

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: 13
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">KEELY C.</div>		<div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 150px;"> RECEIVED JAN 14 2020 City Manager's / City Secretary's Office </div>
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">BRIGGS</div>		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">3108 BROKEN BOW ST DENTON, TX 76209</div>		
	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(940) 320 7334</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.2em;">CHRIS B.</div>		Date Received
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.2em;">BRIGGS</div>		Date Hand-delivered or Date Postmarked
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <div style="text-align: center; font-size: 1.2em;">3108 BROKEN BOW ST DENTON, TX 76209</div>		Receipt # Amount \$
	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(940) 320 7334</div>		Date Processed
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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		Date Imaged
	10 PERIOD COVERED Month Day Year THROUGH Month Day Year <div style="text-align: center; font-size: 1.2em;">7 / 1 / 19 12 / 31 / 19</div>		
11 ELECTION	ELECTION DATE Month Day Year <div style="text-align: center; font-size: 1.2em;">5 / 2 / 2020</div>		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special
	12 OFFICE OFFICE HELD (if any) <div style="text-align: center; font-size: 1.2em;">DISTRICT 2 CITY COUNCIL</div>		13 OFFICE SOUGHT (if known) <div style="text-align: center; font-size: 1.2em;">MAYOR</div>

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

KEELY BRIGGS

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$

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

\$

1,092¹⁵

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

653⁹⁹

CONTRIBUTION
BALANCE

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

\$

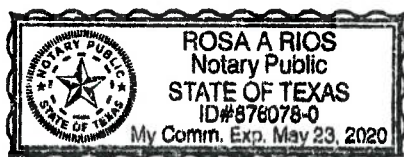
1,208⁵⁷

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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.

Keely Briggs
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Keely C. Briggs, this the 14th day of January, 2020, to certify which, witness my hand and seal of office.

Rosa A. Rios
Signature of officer administering oath

Rosa A. Rios
Printed name of officer administering oath

Notary Public
Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

KEELY BRIGGS

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,092 ¹⁵
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	\$ 653 ⁹⁹
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 1/7

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

12/11/19

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

JOHN HOHMAN

7 Amount of contribution (\$)

\$1912

6 Contributor address;

City;

State;

Zip Code

3212 HOLLYCREEK DENTON TX 76207

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/11/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

SCOTT HAZARD

Amount of contribution (\$)

\$9680

Contributor address;

City;

State;

Zip Code

3000 MEGAN DENTON TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

BRUCE BURNS

Amount of contribution (\$)

\$4825

Contributor address;

City;

State;

Zip Code

1801 MONACO CORINTH TX 76210

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

KATRINA CARPENTER

Amount of contribution (\$)

\$941

Contributor address;

City;

State;

Zip Code

DENTON TX

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 2/7

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

12/11/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

TOD KING

7 Amount of contribution (\$)

\$9680

6 Contributor address;

City;

State;

Zip Code

2222 HOUSTON PL DENTON TX 76201

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/11/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JULIE SIMMONS

Amount of contribution (\$)

\$9680

Contributor address;

City;

State;

Zip Code

3212 HOLLYCREEK DENTON TX 76207

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

PAMELA PAUL

Amount of contribution (\$)

\$5359

Contributor address;

City;

State;

Zip Code

35 HIGHVIEW CIRCLE DENTON TX 76205

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JENNIFER COLLINS

Amount of contribution (\$)

\$9680

Contributor address;

City;

State;

Zip Code

2610 CRESTWOOD PL DENTON TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3/7

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

12/11/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

PATRICIA FUHRMANN

7 Amount of contribution (\$)

\$1913

6 Contributor address;

City;

State;

Zip Code

2000 NAVAJO ST DENTON TX 76209

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/11/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

GARRETT BAILEY

Amount of contribution (\$)

\$941

Contributor address;

City;

State;

Zip Code

3310 KINGFISHER LN DENTON TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amy Morgan

Amount of contribution (\$)

\$4825

Contributor address;

City;

State;

Zip Code

1928 PARKSIDE DENTON TX 76201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

THERON PALMER

Amount of contribution (\$)

\$4825

Contributor address;

City;

State;

Zip Code

DENTON, TX

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 4/7

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

12/11/19

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

CLAUDETTE FETTE

7 Amount of contribution (\$)

\$1912

6 Contributor address;

City;

State;

Zip Code

2708 GLENWOOD

DENTON TX 76209

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/11/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

GRETCHEN BUSI

Amount of contribution (\$)

\$2392

Contributor address;

City;

State;

Zip Code

606 MANOLIA

DENTON TX 76201

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/11/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

SCOTT BROWN

Amount of contribution (\$)

\$4825

Contributor address;

City;

State;

Zip Code

DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/19

Full name of contributor

☐ out-of-state PAC (ID# _____)

CLAY THURMOND

Amount of contribution (\$)

\$2392

Contributor address;

City;

State;

Zip Code

DENTON TX

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 5/7

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

12/12/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

LARRY BECK

7 Amount of contribution (\$)

\$4825

6 Contributor address;

City;

State;

Zip Code

2301 PAXTON WAY DENTON TX 76209

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/12/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ALISON MAGUIRE

Amount of contribution (\$)

\$1912

Contributor address;

City;

State;

Zip Code

DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

BRIAN BECK

Amount of contribution (\$)

\$9680

Contributor address;

City;

State;

Zip Code

124 MILPONO RD DENTON TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/12/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JOHN MALLOW

Amount of contribution (\$)

\$1912

Contributor address;

City;

State;

Zip Code

3028 BROKEN BOW DENTON TX 76209

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 6/7

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

12/12/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

JOHN CHARBONNEAU

7 Amount of contribution (\$)

\$4825

6 Contributor address;

City;

State;

Zip Code

ANNAPOLIS, MD

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

12/15/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

COREY MARKS

Amount of contribution (\$)

\$1912

Contributor address;

City;

State;

Zip Code

2026 SAULS LN DENTON TX 76209

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/16/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

BARNEY COSIMO

Amount of contribution (\$)

\$2883

Contributor address;

City;

State;

Zip Code

DENTON, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

12/17/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

FARA FRANCIS

Amount of contribution (\$)

\$941

Contributor address;

City;

State;

Zip Code

DENTON, TX

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7/7

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

12/17/19

5 Full name of contributor

LUCAS HOLL

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$4534

6 Contributor address;

City;

State;

Zip Code

815 CRESTOAK PL DENTON TX 76209

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

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#: _____)

Amount of contribution (\$)

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#: _____)

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

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: 1/3		2 FILER NAME KEELY BRIGGS		3 Filer ID (Ethics Commission Filers)	
4 Date 7/5/19		5 Payee name PINT SERVICES			
6 Amount (\$) \$60.00		7 Payee address; 5501 FISHTRAP RD #441 DENTON, TX 76208		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description T-SHIRTS FOR PARADE		
	(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					
Date 8/1/19		Payee name FACEBOOK			
Amount (\$) \$5.00		Payee address; MENLO PARK, CA		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description PROMOTE DISTRICT 2 MEETING		
	<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					
Date 9/26/19		Payee name SQUARESPACE INC.			
Amount (\$) \$20.00		Payee address; NEW YORK		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description DOMAIN REGISTRATION		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/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: 2/3	2 FILER NAME KEELY BRIGGS	3 Filer ID (Ethics Commission Filers)
4 Date 8/26/19	5 Payee name SQUARESPACE INC.	
6 Amount (\$) \$190.44	7 Payee address; City; State; Zip Code NEW YORK	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEBSITE
	(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 9/3/19	Payee name FACEBOOK	
Amount (\$) \$500	Payee address; City; State; Zip Code MENLO PARK, CA	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description PROMOTE DISTRICT 2 MEETING
	<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 11/12/19	Payee name WORDPRESS	
Amount (\$) \$51.12	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description WEBSITE
	<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 POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: 3/3		2 FILER NAME KEELY BRIGGS		3 Filer ID (Ethics Commission Filers)	
4 Date 12/19/19		5 Payee name NORMAN ROSCOE			
6 Amount (\$) \$231.38		7 Payee address; City; State; Zip Code			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description CAMPAIGN T-SHIRTS		
	(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					
Date 12/23/19		Payee name WORDPRESS.COM			
Amount (\$) \$10.00		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description DOMAIN REGISTRATION		
	<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					
Date 12/31/19		Payee name PINT SERVICES			
Amount (\$) \$73.00		Payee address; City; State; Zip Code 5501 FISHTRAP RD DENTON, TX 76208			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description CAMPAIGN BUTTONS		
	<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					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					