# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	NICKNAME KEELY	G.	Date Received
	BR1665		RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	3108 BROKEN ROS DENTON, TX 76		JUL 1 4 2020 City Manager's / City Secretary's Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (940) 320 7334	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$
TREASURER NAME	CHRIS LAST	SUFFIX	Date Processed
	RILGS S		Date Imaged
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	3108 BROKEN F	Sow	
(Residence or Business)	DENTON, TX 7	6209	
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (940) 320 7334	EXTENSION	
9 REPORT TYPE	January 15 30th day before e	ection Exceeded Modified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)
		Reporting Limit	
10 PERIOD COVERED	Month Day Year	THROUGH Month	Day Year / 30 / 2020
11 ELECTION	ELECTION DATE  Month Day Year Primary  11 3 2620 General	Runoff Other Description  Special	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if know	1)
	DISTRICT 2 CITY COUNCIL	may	OR
	GO ТО	PAGE 2	

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	KEELY B	15 R1665	5 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		
Additional Pages	80	e e		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
17 CONTRIBUTION TOTALS	PLEDG	UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS, OR IBUTIONS MADE ELECTRONICALLY)	\$	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,942 00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$		\$	
	4. TOTAL POLITICAL EXPENDITURES \$ 5,742 30		\$ 5,742 30	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL EXPENDITURES  \$ 5,742 35  TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD  \$ 5,408 4			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$			
18 AFFIDAVIT				
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.  STATE OF TEXAS ID#125830537 My Comm. Exp. Sept. 7, 2022  Signature of Candidate or Office holds				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said <u>klein (7. Brigg)</u> , this the <u>lkin</u> day of July , 20  to certify which, witness my hand and seal of office				
day of July , 20 30 , 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				
	•	The state of the s	or omogradining datif	

### SUBTOTALS - C/OH

### FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Eth	nics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,942 °C
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 2702
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,74238
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s \$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C	С/ОН \$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	D \$

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#: 6 Contributor address; State; Zip Code Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Retired Teac out-of-state PAC (ID#: Date Amount of contribution (\$) Principal occupation / Job title (See Instructions Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_ Amount of contribution (\$) \$30.00 State; Zip Code 1416 KNIGHT DENTON TX 76205 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$)

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: FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 7 Amount of contribution (\$) State; Zip Code 2216 LOCKSHIPE ST. Daron TX 76209 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ 7 Amount of contribution (\$) GAIL Yowell 6 Contributor address; City; State; Zip Code 2120 Northwood Ter Deuton Tx 76209 \$20 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor \_\_\_\_ out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) 1/26/20 Chris Ice Contributor address; City; State; Zip Code 50,00 1518 Scripture Denton 7x 76201 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_ Amount of contribution (\$) MAR & DAVIS Contributor address; City; 40.00 2115 CROST CROST DNT TX HOLD Employer (See Instr Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) MONICA DALLA Contributor address; The W. Oak St Denton 76 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) School Counselor Pilot Point ISD out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) State; Zip Code DOMEN TX 76268 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#. Amount of contribution (\$) 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor ut-of-state PAC (ID#: 7 Amount of contribution (\$) \$100 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Teacher /Writer

SCHEDULE A1

		F1772 329 10 18
The Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
2 FIRER NAMED (Shorpe		3 Filer ID (Ethics Commission Filers)
5 Full name of contributor out-of-state PA	925 Kings Row	
8 Principal occupation / Job title (See Instructions)	9 Employer (See Instruction	ons)
Date  Full name of contributor  out-of-state PA  Contributor address;  Dento	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ons)
Date  Full name of contributor  Out-of-state PA  Allison Collins  Contributor address;  City;  US ECTOV ST		Amount of contribution (\$) \$ 20
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ons)
Date  Full name of contributor  out-of-state PAG  Heather Green  Contributor address;  City;  1521 Angelina Bend Dente	·	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)	Employer (See Instruction	ns)
ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEI	EDED

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

Revised 9/26/2019

### SCHEDULE A1

The Instruction Guide explains how to complete this form.  FILER NAME  Date 5 Full name of contributor out-of-state PAC (ID#:	1 Total pages Schedule A1:  3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor	8
out-of-state PAC (ID#:	
6 Contributor address; Per-Lout City; State; Zip Code  1205 W. Austin#A Dewon 7620  Principal occupation / Job title (See Instructions)  9 Employer (See Instru	7 Amount of contribution (\$)  #20,00  uctions)
Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$)
rincipal occupation / Job title (See Instructions)  Employer (See Instru  DISD VI	•
Sharla Gilhome Contributor Out-of-state PAC (ID#: Sharla Gilhome Contributor address; City; State; Zip Code 2102 Foxuroff (r. Denton 7X 76209 Cincipal occupation / Job title (See Instructions)  Employer (See Instructions)	\$40.00
ate Full name of contributor out-of-state PAC (ID#:  Cleopatra Bircubichler Contributor address; City; State; Zip Code  2329 Green Card Durch TX 76209  Incipal occupation / Job title (See Instructions)  Employer (See Instructions)	Amount of contribution (\$)

SCHEDULE A1

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:)  Stephen Whitworth  6 Contributor address; City; State; Zip Code  1928 Parliside Dr Denton TX 76201		7 Amount of contribution (\$)
8 Principal occu	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC Phy (IIS MINTEN  Contributor address; City;  2005 Burning Rec Ln.		Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date  //  Principal occu	Full name of contributor out-of-state PAC  Jennifer Kapin os  Contributor address; City;  415 W Sycamore St.  pation / Job title (See Instructions)	State; Zip Code    X 7 2 D	Amount of contribution (\$)
Date //26/2020	Full name of contributor out-of-state PAC Levi Alexander Hendry Contributor address; City; 515 N. Audin St Apt C. Denton	State; Zip Code	\$50.00
	pation / Job title (See Instructions)	Employer (See Instruct	
\ead	<b>પર</b> િ	Krum ISD	

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: FILER NAME Keely Briggs 3 Filer ID (Ethics Commission Filers) Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) ut-of-state PAC (ID#: Amount of contribution (\$) State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) \$20.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Amount of contribution (\$) 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: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Keely Briggs 4 Date 7 Amount of contribution (\$) 8 Principal occupation / Job title (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) Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (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.

### SCHEDULE A1

	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date 0//26/20	5 Full name of contributor Unit out-of-state PAC (ID#:	F20.
Principal occu	upation / Job title (See Instructions)  9 Employer (See	Instructions)
Date 1/24/2820	Full name of contributor out-of-state PAC (ID#	f 4/5
Principal occup	pation / Job title (See Instructions) Employer (See	Instructions)
Date   26   28 4	Full name of contributor	
Principal occup	pation / Job title (See Instructions)  Employer (See Instructions)	
Date 01/76/2020	Full name of contributor out-of-state PAC (ID#:  Fyan Wilson Contributor address; City; State; Zip Code  1423 Anherst Dr. Texton TX 76201	Amount of contribution (\$)
	1423 Anherst Dr Texton TX 76201 ation / Job title (See Instructions) Employer (See I	,

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A1
The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	Keely Briggs		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA  R. Clay Thurnal Data  6 Contributor address; City;  1524 Suydr St. Dufn		7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	rtions)
Date 1/26/20	Full name of contributor	C (ID#:)	Amount of contribution (\$)
	Cox Magnolia St. Denta	State; Zip Code	20.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 1/25/20	Full name of contributor   out-of-state PAC  Cam(le Hazard  Contributor address; City;  3000 Megan St De	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date \\ \[ \langle \la	Full name of contributor Out-of-state PAC  Claudia Lynch  Contributor address; City;  2585 Under Lood M.	(ID#:	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL CODIES O	E THIS SCHEDULE AS A	
	ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see Instru	r THIS SCHEDULE AS NE ction guide for additional re	EDED porting requirements.

MONE	TARY POLITICAL CONTRIBUTIONS	SCHEDULE A1	
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME	Keely Briggs	3 Filer ID (Ethics Commission Filers)	
4 Date 1/242	5 Full name of contributor out-of-state PAC (ID#:)  EUZABETH WITT  6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)	
Date 1/26/20	Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)	
Principal accura	VICK Oppen heum  Contributor address: City; State; Zip Code  600 Windfields St Denton TX 16209	\$ 10.00	
randpar occup	pation / Job title (See Instructions)  Employer (See Instructions)	ions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	
/26/21	Katic Kernan  Contributor address; City; State; Zip Code  1500 Marten Denton TX 76208	30.06	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
Date /26/10	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)	
	ation / Job title (See Instructions)  Employer (See Instructions)  Tetired	ons)	
	ATTACH ADDITIONAL CODIES OF THE		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE If contributor is out-of-state PAC, please see Instruction guide for additional re	EDED porting requirements.	

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Keely Briggs 5 Full name of contributor | out-of-state PAC (ID#:\_\_\_\_ Date 7 Amount of contribution (\$) Junet Glowitz 6 Contributor address; City; State; Zip Code 30.00 8 Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:\_ Amount of contribution (\$) Contributor address; 301 NASTR Person TX 76201 10 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#: Amount of contribution (\$) 1600 Principal occupation / Job title (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 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor out-of-state PAC (ID#:\_\_ 7 Amount of contribution (\$) REBEKALL GARCIA 6 Contributor address; City; State; Zip Code \$1000 1301 WANTEN BWN DOY 70 N TX 76201 8 Principal occupation / Job title (See Instructions) RETURN PETTERN Date Kevin BMoffitt Contributor address; City; State; Zip Code 2332 Solodo Denton TX 76209 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Pilot Point School Counselor Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) State; Zip Code Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; State; 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 FILER NAME RELY Briggs 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 1-26200 Retrackely Contributor address; City; State; Zip Code 1718 Linden Dr Denton TX 76201 8 Principal occupation / Job title (See Instructions) Info of Servicing Coordinator Chamber of 1/212 Kasen Francis - Engla City; State; Zip Code Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_ LINDA BRANDON Contributor address; City; State; Zip Code 1408 TEASLEY LA #212 DENTON 76205 Amount of contribution (\$) 30 W Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 1/26/20 Martha Lathrop Contributor address; City; State; Zip Code 40.00 6909 Hagling Way Denton TX 767-10 | Employer (See Instructions) Principal occupation / Job title (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 FILER NAME 3 Filer ID (Ethics Commission Filers) Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; City; Zip Code 70.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#. Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) Contributor address; 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. Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/26/2019

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) out-of-state PAC (ID#: 7 Amount of contribution (\$) \$ 50.00 ZIZ Goodson Way Denten 76207 9 Employer (See Instructions) Professor Date Full name of contributor ut-of-state PAC (ID# Amount of contribution (\$) Contributor address: City; Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#: Amount of contribution (\$) City: State Zip Code 130.00 Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID# Amount of contribution (\$) Contributor address; 1607 Bolivar Depton 17/16201 Principal occupation / Job title (See Instructions) Employer (See Instructions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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

Revised 9/26/2019

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID# Amount of contribution (\$) Contributor address Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Editor Amount of contribution (\$) 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 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 13 RIGUS 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) racher enton I SD Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) PEMBROOLE PLACE, DENTON, TX 76205 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) ut-of-state PAC (ID# Amount of contribution (\$) Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions) out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) Employer (See Instructions)

### SCHEDULE A1

		***************************************	
	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	Keely Baloos		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	AC (ID#:)	7 Amount of contribution (\$)
1/26/2020	Devih Taylar 6 Contributor address: City		# 40
,	1004 Ector St Develon	TX 76201	
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See Instruc	tions)
De	ta Scientist	Tarant Re	_
Date	Full name of contributor out-of-state PA		Amount of contribution (\$)
1124	Contributor address; City;		100.00
Principal occupa	ion / Job title (See Instructions)	Employer (See Instruct	·
Date 1/26	Full name of contributor out-of-state PAC  Contributor address; City;  Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occupat	on / Job title (See Instructions)	Employer (See Instruction	ons)
Date //26	Full name of contributor out-of-state PAC	(ID#:) State; Zip Code	Amount of contribution (\$)  \$\frac{1}{2}5\frac{\alpha}{2}\$
	[719 Robinwood	76209	
Principal occupation	on / Job title (See Instructions)	Employer (See Instruction	ons)

MONE	TARY POLITICAL CONTR	IBUTIONS	SCHEDULE A
	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAM			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
1/26/20	Michael Hennen 6 Contributor address; City; 724 Thomas St Den	State; Zip Code	\$75.00
	upation / Job title (See Instructions)	9 Employer (See Instruc	
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
210/20	Larry Beck  Contributor address; City;  2301 Payton Way Der	State; Zip Code	\$ 50.00
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		(ID#:)	Amount of contribution (\$)
126120	Hutch lu Contributor address; City; 2816 Hullon Ridge Or Denton	State; Zip Code	\$ 100.00
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date /Z L/Zo	Full name of contributor out-of-state PAC ( Kenneth J Gold Contributor address; City; 2512 Natcher Trace Denton	648	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF If contributor is out-of-state PAC, please see Instruct	THIS SCHEDULE AS NEE	EDED orting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/26/2019



### SCHEDULE A1

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:			
2 FILER NAME Keely Briggs	3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)			
1200 6 Contributor address; City; State; Zip Code \$40-				
8 Principal occupation / Job title (See Instructions) 9 Er	nployer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
Contributor address; City; State 2008 Mishwood In Denton Th				
Principal occupation / Job title (See Instructions) En	nployer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
Contributor address; City; State				
815 Crestoal Pl. Denton TX	76209			
Principal acquastion / lab Atta (Co. Land Mr.	ployer (See Instructions)			
Date  Full name of contributor  Out-of-state PAC (ID#	Amount of contribution (\$)  Zip Code  PENTUNT 76207			
	ployer (See Instructions)			
ATTACH ADDITIONAL COPIES OF THIS  If contributor is out-of-state PAC, please see Instruction gu	SCHEDULE AS NEEDED			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/26/2019

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME KEEY BRIGGS 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) CLAUDIA LYNCH 6 Contributor address; City; State; Zip Code \$5000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of contribution (\$) 1/31/20 RYAN FUHRMAN Contributor address; City; State; Zip Code 12000 2000 NAVAJO ST DENTON TX 76209 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) 1/31/20 KATHY HERR Contributor address; City; State; Zip Code \$2000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:\_ Amount of contribution (\$) 2/2/20 MARGARETE NEALE Contributor address; City; State; Zip Code \$2000 731 HILLCREST DENTEN TX 76201 Principal occupation / Job title (See Instructions) Employer (See Instructions)

### SCHEDULE A1

			OUNDOLL A
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
FILER NAME KEELY BRIGGS			3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state	PAC (ID#:	7 Amount of contribution (\$)
/12/20	CLAY THURMAND  6 Contributor address; City; State; Zip Code  DRATUM TY		#25=
Principal occ	upation / Job title (See Instructions)		
		9 Employer (See Instru	ctions)
Date	Full name of contributor		Amount of contribution (\$)
1/12/20	ALISON MAGUIRE		(0)
112/20	Contributor address; City;	State; Zip Code	#2.5
Principal occu	pation / Job title (See Instructions)	Employer (See Instruc	ctions)
Date	Full name of contributor	AC (ID#)	
1/1/20	FARA FRANCIS Contributor address; City;	State; Zip Code	Amount of contribution (\$)
	DENSON TX		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	dions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
11-1	SUSAN DAVIS		(4)
/19/20	Contributor address; City;	State; Zip Code	\$ 2000
	807 LIVE OBK DENHA	Ty 76209	, 5-0
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 2 FILER NAME KERLY BRIGGS 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor 7 Amount of contribution (\$) Describitor address; City; State; Zip Code 1500 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) 3100 BROKEN BIN DENTIN TX 76209 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 \$ 10 au Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Out-of-state PAC (ID#:\_\_\_ Amount of contribution (\$) CLBY70 MILLS Contributor address; City; State; Zip Code \$ 500 Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Employer (See Instructions)

### SCHEDULE A1

			SCHEDULE A
The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: 26 / S
RELLY BRIVES			
Date	5 Full name of contributor		7 Amount of contribution (\$)
1/10/20	Lucas Houl  6 Contributor address; City;		
1.720	6 Contributor address; City;	State; Zip Code	1 4700
	DENTON TX		
Principal occ	upation / Job title (See Instructions) 9	Employer (See Instruc	tions)
			The Market State of the Control of t
Date	Full name of contributor	Full name of contributor out-of-state PAC (ID#:)	
la la	KRYSTAL MUELLER		Amount of contribution (\$)
110/20		State; Zip Code	8 200
	i	, , ,	+7 2 0
Principal occur	2908 MICTYWOOD DENTON -	× /6209	
· molpai occa	panon / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	#. ` }	Amount of and the
1 4	LEE TODO		Amount of contribution (\$)
10/20		State, Zip Code	\$10000
,	DENTONTX	- Lip Code	# 700 -
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
		[6]	
Date	Full name of contributor	#:	Amount of contribution (\$)
1.0/	CARFY CURRIN		H
110/20	Contributor address; City;	State; Zip Code	\$ 200°
	1918 MISTY NOOD DENTON	TX 76209	
Principal occupation / Job title (See Instructions)		Employer (See Instructi	ions)
	·		
	ATTACHUS		
	ATTACH ADDITIONAL COPIES OF T If contributor is out-of-state PAC, please see Instruction	HIS SCHEDULE AS NE	EDED
	The transfer of the transfer o		rand reduitements.

### SCHEDULE A1

The Instruction Guide explains how to complete this	1 Total pages Schedule A1:  29/54  3 Filer ID (Ethics Commission Filers)	
FILER NAME KEELY BRIGGS		
	C (ID#)	7 Amount of contribution (\$)
6 Contributor address; City;	State; Zip Code	125=
Principal occupation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date Full name of contributor out-of-state PAC	C (ID#:)	Amount of contribution (\$)
3 20 CONTRIBUTOR address; City	CO7HY SNYDER  Contributor address; City; State; Zip Code	
2005 PEMBROOIRE PL DENTE	12 Tx 76005	f 50°
Principal occupation / Job title (See Instructions)	Employer (See Instruc	tions)
Date Full name of contributor out-of-state PAC	Full name of contributor	
Contributor address; City;	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)	Employer (See Instruct	ions)
Date Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
Contributor address; City;	State; Zip Code	#20°
1/17 BOLIVAR DENTOS -	1× 76201	
Principal occupation / Job title (See Instructions)	Employer (See Instructi	ions)
ATTACH ADDITIONAL COPIES OF	E TUIC COLUMN TO	

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: 3 Filer ID (Ethics Commission Filers) 2 FILER NAME KEEY BRIGGS 5 Full name of contributor 6 Contributor address; City; State; Zip Code 1/909 Sovition Dentin 7x 76207 upation / Job title (See Instructions) 9 Employer (See Instructions) 7 Amount of contribution (\$) #2502 8 Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) 1/26/20 CHRIS BRIVES Contributor address; City; State; Zip Code 3/08 BRIVEN BON DEN/INTX 76269 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#.\_\_\_\_ Amount of contribution (\$) Contributor address; City; State; Zip Code 2007 TEASLEY DENTUS TX \$10000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#:\_\_\_\_ Contributor address; City; State; Zip Code | COLORUL DENTILL TX 7620 | | Principal occupation / Job title (See Instructions) | Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) (

### SCHEDULE A1

		SCHEDOLE AT
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	KEELY BRIGGS	3 Filer ID (Ethics Commission Filers)
2/2/20	5 Full name of contributor Out-of-state PAC (ID#)  LAETITIA KNIGHT  6 Contributor address; City; State; Zip Code  5509 WHARFSIDE DENTON TX 76208	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instruc	tions)
	Full name of contributor out-of-state PAC (ID#:)  MATTHEW KROUSE  Contributor address; City; State; Zip Code  1408 WRUNU 70N DRN10N TX 76209	Amount of contribution (\$)
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)
	Full name of contributor out-of-state PAC (ID#)  MELODY KRUY  Contributor address; City; State; Zip Code  2/09 KAYEWOD DENTATX 76209  ation / Job title (See Instructions)  Employer (See Instructions)	
	Employer (See Instructions) Employer (See Instruct	ions)
2/2/20	Full name of contributor out-of-state PAC (ID#:)  RECK  Contributor address; City; State; Zip Code  124 MILL POND DENTON TX 76209	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)  Employer (See Instructions)	ons)

### SCHEDULE A1

1 Total pages Schedule A1: 32 Salar ID (Ethics Commission Filers) 7 Amount of contribution (\$)  Amount of contribution (\$)
3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) 4 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
Amount of contribution (\$)  A 3 5 4 2 5 4 ctions)
Amount of contribution (\$)  Actions)
Amount of contribution (\$)
# 25°20 ctions)
ctions)
Amount of contribution (\$)
#50°
l ctions)
Amount of contribution (\$)
tions)

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME KEKY BRIGOS			3 Filer ID (Ethics Commission Filers)
4 Date		C (ID#:)	7 Amount of contribution (\$)
2/3/20	6 Contributor address; City;	State; Zip Code	\$ 4000
8	1406 CHURCHILL DR DENTU	1Tx 76209	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date	Full name of contributor	; (IĎ#:)	Amount of contribution (\$)
2/.1	MEREDITH BUIR		
0/4/20	MEREDITH BUIL  Contributor address; City;	State; Zip Code	\$ 2500
	809 EMRRY DENTON TX	76201	
Principal occupation / Job title (See Instructions) Employer (See Instruc			ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
2/4/20	CHARLES VOELLINUER Contributor address; City; State; Zip Code		#2500
	1428 OXFORD DENTEN T	X 76201	<b>→</b> 3990
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			
		- 5	
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
2/4/20	Contributor address; City;	State; Zip Code	\$500
	2615 WOODHAVEN DENTON	Tx 76209	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)		ions)	
4			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/26/2019

### SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	KEELY BRIGGS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PA	C (ID#:)	7 Amount of contribution (\$)
2/2/20	6 Contributor address; City; State; Zip Code		\$5000
ė	1112 ECTOR STREET	DENTENTX 762	o)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (IĎ#:)	Amount of contribution (\$)
2/2/20	DONNA DOUGLAS  Contributor address; City;		\$ 500
	3910 TRISTAN COURT DRATE	W TX 76206	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)			ions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
2/2/20	ECIC JONES  Contributor address; City;	State; Zip Code	\$25 <u>w</u>
2408 GLENWOOD LANE DENTON & 76209			
Principal occup	oation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 2/3/2.5	Full name of contributor	(ID#:) State; Zip Code	Amount of contribution (\$)
	120 W. OAK DENTEN TO	(7622)	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:	
2 FILER NAME KEELY BRIGGS		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	7 Amount of contribution (\$)	
2/4/20	CHERYL BRIGGS 6 Contributor address; City; State; Zip Code	12000	
	1010 IMPERIAL DENZON TX 76209		
8 Principal occu	pation / Job title (See Instructions)  9 Employer (See Instructions)	tions)	
Date	Full name of contributor	Amount of contribution (\$)	
2/4/20	SUZAWNE RUM OHR Contributor address; City; State; Zip Code	#1000	
more	1700 CRESCENT DENTON TX 76201		
Principal occup	eation / Job title (See Instructions)  Employer (See Instructions)	tions)	
···	Full name of contributor out-of-state PAC (ID#:)  REBRICA DICKEN STIE! W  Contributor address; City; State; Zip Code  2224 NONTH LAKE TRAIL 76201	Amount of contribution (\$)	
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	lions)	
Date 1/3//20	Full name of contributor out-of-state PAC (ID#:)  RUP/SQN ARD  Contributor address; City; State; Zip Code  711 MAGNULIA DENTUM X 76 201	Amount of contribution (\$)	
Principal occup	eation / Job title (See Instructions) Employer (See Instructions)	tions)	
	-		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
2 FILER NAME	Keely Bribes		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state PAC (ID#		7 Amount of contribution (\$)
277/20	ANN BARNETT  6 Contributor address; City; s	itate; Zip Code	\$1000
	3109 BROKEN BOW DENTON	×76209	/
8 Principal occu		Employer (See Instruction	ons)
Date	Full name of contributor	:	Amount of contribution (\$)
2/16/2020	Contributor address; City; S	tate; Zip Code	\$ 5000
	2545 NATCHEZ TRACE DEA	MON 7x 76210	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructio	
Date	Full name of contributor		Amount of contribution (\$)
2/16/2020		tate; Zip Code	\$20 <u>~</u>
	DENTON TX		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor		Amount of contribution (\$)
2/21/20	Contributor address; City; St 2514 ROYAL LN DENTOL	tate; Zip Code	\$5000
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ns)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/26/2019

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 37/57 3 Filer ID (Ethics Commission Filers) 2 FILER NAME KEELY BRIGGS 5 Full name of contributor out-of-state PAC (ID#:\_\_\_\_ 7 Amount of contribution (\$) 2/22/20 LARRY BECK 6 Contributor address; City; State; Zip Code A10000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Amount of contribution (\$) 2/22/23 JENIFER Paris Contributor address; City; State; Zip Code 2604 PINTO DR. DENTIN TX Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) Contributor auuseus, Zozo MICTYHOUD DENTIN TK Employer (S Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 2/1/20 KRIS70PDRA SELAY Contributor address; City; State; Zip Code \$25 € 2220 PARKSIDE DENTIN TY 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.

### SCHEDULE A1

The	Instruction Guide explains how to complete the	is form.	1 Total pages Schedule A1:
2 FILER NAME	KERLY BRIGGS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	AC (ID#:)	7 Amount of contribution (\$)
2/20	6 Contributor address; City; State; Zip Code		\$10000
	3105 BROKEN BOW D	secon ox	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	.C (ID#:)	Amount of contribution (\$)
2/2/20	Contributor address; City;	State; Zip Code	#200
	2901 EMERSON DEMI	w of	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
2/8/20	BNOIR FRUPMAN  Contributor address; City;  1712 MONTEN DENT	1	#200
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 7/8/20	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)
		*	
	ATTACH ADDITIONAL COPIES Of the contributor is out-of-state PAC, please see Instru	OF THIS SCHEDULE AS NE uction guide for additional re	EEDED eporting requirements.

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Revised 9/26/2019

### SCHEDULE A1

The	Instruction Guide explains how to complete this for	m.	1 Total pages Schedule A1:
2 FILER NAME	KERLY BRIVUS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID#:		7 Amount of contribution (\$)
2/8/20	6 Contributor address; City; S	tate; Zip Code	#20=
9 Principal con	1710 MISTYWOOD DRMON		
o Fincipal occi	pation / Job title (See Instructions) 9	Employer (See Instruction	ons)
Date 1	Full name of contributor		Amount of contribution (\$)
2/2/20	Contributor address; City; St. 9/6 TOUDBOSEL DEN		#1000
Principal occur		0.50	
	and the local manualions)	Employer (See Instruction	ons)
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)
2/4/20	Contributor address; City, Sta	ite; Zip Code	#2 s ==
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ns)
Date	Full name of contributor	)	Amount of contribution (\$)
2/8/20	Contributor address; City; Sta	te; Zip Code	125=
Principal occupa	tion / Job title (See Instructions)	mployer (See Instruction	ns)

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	KEELY BRIOUS	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
1/8/20	HANTHAR KREUL  6 Contributor address; City; State; Zip C	ode \$ 1000
	1303 JUNBURST TR. WENOW T	2
8 Principal occu	motion ( lab stu- co	ee Instructions)
Date	Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)
2/9/20	Contributor address; City; State; Zip C	# 50 =
Principal occur	Devent of	
- incipal occup	eation / Job title (See Instructions)  Employer (See	ee Instructions)
Date	Full name of contributor	Amount of contribution (\$)
2/9/20	Rabadi Dares  Contributor address; City; State; Zip Co	# 5 su
	525 RIBERTS DENVE TX	
Principal occup	ation / Job title (See Instructions) Employer (Se	e Instructions)
Date	Full name of contributor	Amount of contribution (\$)
2/10/20	Contributor address; City; State; Zip Coo	#500
	3329 HumminGAIRD DENTIL TY	
Principal occupa	ation / Job title (See Instructions) Employer (Se	e Instructions)
Principal occupa	ation / Joh titlo (See Jests ti	e Instructions)

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2 FILER NAME	2 FILER NAME KERLY BRIGES		3 Filer ID (Ethics Commission Filers)	
4 Date		C (ID#:)	7 Amount of contribution (\$)	
2/11/20	6 Contributor address; City;	State; Zip Code	#1000	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)	
Date		C (ID#:)	Amount of contribution (\$)	
2/11/20	Contributor address; City;  1916 ROWWN DENTED	State; Zip Code	\$5000	
	1916 REDWOOD DENTERS	7%	7 30	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
2/12/20	Contributor address; City;	State; Zip Code	#20=	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)	
2/12/20	CLAY THURMS NO  Contributor address; City;  DRATIN TY	State; Zip Code	#25~	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL CODIES OF THIS SCHEDULE AS MEEDED			

### SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedole A1:		
2 FILER NAME KERLY BRIGGS		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
2/16/2.	Full name of contributor out-of-state PAC (ID#	\$1500		
8 Principal occu	upation / Job title (See Instructions)  9 Employer (See Inst	tructions)		
	- Improver (ecc mar	a delibris)		
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
2/16/20	Contributor address; City; State; Zip Code	12500		
	3406 KING FISHER DAMON Tox			
Principal occup	pation / Job title (See Instructions) Employer (See Instr	J ructions)		
Date		Amount of contribution (\$)		
2/11/20	For Francis  Contributor address; City; State; Zip Code	#100		
	Denily TX			
Principal occup	eation / Job title (See Instructions) Employer (See Instr	ructions)		
Date	Full name of contributor	Amount of contribution (\$)		
2/19/	Por GUTIERREZ	La contraction (4)		
1.420	Contributor address; City; State; Zip Code	\$1000		
District	10796 FM 2153 SANGER -4 76266			
Principal occupa	ation / Job title (See Instructions) Employer (See Instru	uctions)		
	·			
	•			
	ATTACH ADDITIONAL CODIES OF THE CONTENT OF			

#### SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME KERLY BNIGGS		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)
2/23/20	6 Contributor address; City; State; Zip Code		\$10000
	2020 CRASTWOOD 2	Denor TX 764	9
8 Principal occup	pation / Job title (See Instructions)	9 Employer (See Instruct	
Date		C (ID#:)	Amount of contribution (\$)
2/24/2020	MANAH HOPE  Contributor address; City;	State; Zip Code	1500
Principal occupa	ation / Job title (See Instructions)	Employer (See Instructi	ons)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
2/29/2000	Dorsy Gonus Contributor address; City;		1/00 =
	3420 BEATRIZ DENING	TX76207	
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/1/200	COTAL SNYPER Contributor address; City;  2005 PENBROKE PL	State; Zip Code P6N10N TX 76 20 5	A/00 ==
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS NE	EDED

### SCHEDULE A1

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:	
2 FILER NAME	KERLY BAIGOS	4	3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor  ut-of-state PA	\C (ID#:)	7 Amount of contribution (\$)	
2/27/2020	BRENDA ERDYMAN CRAWFORD	>		
1-11-	6 Contributor address; City;	State; Zip Code	\$10000	
5	BRENDA FROYMAD CROWFORD  6 Contributor address; City;  2914 SIENA DR. DENTUA	TX 76210		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)	
Date		C (ID#:)	Amount of contribution (\$)	
3/1/2	DAID : SONOND HOENIG		(4)	
1.12.20	Contributor address; City;	State; Zip Code	1/0000	
	DAID & SONORD HOENIG Contributor address; City; 1624 CHURCHILL DENTON -	7× 76209		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	C (ID#	_	
-11			Amount of contribution (\$)	
3/5/2020	Contributor address; City;	State; Zip Code	2000	
	DEWINT -	7		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	(ID#:)		
	LA DO LO LA ADRES L		Amount of contribution (\$)	
3/1/2,200	Contributor address; City;	State; Zip Code	5 00	
	Contributor address; City;  216 Haw- Danzes	-6×		
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME KERRY BRIGOS			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)	
3/2/rde	3/2/20 GRACE HEID  6 Contributor address; City; State; Zip Code  1104 Markhaman Dening Ty		500	
	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)	
Date	Full name of contributor		Amount of contribution (\$)	
3/6/2020	Contributor address; City;  1817 GLEN BENGR COMP	State; Zip Code	2000	
	1817 GLEN BENER COM	XT HE		
	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)	
3/6/2020	BNIDANA 74114UC Contributor address; City;	State; Zip Code	25~	
	DEMIN -	ZX		
Principal occup	vation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	C (ID#:	Amount of contribution (\$)	
~//	CRYSTAL SULLIMOS			
3/8/2020	Contributor address; City;  1261 BRUMRED DENTE	State; Zip Code	2~	
	1201 BRUMERD DENT	Se 34		
Principal occup	nation / Job title (See Instructions)	Employer (See Instructi	ions)	
	ATTACH ADDITIONAL COPIES			

#### SCHEDULE A1

		***************************************		
The	Instruction Guide explains how to complete this form	1.	1 Total pages Schedule A1: 46/5	
2 FILER NAME	Keery Balous		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#:		7 Amount of contribution (\$)	
3/9/202	Kony Dackson  6 Contributor address; City; Sta  309 mimoso Decret 7	ate; Zip Code	25 00	
	308 mimosa DENTER 7	X		
		Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	
Shipson	Contributor address; City; Sta	ate; Zip Code	1000	
	DENUN TX	0	•	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor	·	Amount of contribution (\$)	
3/2/2020	O	ite; Zip Code	25=	
	DENTOS TY			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	
3/12/2020	Contributor address; City; Sta	ate; Zîp Code	202	
	Derried TX			
Principal occup	ation / Job title (See Instructions)	mployer (See Instruction	ons)	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

### SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A:		
2 FILER NAME REMY BRIUS			3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor  ut-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
3/11	Kimsandy Phillip 6 Contributor address; City;	25			
1/2/20	6 Contributor address; City;	State; Zip Code	1000		
-	1981 Emenson (k	MIL TX			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)		
Date		C (IĎ#)	Amount of contribution (\$)		
71. 1	Knisten Cou				
3/12/20			202		
	2508 TIMBER TRAIL	Dennes Zx			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
3/10/			Amount of contribution (\$)		
3/17/20	FART FROWCIS  Contributor address; City;	State; Zip Code	1000		
	Densis &				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)		
		54			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
26-6-	Coney manics		,,,		
3/25/20	Contributor address; City;	State; Zip Code	2500		
	2026 SAULS CT. DENT				
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)		
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS NE	EDED		

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1 The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) KARY BRIGGS 4 Date 5 Full name of contributor 7 Amount of contribution (\$) out-of-state PAC (ID#: 4/1/20 MEGHAN KOSIHARA 6 Contributor address; City; State; Zip Code 1705 WALLINGTON DANGEN TY 1000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) 4/30/20 RUZBIKTIJ DIKAPSAK Contributor address; City; State; Zip Code 50 2 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) 5/5/20 Contributor address; City; State; Zip Code 10000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) S/9/20 CONTRIBUTOR AND PERSON TX Principal occupation / Job title (See Instructions) Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME 3 Filer ID (Ethics Commission Filers) KERLY BRIDGE 4 Date 5 Full name of contributor out-of-state PAC (ID#: 7 Amount of contribution (\$) 5/19/20 GINDYN BARWOOD 6 Contributor address; City; State: Zip Code 30 L MINOS & DRATIA TX 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) 5/22/20 Contributor address; City; State; Zip Code 500 2222 HOUSTIN PL. DANUN TK Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:\_\_\_\_ Amount of contribution (\$) 500 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Contributor address; City; State; Zip Code 2319 JOCQUELINE DENZIN TX Principal occupation / Job title (See Instructions) Employer (See Instructions)

### SCHEDULE A1

The	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	Kerry Briess		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor  ut-of-state P/	AC (ID#:)	7 Amount of contribution (\$)
6/26/20	TUMN HORNIG  6 Contributor address; City;  2715 Northwolden D	State; Zip Code	20 m
	2718 NOTINGHAM DI	ENTON TY	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date		AC (ID#)	Amount of contribution (\$)
4/26/20	Contributor address; City;	State; Zip Code	10000
	1401 EGON DENTIN	1×	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date		.C (ID#:)	Amount of contribution (\$)
6/26/20	Contributor address; City;	State; Zip Code	1000
	2816 AURON RIDGE D	X2 NOVE	
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date		C (ID#:)	Amount of contribution (\$)
6/26/20	Contributor address; City;	State; Zip Code	500
	1910 Emanson DENTA	X2 x	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED

### SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME	KELLY BRIUNS		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor  uut-of-state PA	C (ID#:)	7 Amount of contribution (\$)	
6/26/20	6 Contributor address; PHILLIPS City; State; Zip Code		2000	
DRNIGHTX				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	ions)	
Date	Full name of contributor out-of-state PAGE  SVANIA Promise.		Amount of contribution (\$)	
6/26/20	_	State; Zip Code	3000	
	DRNIN TX			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date		C (ID#:)	Amount of contribution (\$)	
6/26/20	ROTHNY M BUNZ Contributor address; City;	State; Zip Code	2500	
	WHERE RIDUR, CO			
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ions)	
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)	
6/27/20	Contributor address; City;	State; Zip Code	10 00	
Principal occup	ation / Job title (See Instructions)	Employer (See Instructi	ons)	
	ATTACH ADDITIONAL COPIES (	OF THIS SCHEDULE AS NE	EDED	

#### SCHEDULE A1

	SCHEDULE AT
The Instruction Guide explains how to complete this form.	1 Total pages Schedule 41:
KELLY BRIVES	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:)	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	ردى
2005 PEMBROOKE DENTON X	30
Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)
Concy manks Contributor address; City; State; Zip Code  2026 Sauls Deven Tx	2500
2026 SAULS DENOW TX	
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
6/27/20 CASDACE JULIAN	
Contributor address; City; State; Zip Code	2 ans
Principal occupation / Job title (See Instructions)  Employer (See Instructions)	
Employer (See Instructions)	tions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
Cyfri C Bri C State: Zin Code	
Contributor address; City; State; Zip Code	S ans
3100 RASHEL RO- DENOS X	
Principal occupation / Job title (See Instructions) Employer (See Instruct	ions)

#### SCHEDULE A1

The Instruction Guide explains how to complete this form.  1 Total pages Schedule A1:				
2 FILER NAME	Kerry BRIDOS			3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
5/24/20	MONICO MORN 6 Contributor address;			
•	6 Contributor address;	City;	State; Zip Code	1200
*	303 minus A	PENZI	4	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruct	tions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
m 1 1	MANSHA 126 E.	FER		various of contribution (4)
6/15/20	Contributor address;	City;	State; Zip Code	50 <u>w</u>
	Contributor address;	Denein	-c×	J O
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
<i>§</i>				
Principal occup	ation / Job title (See Instructions)		Employer (See Instructi	ions)
Date	Full name of contributor	out-of-state PAC	\$ (ID#:)	Amount of contribution (\$)
-	Contributor address;	City;	State; Zip Code	
Principal occupa	ation / Job title (See Instructions)		Employer (See Instructi	ons)
	ATTACH ADDITIO	ONAL COPIES C	OF THIS SCHEDULE AS NE	EDED

#### SCHEDULE A1

			711
	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	KERY BRIGH		3 Filer ID (Ethics Commission Filers)
4 Date //20/20	5 Full name of contributor out-of-state PA  Seem for Collins  6 Contributor address; City;		7 Amount of contribution (\$)
8 Principal occup	ation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
24/20	Contributor address; City;	State; Zip Code	2500
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	iions)
Date	Full name of contributor	\$ (ID#:)	Amount of contribution (\$)
126/20	Contributor address; City;	State; Zip Code	2000
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 1/26/2	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occupa	tion / Job title (See Instructions)	Employer (See Instruct	ions)
	•		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE A1

		(	SOMEDULE AT
	Instruction Guide explains how to complete th	is form.	1 Total pages Schedule A1:
2 FILER NAME	Keely 721601		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	AC (ID#:)	7 Amount of contribution (\$)
1/24/2-	6 Contributor address; City;	State; Zip Code	2000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date //	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
126/2.	Contributor address; City;	State; Zip Code	3000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	AC (ID#:)	Amount of contribution (\$)
126/20	Contributor address; City;	State; Zip Code	4000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	IC (ID#:)	Amount of contribution (\$)
A. C. L. C.	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	-	1	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

### SCHEDULE A2

The Instruction Guide explains how to complete this for	rm. 1 Total pages Schedule A2:
2 FILER NAME Keely Briggs	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRI	IBUTIONS \$ 47000
5501 Fishtrap Rd #441 7	Check if travel outside of Texas. Complete Schedule
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employer (FOR NON-JUDICIAL) (See Instructions)
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 JUDICIAL)	
Date  Full name of contributor out-of-state PAC (ID#:  Pam Food Catering  Contributor address; City; State;  Dendon TX	Amount of Contribution \$ In-kind contribution description  Zip Code  Check if travel outside of Texas. Complete Schedule 1
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employer (FOR NON-JUDICIAL)(See Instructions)
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 JUDICIAL)	

### 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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarias/Masses/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	mplete this form.		
1 Total pages Schedule F1:	2 FILER NAME Keely Brices		3 Filer ID (Ethics Commission Filers	3)
4 Date (/13/10	5 Payee name SIUMBRAMA DANIS	I		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
140 73	723 S. WUDDION	Dames	TX 76205	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Abuentist Expense	510-	4	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
1/13/20	VISTO PRINT			
Amount (\$)	Payee address;	City;	State; Zip Code	
10471	275 WYMAN ST W	OUTHON	MA 02451	
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	BOUGHTHE RYPHISE	ann	inn	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
		omos sought		
Date				
	Payee name	City;	State; Zip Code	
Date 1/16/20	Payee name FIREPOURA	City;		
Date 1/16/20	Payee name  FIREPOWER  Payee address;  121 W. Hickory #101  Category (See Categories listed at the top of this schedule)	City;	/	
Date 1/16/20	Payee name  FIREPOVER  Payee address;  121 W. Hickory #101	City;	Tx 76201	
Date  1/16/20  Amount (\$)  470 29  PURPOSE OF	Payee name  FIREPOWER  Payee address;  121 W. Hickory #101  Category (See Categories listed at the top of this schedule)	City;  Devand  Description  S16W	Tx 76201	
Date  1/16/20  Amount (\$)  470 29  PURPOSE OF	Payee name  FIREPORE  Payee address;  121 W. Actom Alul  Category (See Categories listed at the top of this schedule)  Painte  Painte  Amount	City;  Devand  Description  S16W	Tx 76201	

#### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) 4 Date 5 Payee name City; Zip Code (a) Category (See Categories listed at the top of this schedule) 8 **PURPOSE** T-SUIRTS / PINS PRINTING RXPENGE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name PINT SERVICES Payee address: City: State: Zip Code SSOI FISHINAP RD DAMIS 76208 Category (See Categories listed at the top of this schedule) Description **PURPOSE** PRINTING EXPENSE T-SHIRTS OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Payee name RAISED RIGHT MEN (MUSIC) Payee address: State: Zip Code Category (See Categories listed at the top of this schedule) **PURPOSE** ROND FOR KICKOFF PORTY FUENT EXIENSE OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Gifl/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)

Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Zeely BRIOUS 4 Date 5 Payee name worppress 7 Payee address: City; Zip Code 800 (a) Category (See Categories listed at the top of this schedule) 8 (b) Description **PURPOSE** APURATISING EXPENSE WEASITE OF **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 2/3/20 Just Yama SIGNS Amount (\$) City: State: Zip Code 4880 #AT DISTAIRURIN CT. ORLANDO FL Category (See Categories listed at the top of this schedule) Description **PURPOSE** Painth Bepense SIGNS. OF **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date PINT SERVICES. Pavee address: City; State: Zip Code SSOI FISHTARA RD#441 DENTIN 76208 Category (See Categories listed at the top of this schedule) **PURPOSE** T-SBINZS OF PRINTING RYPENSZ **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other Vertices extraction and light and the very

Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries \( \)  The Instruction Guide explains how to	Nages/Contract Labor complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Keely Brigss		3 Filer ID (Ethics Commission Filers)
4 Date 2/5/20	5 Payee name SIGNARA	4	
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
29145	723 5. WOUDROW	Derin	7x 762.5
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	PAINTING REPENSA	516-	· S
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/16/20	VISTA PRUT		
Amount (\$)	Payee address;	City;	State; Zip Code
	275 Wyman ST WA:	Than m	A 02451
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	PAINTING RYPENSE	Dion b	backers
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/27/20	THE SUPPORTING RULE		
Amount (\$)	Payee address;	City;	State; Zip Code
	Denti	N TX	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description  Brus For	ROBSON RUENT
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	DED

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out of District
Other (ext of a Category pot listed should)

Credit Card Payment	The Instruction Guide explains how to c	Vages/Contract Labor Other (enter a category not listed above)  complete this form.
1 Total pages Schedule F1:	2 FILER NAME KARLY BRIVES	3 Filer ID (Ethics Commission Filers)
4 Date 2/27/2 -	5 Payee name CHR STWOT TREE	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
405 78	107 W. Hickory 2	Derrow Tx 76201
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	FUND/BRUG KXPZNSZ	FUN ROBERT RURNI.
	(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	
2/28/20	SIGN B RAMA	
Amount (\$)	Payee address;	City; State; Zip Code
140 33	727 S. WUDDRW Da	MUS TX 74205
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	PAINTIN RXPENCE	SIUMS
50	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
3/4/20	Just YAND SIBNS	
Amount (\$)	Payee address;	City; State; Zip Code
6425	4820 #BI DISMIRUTION CT.	ORLONDO FL 32822
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE	PRITING EXPENSE	516~5
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF THIS S	SCHEDULE AS NEEDED

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

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

Credit Card Payment	The Instruction Guide explains how to o	complete this form.	Ostor (critical de care)	gory not listed above)
1 Total pages Schedule F1	2 FILER NAME Keely Bryss		3 Filer ID (Ethic	cs Commission Filers)
4 Date 3/30/20	5 Payee name PINT SERVICES			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
73~	5501 FICURAR PD #44	DELLIN IK	7620	5
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	PANON RXPZ-M	PIN	5-	3
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder livin	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
Ce/4/20	Zwm			
Amount (\$)	Payee address;	City;	State;	Zip Code
4794	55 ALMADEN RLUD. 6th 1	cur son	Jun CI	75113
	Category (See Categories listed at the top of this schedule)	Description	1(2)	
PURPOSE OF EXPENDITURE	office overlyean	SURSCA	Morgan	for VIDEO
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	g expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
6/25/20	Just Yann SIGNS			
Amount (\$)	Payee address;	City;	State;	Zip Code
64250	4880 #01 DISTAIROTH CT	Galbur	ou FL	32422
	Category (See Categories listed at the top of this schedule)	Description		7.44
PURPOSE OF EXPENDITURE	PHUTNI EXPENSE	516~5	•	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEED	DED	

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Waces/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Candidate/Officeholder/Political Committee Credit Card Payment  The Instruction Guide explains how to complete this form.  Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 EILED NAME 1 4	3 Filer ID (Ethics Commission Filers)
4 Date 6/70/20	5 Payee name Pay Pm	
6 Amount (\$)	7 Payee address;	City; State; Zip Code
20479	2221 N. FIRM ST 5.	BNJUSE CA 95/7/
8 -	(a) Category (See Categories listed at the top of this schedule)	(b) Description
PURPOSE OF EXPENDITURE	F665	FLES ON DINATURE
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/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 schedule)	Description
PURPOSE OF		
EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense  Office sought  Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office neid
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE OF EXPENDITURE		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought Office held
expenditure to benefit C/O		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		