or interest or other income from political contributions.	er who does not have a campaign treasurer on tions if, after filing the last required report as ical contributions, or assets purchased with
		Signature of Officeholder

APPOINTMENT OF A CAMPAIGN TREASURER OPYORM CTA BY A CANDIDATE PG 1

2 CANDIDATE NAME	MS/MRS/MR FIRST MR Brandon NICKNAME LAST	\$0.028 P4 P6 P0	T' Suffix	OFFICE USE ONLY Filer ID #
3 CANDIDATE MAILING ADDRESS	Todd Dillon ADDRESS / PO BOX; APT / SUITE #; 7427 FM 222 Loop S	city; Coldspring	STATE; ZIP CODE TX 77331	Date Hindratifinehead or Postmarked
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER (281) 761-5574		EXTENSION	Receipt # Amount \$
5 OFFICE HELD (if any)				Date Imaged
6 OFFICE SOUGHT (if known)	CRIMINAL DISTRICT ATTORNI	EY		
7 CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST Mrs Amy	N	NICKNAME	LAST SUFFIX Dillon
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; AP 7427 FM 222 Loop S	T / SUITE#;	CITY, Coldspring	STATE; ZIP CODE TX 77331
CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (281) 761 5574		EXTENSION	
CANDIDATE SIGNATURE	I am aware of the Nepotism			
	I am aware of my responsithe Election Code. I am aware of the restriction from corporations and labor	ns in title 15	of the Election C	
	Signature of Candid	lata		/29/2 / Date Signed

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

- 11 CANDIDATE NAME
- 12 MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING

- •• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
- •• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
 - •• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••

I do not intend to accept more than \$930 in political contributions or make more than \$930 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.

2021-2012

Year of election(s) or election cycle to which declaration applies

Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us

or mail lo Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php