

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:

24

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

KEELY

C.

BRIGGS

OFFICE USE ONLY

Date Received

RECEIVED

OCT 25 2020

City Manager's / City
Secretary's Office

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3108 BROKEN BOW
DENTON TX 76209

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940) 320 7334

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

CHRIS

B.

BRIGGS

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

3108 BROKEN BOW
DENTON TX 76209

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(940) 320 7334

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☒ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

09 / 25 / 2020

THROUGH

Month

Day

Year

10 / 24 / 2020

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 03 / 2020

☐ Primary

☐ Runoff

☐ Other
Description

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

DISTRICT 2
CITY COUNCIL

13 OFFICE SOUGHT (if known)

MAYOR

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

Keely Briggs

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

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)

\$ 3,835⁰⁰

EXPENDITURE
TOTALS

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

\$ —

4. TOTAL POLITICAL EXPENDITURES

\$ 12,692¹⁴

CONTRIBUTION
BALANCE

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

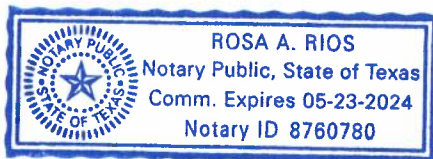
\$ —

OUTSTANDING
LOAN TOTALS

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

\$ 6,646⁹⁵

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 Briggs
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Keely Briggs, this the 25th day of 25th, 20 20, 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. | <input checked="" type="checkbox"/> | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 3,835 ⁰⁰ |
| 2. | <input type="checkbox"/> | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> | SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> | SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 12,692 ¹⁴ |
| 6. | <input type="checkbox"/> | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input checked="" type="checkbox"/> | SCHEDULE K: INTEREST, CREDITS, GAINS, <u>REFUNDS</u> , AND CONTRIBUTIONS RETURNED TO FILER | \$ 7,309 ⁵⁴ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

~~10~~ 1 / 18

2 FILER NAME

KERLY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

9/26/20

5 Full name of contributor

A.U. SMITH

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

25⁰⁰

6 Contributor address;

City;

State;

Zip Code

612 WOLFTRAP

DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/27/20

Full name of contributor

KERI CARUTHERS

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

10⁰⁰

Contributor address;

City;

State;

Zip Code

2101 SOUVANNAH DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27/20

Full name of contributor

WILLIAM LAMB

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

3220 ST. CLAIRE DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/27/20

Full name of contributor

CAROLYN BALL

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

901 BARBARA 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:

~~1~~ 2 / 18

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

9/27/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

RYAN FUHRMAN

7 Amount of contribution (\$)

25⁰⁰

6 Contributor address;

City;

State;

Zip Code

2500 NAVASO DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

9/29/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ROEGHAN BREWER

Amount of contribution (\$)

10⁰⁰

Contributor address;

City;

State;

Zip Code

2221 PARKSIDE DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/30/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JENNIFER AGLIO

Amount of contribution (\$)

10⁰⁰

Contributor address;

City;

State;

Zip Code

2200 HOUSTON PL DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/1/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MARILYN HOPE

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

12119 ECTOR 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~~ 3 / 18

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

10/2/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

BILLIE KASPER

7 Amount of contribution (\$)

200⁰⁰

6 Contributor address;

City;

State;

Zip Code

2816 SOUTHRIDGE DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ENEDELIA SAUCEDA

Amount of contribution (\$)

25⁰⁰

Contributor address;

City;

State;

Zip Code

916 CORDELL DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JERRIE ALLEN

Amount of contribution (\$)

100⁰⁰

Contributor address;

City;

State;

Zip Code

2545 NATCHEZ TRACE DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

9/26/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KATHERINE SOBRYN

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

31 HIGHVIEW CIR. 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:

4/18

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

10/8/2020

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

MICKIE SAXE

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

10/3/2020

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ANNIE SULLIVAN

Amount of contribution (\$)

1000

Contributor address;

City;

State;

Zip Code

2225 PEMBROKE

DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KEVIN WILLIAMS

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

PO BOX 50993 DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ASHLEY WILSON

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

2408 GLENWOOD

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/

5/18

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

JOSE MEDINA

7 Amount of contribution (\$)

25.00

6 Contributor address;

City;

State;

Zip Code

1405 DEVONSHIRE PROVIDENCE VIL. TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#:

SUMMER MURR

Amount of contribution (\$)

30.00

Contributor address;

City;

State;

Zip Code

3921 CHIMNEY ROCK DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#:

BENJAMIN RANKIN

Amount of contribution (\$)

30.00

Contributor address;

City;

State;

Zip Code

629 MIMOSA DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#:

CHRISTINE BRYAN

Amount of contribution (\$)

200.00

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:

6/18

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

SAMUEL DAY/008

6 Contributor address;

City;

State;

Zip Code

612 E HICKORY 220 DENTON TX

7 Amount of contribution (\$)

20⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#:

ASHLEY FERROUSON

Contributor address;

City;

State;

Zip Code

1404 SANTOS DENTON TX

Amount of contribution (\$)

20⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#:

JASEN WILLIAMS

Contributor address;

City;

State;

Zip Code

2503 KAYWOOD DENTON TX

Amount of contribution (\$)

20⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#:

NICOLE BAKER

Contributor address;

City;

State;

Zip Code

1909 EMERSON DENTON TX

Amount of contribution (\$)

25⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

~~7~~ 7 / 16

2 FILER NAME

KERRY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

WANDA NEEDLEMAN

7 Amount of contribution (\$)

25⁰⁰

6 Contributor address;

City;

State;

Zip Code

1910 EMERSON DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#:

CAMILE GARRIN

Amount of contribution (\$)

20⁰⁰

Contributor address;

City;

State;

Zip Code

1416 KNIGHT DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#:

CAITLYN ASHLEY

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

3601 MEADOW TRAIL DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#:

LARITIA KNIGHT

Amount of contribution (\$)

20⁰⁰

Contributor address;

City;

State;

Zip Code

5509 WHARF SIDE 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:

8/18

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

MONIQUE GULYAS

6 Contributor address;

City;

State;

Zip Code

2910 CROYDON DENTON TX

7 Amount of contribution (\$)

20⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MISTY HANNER

Contributor address;

City;

State;

Zip Code

1524 E. WINDSOR DENTON TX

Amount of contribution (\$)

50⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KERI CARUTHERS

Contributor address;

City;

State;

Zip Code

2101 SOUTHWIND TRAIL DENTON TX

Amount of contribution (\$)

25⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JEREMY TEKELL

Contributor address;

City;

State;

Zip Code

821 E. WINDSOR DENTON TX

Amount of contribution (\$)

50⁰⁰

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:

9/18

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

JENNIFER COLLINS

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

2610 CRESTWOOD DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KRISTIN WHITSITT

Amount of contribution (\$)

10.00

Contributor address;

City;

State;

Zip Code

1412 BRANDYWINE DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MIRANDA BUSSELL

Amount of contribution (\$)

5.00

Contributor address;

City;

State;

Zip Code

500 S I35 217 DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ED SOPH

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

1620 VICTORIA 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:

10/18

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

KELLY GENTRY

6 Contributor address;

City;

State;

Zip Code

6608 ASTER DENTON TX

7 Amount of contribution (\$)

25⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

HEATHER KRELL

Contributor address;

City;

State;

Zip Code

7505 SUNBURST DENTON TX

Amount of contribution (\$)

25⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

ANNABELLE JONES

Contributor address;

City;

State;

Zip Code

DENTON TX

Amount of contribution (\$)

20⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JANE PIPER - LUNT

Contributor address;

City;

State;

Zip Code

1205 AUSTIN DENTON TX

Amount of contribution (\$)

15⁰⁰

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:

11/18

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

LAUREN BRIGHTSMITH

7 Amount of contribution (\$)

2000

6 Contributor address;

City;

State;

Zip Code

917 CORDELL DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#:

ADAM SELBY

Amount of contribution (\$)

4000

Contributor address;

City;

State;

Zip Code

2810 NOTTINGHAM DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/2/20

Full name of contributor

☐ out-of-state PAC (ID#:

CASBY SCOTT

Amount of contribution (\$)

1000

Contributor address;

City;

State;

Zip Code

7421 BISHOP PINE DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/3/20

Full name of contributor

☐ out-of-state PAC (ID#:

JOHN GOODMAN

Amount of contribution (\$)

1000

Contributor address;

City;

State;

Zip Code

424 BERNARD 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:

12/18

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

10/3/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

CHAD WITHERS

6 Contributor address;

City;

State;

Zip Code

2315 N. LOCUST DENTON TX

7 Amount of contribution (\$)

50⁰⁰

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/4/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

KEELLY POWERS

Contributor address;

City;

State;

Zip Code

1406 CHURCHILL DENTON TX

Amount of contribution (\$)

30⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CHRISTIE RODEN

Contributor address;

City;

State;

Zip Code

1408 EGAN DENTON TX

Amount of contribution (\$)

100⁰⁰

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MATTHEW REGIS

Contributor address;

City;

State;

Zip Code

3101 FORESTRIDGE DENTON TX

Amount of contribution (\$)

35⁰⁰

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:

13/18

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

10/4/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

GREG ROWLETT

7 Amount of contribution (\$)

200⁰⁰

6 Contributor address;

City;

State;

Zip Code

2311 PALMER DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/4/20

Full name of contributor

☐ out-of-state PAC (ID#:

BRIANNA TERRELL

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

821 E. WINDSOR DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/20

Full name of contributor

☐ out-of-state PAC (ID#:

DANIEL RODRIGUE

Amount of contribution (\$)

25⁰⁰

Contributor address;

City;

State;

Zip Code

1841 PARKSIDE DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/20

Full name of contributor

☐ out-of-state PAC (ID#:

AIMEE TULLOS

Amount of contribution (\$)

100⁰⁰

Contributor address;

City;

State;

Zip Code

1916 REDWOOD 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:

14/18

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

10/4/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

RICHARD GLADDEN

7 Amount of contribution (\$)

100⁰⁰

6 Contributor address;

City;

State;

Zip Code

1822

~~1800~~ W. OAK

DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/4/20

Full name of contributor

☐ out-of-state PAC (ID#:

DAYNA VAN AKEW

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

2325 KINGSTON TRACE DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/20

Full name of contributor

☐ out-of-state PAC (ID#:

MATTHEW BURNS

Amount of contribution (\$)

25⁰⁰

Contributor address;

City;

State;

Zip Code

810 BOLIVAR DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/20

Full name of contributor

☐ out-of-state PAC (ID#:

CHRISTA WALL

Amount of contribution (\$)

50⁰⁰

Contributor address;

City;

State;

Zip Code

2112 STINEGATE 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:

15 / 18

2 FILER NAME

KEELY BRUNOS

3 Filer ID (Ethics Commission Filers)

4 Date

10/4/20

5 Full name of contributor

☐ out-of-state PAC (ID#:

SHARI BRAND

7 Amount of contribution (\$)

500

6 Contributor address;

City;

State;

Zip Code

3816 RIDGEMONT DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/4/20

Full name of contributor

☐ out-of-state PAC (ID#:

MICHAEL TERRILL

Amount of contribution (\$)

1000

Contributor address;

City;

State;

Zip Code

2812 ENGLEFIELD DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/20

Full name of contributor

☐ out-of-state PAC (ID#:

SARAH MERRIWEATHER

Amount of contribution (\$)

4000

Contributor address;

City;

State;

Zip Code

1809 CROW DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/20

Full name of contributor

☐ out-of-state PAC (ID#:

CLEOPATRA BIRKBECHLER

Amount of contribution (\$)

1000

Contributor address;

City;

State;

Zip Code

2329 GREEN OAKS 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:

16/18

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

10/4/20

5 Full name of contributor

BYRD

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

2000

6 Contributor address;

City;

State; Zip Code

2512 TIMBER TRL. DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/4/20

Full name of contributor

SUSAN HENNEN

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

5000

Contributor address;

City;

State; Zip Code

3324 BROOKER DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/20

Full name of contributor

JOHN WIER

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

2500

Contributor address;

City;

State; Zip Code

912 DENTON DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/4/20

Full name of contributor

JONAS LEBLANC

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

1000

Contributor address;

City;

State; Zip Code

1300 DAUAS DR 1214 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:

17/18

2 FILER NAME

KERLY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

10/4/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

TAUNA BAGHERI

7 Amount of contribution (\$)

2500

6 Contributor address;

City;

State;

Zip Code

2616 JAMES ST DENTON TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/5/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CHRISTOPHER JONES

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

DENTON TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

PAULA LANE

Amount of contribution (\$)

500

Contributor address;

City;

State;

Zip Code

DALLAS TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/5/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DAVID COULTER

Amount of contribution (\$)

1000

Contributor address;

City;

State;

Zip Code

2402 GLENWOOD 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:

18/18

2 FILER NAME

KEELY BRIGGS

3 Filer ID (Ethics Commission Filers)

4 Date

10/6/20

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

PHILLIP BRIGGS

7 Amount of contribution (\$)

50⁰⁰

6 Contributor address;

City;

State;

Zip Code

1908 BURNING TREE DALLAS TX

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/6/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

FRANCIE PAVLEK

Amount of contribution (\$)

40⁰⁰

Contributor address;

City;

State;

Zip Code

2203 ORCHER TRAIL DALLAS TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JONICA BIGBY

Amount of contribution (\$)

10⁰⁰

Contributor address;

City;

State;

Zip Code

1105 SAND PIPER

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/6/20

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MICHAEL LAVALLA

Amount of contribution (\$)

25⁰⁰

Contributor address;

City;

State;

Zip Code

3314 COOPER BRANCH E. DALLAS 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.

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 KEELY BRIGGS | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10/20/20 | | 5 Payee name DENTON RECORD CHRONICLE | | | |
| 6 Amount (\$) \$2,325 ⁰⁰ | | 7 Payee address; City; State; Zip Code 3555 DUCHESS DRIVE DENTON TX 76205 | | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | | (b) Description PRINT AND DIGITAL AD PLACEMENTS | | |
| | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date 10/15/20 | | Payee name JUST YARD SIGNS | | | |
| Amount (\$) \$2,048 ⁷⁵ | | Payee address; City; State; Zip Code 4880 AI DISTRIBUTION CT ORLANDO FL 32822 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | | Description SIGNS | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |
| Date 10/23/20 | | Payee name VISTA PRINT | | | |
| Amount (\$) \$7,309 ⁵⁴ | | Payee address; City; State; Zip Code 275 WYMAN ST WALTHAM MA 02451 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | | Description DIRECT MAIL CAMPAIGN | | |
| | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. | | <input type="checkbox"/> Check if Austin, TX, officeholder living expense | | |
| Complete ONLY if direct expenditure to benefit C/OH | | | | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

| | | | |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | 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: 2/2 | | 2 FILER NAME KEELY BRIGGS | | 3 Filer ID (Ethics Commission Filers) | |
| 4 Date 10/5/20 | | 5 Payee name ZOOM | | | |
| 6 Amount (\$) \$1598 | | 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 VIDEO CONFERENCING | | |
| | (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 10/20/20 | | Payee name FACEBOOK | | | |
| Amount (\$) \$86374 | | Payee address; City; State; Zip Code 1 HACKER WAY MENLO PARK, CA 94025 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE | | Description DIGITAL ADVERTISING & PROMOTION | | |
| | <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 10/6/20 | | Payee name PAYPAL | | | |
| Amount (\$) \$12911 | | Payee address; City; State; Zip Code 2221 N. FIRST SAN JOSE, CA 95131 | | | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) FEES | | Description PROCESSING FEES OF ONLINE DONATIONS | | |
| | <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

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

SCHEDULE K

| | | |
|---|--|---------------------------------------|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule K: |
| 2 FILER NAME KEELY BRIGGS | | 3 Filer ID (Ethics Commission Filers) |

| | | |
|---|---|--|
| 4 Date 10/13/20 | 5 Name of person from whom amount is received VISTA PRINT <hr/> 6 Address of person from whom amount is received; City; State; Zip Code 275 WYMAN ST WALTHAM, MA 02451 | 8 Amount (\$) \$7,309.54 |
| 7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer <u>REFUND</u> ; DIRECT MAIL SERVICES ORDERED ON 10/2/2020 FAILED TO BE PRODUCED AND DELIVERED PER CONTRACT. | | |

| | | |
|---|--|-------------|
| Date | Name of person from whom amount is received <hr/> Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |

| | | |
|---|--|-------------|
| Date | Name of person from whom amount is received <hr/> Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |

| | | |
|---|--|-------------|
| Date | Name of person from whom amount is received <hr/> Address of person from whom amount is received; City; State; Zip Code | Amount (\$) |
| Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer | | |

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED