

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: <div style="font-size: 2em; text-align: center;">20</div>
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">KEELY C.</div>		<div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 150px;"> RECEIVED OCT - 5 2020 City Manager's / City Secretary's Office </div>
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">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 DENTON TX 76209</div>		
	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(940) 320 7334</div>		
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">CHRIS B.</div>		
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">BRIGGS</div>		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI <div style="text-align: center; font-size: 1.5em;">CHRIS B.</div>		Receipt # Amount \$
	NICKNAME LAST SUFFIX <div style="text-align: center; font-size: 1.5em;">BRIGGS</div>		Date Processed
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 DENTON TX 76209</div>		Date Imaged
	AREA CODE PHONE NUMBER EXTENSION <div style="text-align: center; font-size: 1.2em;">(940) 320 7334</div>		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded \$500 limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>		
	10 PERIOD COVERED <div style="display: flex; justify-content: space-around; align-items: center;"> <div> Month Day Year <div style="font-size: 1.5em;">7 / 1 / 2020</div> </div> <div>THROUGH</div> <div> Month Day Year <div style="font-size: 1.5em;">9 / 24 / 2020</div> </div> </div>		
11 ELECTION	ELECTION DATE <div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="font-size: 1.5em;">11 / 3 / 2020</div> </div> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General </div> </div>		
	ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description </div> </div>		
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>		

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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)

\$ 3,145⁰⁰

EXPENDITURE
TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 399⁶²

CONTRIBUTION
BALANCE

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

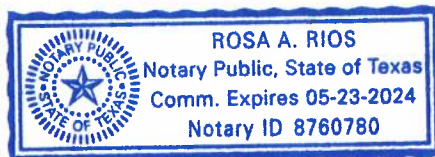
\$ 8,153⁵⁷

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.

Keely C. Briggs
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Keely C. Briggs, this the 5th
day of October, 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

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1. ☒ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

\$ 3,145⁰⁰

2. ☐ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

\$

3. ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

\$

4. ☐ SCHEDULE E: LOANS

\$

5. ☒ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$ 399⁰²

6. ☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

\$

7. ☐ SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

\$

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/OH

\$

11. ☐ SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

\$

12. ☐ 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:

1/15

2 FILER NAME

Keely Bayne

3 Filer ID (Ethics Commission Filers)

4 Date

7/19/20

5 Full name of contributor

JAMES OWEN

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

2500

6 Contributor address; City; State; Zip Code

2007 TEASLEY LN DENTON TX 76205

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/18/20

Full name of contributor

PENNINGTON

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

1000

Contributor address; City; State; Zip Code

812 W. OAK DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/12/20

Full name of contributor

KRIS GONZALES

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

2000

Contributor address; City; State; Zip Code

2319 JACQUELINE DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/20/20

Full name of contributor

LINDA WALLACE

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

2500

Contributor address; City; State; Zip Code

1200 RIDGECREST 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:

2/15

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

7/22/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

LYNN MCCREARY

7 Amount of contribution (\$)

50⁰⁰

6 Contributor address;

City;

State;

Zip Code

1112 ECTOR

DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

7/22/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KOTY WHITTINGTON

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

429 GABE

DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/22/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KIM PHILLIPS

Amount of contribution (\$)

20⁰⁰

Contributor address;

City;

State;

Zip Code

DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

7/23/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JOHN THOMPSON

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

905 WESTWAY

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:

3/15

2 FILER NAME

KERLY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

7/27/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

KERI CARUTHERS

7 Amount of contribution (\$)

10⁰⁰

6 Contributor address;

City;

State;

Zip Code

DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/1/20

Full name of contributor

☐ out-of-state PAC (ID#:

MORGAN QUINNELL

Amount of contribution (\$)

10⁰⁰

Contributor address;

City;

State;

Zip Code

916 WESTWAY DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/7/20

Full name of contributor

☐ out-of-state PAC (ID#:

JANE CINDRIL

Amount of contribution (\$)

100⁰⁰

Contributor address;

City;

State;

Zip Code

9813 EDMONDSON DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/12/20

Full name of contributor

☐ out-of-state PAC (ID#:

ADAM SELBY

Amount of contribution (\$)

20⁰⁰

Contributor address;

City;

State;

Zip Code

2810 NOTTINGHAM 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:

4/15

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

8/13/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

LUCAS HOLL

7 Amount of contribution (\$)

50⁰⁰

6 Contributor address;

City;

State;

Zip Code

815 CRRSTOOL

DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/14/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JERRY SCHLESINGER

Amount of contribution (\$)

5⁰⁰

Contributor address;

City;

State;

Zip Code

DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/16/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LEAH JUAREZ

Amount of contribution (\$)

15⁰⁰

Contributor address;

City;

State;

Zip Code

413 WILSON WAY DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/17/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CHRISTINE BRYAN

Amount of contribution (\$)

200⁰⁰

Contributor address;

City;

State;

Zip Code

916 ANDERSON 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:

5/15

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

8/19/20

5 Full name of contributor

☐ out-of-state PAC (ID# _____)

JAMES GRANDFIELD

6 Contributor address;

City;

State;

Zip Code

2026 NORTHWOOD DENTON TX

7 Amount of contribution (\$)

20.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/19/20

Full name of contributor

☐ out-of-state PAC (ID# _____)

DAVID TAYLOR

Contributor address;

City;

State;

Zip Code

129 E WINDSOR DENTON TX

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/19/20

Full name of contributor

☐ out-of-state PAC (ID# _____)

DANIEL ABASOLO

Contributor address;

City;

State;

Zip Code

907 W. CONGRESS DENTON TX

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/19/20

Full name of contributor

☐ out-of-state PAC (ID# _____)

KATY WHITTINGTON

Contributor address;

City;

State;

Zip Code

429 GARE DENTON TX

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

6/151

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

8/19/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

PAUL VOORHEIS

7 Amount of contribution (\$)

50.00

6 Contributor address;

City;

State;

Zip Code

3108 ARMSTRONG DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/19/20

Full name of contributor

☐ out-of-state PAC (ID#:

ABASOLO AMB

Amount of contribution (\$)

30.00

Contributor address;

City;

State;

Zip Code

907 W. OAK

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/20

Full name of contributor

☐ out-of-state PAC (ID#:

CHRISTIE RODEN

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1408 EGAN DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/20/20

Full name of contributor

☐ out-of-state PAC (ID#:

LAURA CANTU

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

1317 BROADWAY 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:

2/15

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

8/20/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

STEPHANIE LOPEZ

7 Amount of contribution (\$)

25⁰⁰

6 Contributor address;

City;

State;

Zip Code

2106 CHERRYWOOD DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/20/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

LYNSAY SMITH

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

413 AMARILLO DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Joyce McClure

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

804 LINWOOD DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/22/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MONICA MORAN

Amount of contribution (\$)

155⁰⁰

Contributor address;

City;

State;

Zip Code

303 MIMOSA 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:

8/15

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

8/23/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

LAUREL IVY SAMMONS

7 Amount of contribution (\$)

25⁰⁰

6 Contributor address;

City;

State;

Zip Code

1509 CREEK AVE DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/23/20

Full name of contributor

☐ out-of-state PAC (ID#:

ELIZABETH DARBON

Amount of contribution (\$)

10⁰⁰

Contributor address;

City;

State;

Zip Code

904 MANHATTAN DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/23/20

Full name of contributor

☐ out-of-state PAC (ID#:

NORMA GRIFFITH

Amount of contribution (\$)

25⁰⁰

Contributor address;

City;

State;

Zip Code

910 HAYNES DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/24/20

Full name of contributor

☐ out-of-state PAC (ID#:

PATRICE LYKE

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

1109 EGAN 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:

9/15

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

8/26/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

BARBARA HOKAMP

7 Amount of contribution (\$)

25⁰⁰

6 Contributor address;

City;

State;

Zip Code

2316 CRESTWOOD

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

8/26/20

Full name of contributor

☐ out-of-state PAC (ID#:

SHARARZADE EBRAHIMI

Amount of contribution (\$)

40⁰⁰

Contributor address;

City;

State;

Zip Code

1014 ALICE DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

8/27/20

Full name of contributor

☐ out-of-state PAC (ID#:

KERI KARUTHERS

Amount of contribution (\$)

10⁰⁰

Contributor address;

City;

State;

Zip Code

DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/4/20

Full name of contributor

☐ out-of-state PAC (ID#:

TAMSYN PRICE

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

508 S. CARROLL

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:

10/15

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

9/4/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

JENNIFER COLLINS

7 Amount of contribution (\$)

200.00

6 Contributor address;

City;

State;

Zip Code

2610 CRESTWOOD DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/4/20

Full name of contributor

☐ out-of-state PAC (ID#:

JENNIFER LONG

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

1526 WILLOW WOOD DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/4/20

Full name of contributor

☐ out-of-state PAC (ID#:

COREY MARIS

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

2026 SAULS DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/5/20

Full name of contributor

☐ out-of-state PAC (ID#:

AUDREY DOBBS

Amount of contribution (\$)

20.00

Contributor address;

City;

State;

Zip Code

3405 PHEASANT HORN 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:

11/15

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

9/5/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

DARRYL WILLIAMS

7 Amount of contribution (\$)

25⁰⁰

6 Contributor address;

City;

State;

Zip Code

8828 CRESTVIEW DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/5/20

Full name of contributor

☐ out-of-state PAC (ID#:

LAWRENCE BROWN

Amount of contribution (\$)

20⁰⁰

Contributor address;

City;

State;

Zip Code

DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/8/20

Full name of contributor

☐ out-of-state PAC (ID#:

MATTHEW TOTUM

Amount of contribution (\$)

20⁰⁰

Contributor address;

City;

State;

Zip Code

1819 WESTMINSTER DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/13/20

Full name of contributor

☐ out-of-state PAC (ID#:

GEORGE COCHRAN

Amount of contribution (\$)

250⁰⁰

Contributor address;

City;

State;

Zip Code

610 W. OAK 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:

12/15

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

9/13/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

NICK STEVENS

7 Amount of contribution (\$)

10⁰⁰

6 Contributor address;

City;

State;

Zip Code

417 AMARILLO DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/13/20

Full name of contributor

☐ out-of-state PAC (ID#:

KEN GOLD

Amount of contribution (\$)

100⁰⁰

Contributor address;

City;

State;

Zip Code

2512 NOTCHER TRACE DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/14/20

Full name of contributor

☐ out-of-state PAC (ID#:

ERIN ALICE

Amount of contribution (\$)

20⁰⁰

Contributor address;

City;

State;

Zip Code

301 MCKAMY DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/15/20

Full name of contributor

☐ out-of-state PAC (ID#:

GABRIELLE FAST-GLASGOW

Amount of contribution (\$)

20⁰⁰

Contributor address;

City;

State;

Zip Code

2201 LUDLOW 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:

13/15

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

9/15/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

PENROPE OLIVER

7 Amount of contribution (\$)

25⁰⁰

6 Contributor address;

City;

State;

Zip Code

2529 JAMESTOWN DENVER TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/15/20

Full name of contributor

☐ out-of-state PAC (ID#:

AMY JONES-LESLEY

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

2500 SHERWOOD DENVER TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/15/20

Full name of contributor

☐ out-of-state PAC (ID#:

JENNIFER MCNATT

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

415 W. SYCAMORE

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/17/20

Full name of contributor

☐ out-of-state PAC (ID#:

ARROW SLACK

Amount of contribution (\$)

25⁰⁰

Contributor address;

City;

State;

Zip Code

912 EGG DENVER 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:

14/15

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

9/18/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

HEATHER GREGORY

7 Amount of contribution (\$)

4000

6 Contributor address;

City;

State;

Zip Code

809 PONDHOLE DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/18/20

Full name of contributor

☐ out-of-state PAC (ID#:

DALE WILKERSON

Amount of contribution (\$)

10000

Contributor address;

City;

State;

Zip Code

2112 CHERRYWOOD DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19/20

Full name of contributor

☐ out-of-state PAC (ID#:

JESSICA CAMP

Amount of contribution (\$)

1000

Contributor address;

City;

State;

Zip Code

2525 JAMSTOWN DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/19/20

Full name of contributor

☐ out-of-state PAC (ID#:

WHITNEY KEMP

Amount of contribution (\$)

12500

Contributor address;

City;

State;

Zip Code

6800 HOPLING WAY DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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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:

15/15

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

9/20/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

JORDAN LANCASTER

6 Contributor address;

City;

State;

Zip Code

401 W. SYCAMORE DENTON TX

7 Amount of contribution (\$)

2000

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/23/20

Full name of contributor

☐ out-of-state PAC (ID#:

OMAS MAGLIOCCO

Contributor address;

City;

State;

Zip Code

3009 BROKEN BOW DENTON TX

Amount of contribution (\$)

2500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/24/20

Full name of contributor

☐ out-of-state PAC (ID#:

SHARON BARNHILL

Contributor address;

City;

State;

Zip Code

3329 HUMMINGBIRD LANE DENTON TX

Amount of contribution (\$)

5000

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

[REDACTED]

Full name of contributor

☐ out-of-state PAC (ID#:

[REDACTED]

Contributor address;

City;

State;

Zip Code

[REDACTED]

Amount of contribution (\$)

[REDACTED]

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: 1/2	2 FILER NAME KERLY BRIGGS	3 Filer ID (Ethics Commission Filers)
4 Date 9/4/2020	5 Payee name ZOOM	
6 Amount (\$) 47.94	7 Payee address; City; State; Zip Code 55 ALMADEN BLVD 6th FLOOR SAN JOSE CA 95113	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) OFFICE OVERHEAD	(b) Description MONTHLY SUBSCRIPTION (3) VIDEO CONF.
	(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 9/3/2020	Payee name WORDPRESS	
Amount (\$) 18.00	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	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
Date 8/25/2020	Payee name SQUARE SPACE INC	
Amount (\$) 233.82	Payee address; City; State; Zip Code NEW YORK	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	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: <div style="text-align: center;">2/2</div>	2 FILER NAME <div style="text-align: center;">KEELY BRIGGS</div>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name <div style="text-align: center;">PAYROLL</div>		
6 Amount (\$) <div style="text-align: center;">9986</div>	7 Payee address; City; State; Zip Code <div style="text-align: center;">2221 N FIRST SAN JOSE CA 95131</div>		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">FEES</div>		(b) Description <div style="text-align: center;">PROCESSING FEES ON DONATIONS</div>
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
<div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div>			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
<div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div>			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED