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: 50
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST KEELY NICKNAME	мі Съ .	OFFICE USE ONLY
IAVIAIT	NICKNAME LAST BRIGGS	SUFFIX	Date Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address			NOV 3 0 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 Receipt # Amount \$
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST CHRIS NICKNAME LAST	MI <i>B</i> . SUFFIX	Receipt # Amount \$ Date Processed
	BR1665		Date Imaged
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 3108 BROKEN B DENTIN , TX	ROW	STATE; ZIP CODE
(Residence or Business) 8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (940) 320 - 733	EXTENSION	
9 REPORT TYPE	January 15 30th day before el	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 & 8th day before elec	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 10 / 25 / 2020	THROUGH //	Day Year
11 ELECTION	Month Day Year Primary 12 / 8 / 2020 General	Runoff Other Description Special	
12 OFFICE	DISTRICTA CITY CONNIL	13 OFFICE SOUGHT (if known)	OF DENTIN, TX
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS A THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WITHOUT THE CAND	IDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF
(,	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRESS		
	SPECIFIC COMMITTEE CAMPAIGN TREA	ASURER NAME	
	COMMITTEE CAMPAIGN TREA	ASURER ADDRESS	
	GO TO F	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	EELY BRIGGS		16 Filer	ID (Ethics Co	ommission Filers)	
17 CONTRIBUTION TOTALS		TICAL CONTRIBUTIONS (OTHER T JARANTEES OF LOANS, OR LECTRONICALLY)	HAN	\$		
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, I	TRIBUTIONS LOANS, OR GUARANTEES OF LOA	NS)	\$ 9,	044 00	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLIT	FICAL EXPENDITURE.		\$		
	4. TOTAL POLITICAL EXPE	ENDITURES		\$ 12,4	3127	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIL OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE	LAST DAY	\$ 3,4	14/ 16	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	T OF ALL OUTSTANDING LOANS AS TING PERIOD	S OF THE	\$		
	wear, or affirm, under penalty of perjurquired to be reported by me under Title 1		true and cor	rrect and incli	udes all information	
ROSA A. RIOS Notary Public, State of Texas Comm. Expires 05-23-2024 Notary ID 8760780 Please complete either option below:						
(1) Affidavit						
NOTARY STAMP/SEAL	_			,		
Sworn to and subscribed	before me by Suly G.	Beiggs this th	ne 🔊 💆	day of	Devamber.	
20 20, to certify v	which, witness my hand and seal of office	1-7	,0	,	011.	
Signature of officer administer	ing oath Printed name of	officer administering oath	7/04	vey /	administering oath	
		OR			-	
(2) Unsworn Declaration	on				,	
My name is		and my date of birth	ı is			
My address is				_	*	
	(street)	(city)	(state) (zip code)	(country)	
Executed in	County, State of	, on theday of (mo	nth)	_, 20 (year)		
		Signature of Can	ndidate/Office	holder (Decla	ırant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME KEFLY BRIGGS	20 Filer ID (Ethics Commission Filer	s)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTO AMOU	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 9,0	4400
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 72	50 m
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL COM	* 12,43	79
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 FUN	DS \$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH \$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL COI	TRIBUTIONS \$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED \$	

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 Balbus 7 Amount of contribution (\$) 1/4/20 6 Contributor address; City; State; Zip Code #5000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____) Contributor address; City; State; Zip Code 3108 BROKENFOU DAM TA Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Principal occupation / Job title (See Instructions) Full name of contributor Amount of contribution (\$) 19/27/20 | Contributor address; City; State; Zip Code # 10 00 | 2101 SOVERNAH DENTIL TX Principal occupation / Job title (See Instructions) | Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:____ Amount of contribution (\$) City; State; Zip Code 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.

	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
2 FILER NAME	KERLY BAILUS		3 Filer ID (Ethics Commission Filers)
4 Date	1	AC (ID#:)	7 Amount of contribution (\$)
11/4/20	6 Contributor address; City;	State; Zip Code	#2500
	2715 NOMINGBOM DENTOS		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	itions)
Date	1	C (ID#:)	Amount of contribution (\$)
11/4/20	Contributor address; City;	State; Zip Code	# < 02
	3525 BEATRIZ DENTI		<i>"</i>)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#)	Amount of contribution (\$)
11/4/20	AMENDA CHENVENUS Contributor address; City;	State: Zin Code	
**	1903 SOWNER Danson	Ty	170-
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)
11/4/20	BETIS LEGGIER! Contributor address; City;	State, Zip Code	A/000
and in	290 PRCBY CRK DENTON -		, / 00 =
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
			,.
			=
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instru	uction guide for additional re	eporting requirements.

SCHEDULE A1

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	KERLY BAILUS			3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	out-of-state P/	AC (ID#:)	7 Amount of contribution (\$)	
11/1	PRECIOSA JUHA	500		1 4 ~ .	
11/4/20	6 Contributor address;	City;	State, Zip Code	# 2000	
	5 Full name of contributor PRECIOSA JUHA 6 Contributor address; POS GREG6 pation / Job title (See Instructions)	DEN76-	S FX		
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)	
Date	Full name of contributor	Out-of-state PA	C (ID#:)	Amount of contribution (\$)	
	KARY WHITTI.	N670W	(*	through of containing (5)	
1/4/20	Contributor address;	City;	State; Zip Code	125.2	
	KARY WHITTIII Contributor address; 429 GABE C7	DEMIN		, 23	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)	
Date	Full name of contributor	aut-of-state PA	C (ID#:)	Amount of contribution (\$)	
. / 1	BRANDI A	2166		, another of contribution (4)	
11/4/20	Contributor address;	City;	State; Zip Code	# 2000	
	G27 BERNAU		1		
Principal occup	pation / Job title (See Instructions)	3	Employer (See Instruc	tions)	
Date	Full name of contributor	out-of-state PAG	C (ID#:	Amount of contribution (\$)	
/	TRACI THOMP	'Sopt		· · · · · · · · · · · · · · · · · · ·	
11/4/20	Contributor address;		State, Zip Code	# 2500	
	1721 CARLTON	DENTI.	s Ex		
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	tions)	
				J	
				=	

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1: 43 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Kerry Brisis 5 Full name of contributor ___ out-of-state PAC (ID#:______) 7 Amount of contribution (\$) 11/4/20 SUSAN HENNEN 6 Contributor address; City; State; Zip Code 3 2 24 A ROUTER DENTIN 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) K/m Rnow ∼ Contributor address; City; State; Zip Code \$25 cm Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:_____ Amount of contribution (\$) REGIND BUGALIM Contributor address; City; State; Zip Code 1/00 27/0 Wa 57W000 DENTIS Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Amount of contribution (\$) 11/4/20 COntributor address; City; State; Zip Code 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	KEEY BRIGGS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state P/	AC (ID#:)	7 Amount of contribution (\$)
	Tolow Moud 6 Contributor address; City; 302を RROAEN RUN D	115000	
- Timepar 5550	paranti soo due (see insudcuons)	9 Employer (See Instru	ctions)
Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)
11/4/20	Contributor address; City;	State; Zip Code	\$ 200°
	1 JAN	The Marie	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$)
Principal occup	3/09 WINDY FILL DE ation / Job title (See Instructions)	Employer (See Instruc	
Date 11/4/20	Full name of contributor out-of-state PAC CONTY MANKS Contributor address; City; 2026 Sours Denter	State; Zip Code	Amount of contribution (\$)
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	tions)
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	EEDED

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

Revised 9/26/2019

SCHEDULE A1

struction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
KERLY BRILOS		3 Filer ID (Ethics Commission Filers)
	C (ID#:)	7 Amount of contribution (\$)
of recognition	State; Zip Code	#2500
1701 CONDRUL DENTS.	5 -6	
tion / Job title (See Instructions)	9 Employer (See Instruc	tions)
Full name of contributor	C (ID#:)	Amount of contribution (\$)
ANNR SULLIVAS		
		\$ 2000
on / Inh title (See Instructions)		
on 7 500 due (See Historis)	Employer (See Instruct	ions)
Full name of contributor	: (ID#:)	Amount of contribution (\$)
LAURA HERNANDEZ		
Contributor address; City;	State, Zip Code	# 100
DRIVERS TX	N =	
on / Job title (See Instructions)	Employer (See Instruct	ions)
Full name of contributor	(ID#:)	Amount of contribution (\$)
FAND FRANCIS-EUS		The state of contribution (b)
Contributor address; City;	State, Zip Code	#500
1601 MARROOM Da,	vus Ty	
on / Job title (See Instructions)	Employer (See Instructi	ions)
ATTACH ADDITIONAL CODIES	E TIUS OCCUPA	
contributor is out-of-state PAC, please see Instru	r THIS SCHEDULE AS NE ction guide for additional re	EDED porting requirements.
	Full name of contributor out-of-state PA Cay GAB Ham	Full name of contributor

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	Instruction Guide explains how to co	omplete 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 Do	out-of-state PAC	(ID#:)	7 Amount of contribution (\$)
11/4/20	6 Contributor address;	City;	State; Zip Code	#3500
	526 DENTIN D	EN7.N	TX	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor	ut-of-state PAC	(ID#:)	Amount of contribution (\$)
11/4/20	Senson I Roskin		State; Zip Code	
			J TY	\$500
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date		ıt-of-state PAC		Amount of contribution (\$)
1/4/20	KRISTIPHER SELB Contributor address:	ity;	State; Zip Code	#2000
+:	2220 PARKSIDE			7- 20
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)
Date	Full name of contributor	t-of-state PAC	(ID#:)	Amount of contribution (\$)
1/4/10	KENNRTH GOLD Contributor address; Cit	ity;	State; Zip Code	\$1000
	25/2 NATURE TA	ACE (DENTIA TX	10. 700
Principal occupa	ation / Job title (See Instructions)		Employer (See Instruct	ions)
	ATTACH ADDITIONAL If contributor is out-of-state PAC, please	COPIES O	F THIS SCHEDULE AS NI	EEDED
			- g ior additional fe	por any requirements.

The	Instruction Guide explains how to con	nplete this form.	1 Total pages Schedule A1:
2 FILER NAME	KERLY BAILUS		3 Filer ID (Ethics Commission Filers)
4 Date	1	-of-state PAC (ID#:)	7 Amount of contribution (\$)
11/4/20	6 Contributor address; Ci	ity; State; Zip Code	#10000
	-13 CILESTONIZ (DENTIL TX	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	· -	-of-state PAC (ID#:)	Amount of contribution (\$)
11/4/20	Contributor address; Ci	ty; State; Zip Code	#5000
	1624 N. RLM #3 DA	EMIS TX	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	of-state PAC (ID#:)	Amount of contribution (\$)
1/4/20	Contributor address; Cit		#25 ==
	1514 SEMINOUR DI		// 23
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date			
	Full name of contributor out-	of-state PAC (ID#:) P.R.	Amount of contribution (\$)
11/4/20	Contributor address: City	State: Zin Code	#2000
Principal occup	7237 N. Lacus 7 450		
т ппорагосор	ation 7 Job title (See Instructions)	Employer (See Instruct	ions)
			-
			2
	ATTACH ADDITIONAL (If contributor is out-of-state PAC, please	COPIES OF THIS SCHEDULE AS NI	EEDED
	" condition to out-or-state PAC, please	see instruction guide for additional n	eporting requirements.

SCHEDULE A1

	Instruction Guide explains how to complete the	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 ut-of-state P/	AC (ID#:)	7 Amount of contribution (\$)
11/4/20		State; Zip Code	A5000
	2710 ENGY DON DENTO	2 TX	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
Wash	GABRIEVE FASS GLASGOL	~	Amount of contribution (\$)
11/9/20	Contributor address; City;	State; Zip Code	\$200
	2201 Louicout Den	که حرار	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
ulul-	SUZDINE RUMOHIZ		Amount of Continuing (2)
179/20	SUZBANK RUMOHR Contributor address; City;	State; Zip Code	\$1000
	1700 CARSCENT DENII	17x	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
114/20	Denkic Jensen Contributor address; City; 216 HANN # 4202 DEN	State; Zip Code	A/000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EDED

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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 thi	s form.	1 Total pages Schedule A1:		
2 FILER NAME	KERLY BRIGH		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor		7 Amount of contribution (\$)		
1/4/20	MARCANT RULLS		14 -		
19/2	6 Contributor address; City;	State; Zip Code	# 5000		
	2007 STINREDTE DAN	MY TX			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor	-	Amount of contribution (\$)		
11/11/2	SUZDUMR ENCK Contributor address; City;				
1/9/20			9 25 ==		
	916 TOUD HASSEE DEM	ald the			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
11.1	JAYMI WENZEL				
11/4/2.	Contributor address; City;	State; Zip Code	A 500		
	2307 W. RAOVIKLBIER	PENIS TX			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
11/4/2	LILAN DE LA GARZA				
77/2.	Contributor address; City;	State, Zip Code	# 2000		
	2508 LA PRIOMES J	DENIIS TO			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.					

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Revised 9/26/2019

The	Instruction Guide explains how to complete thi	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 out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
4/4/20	6 Contributor address; City;	State; Zip Code	#25cm
	COO WINDFIRLDS DE,	SUN ZX	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (8)
11/4/20	Dmy Moncas	3	Amount of contribution (\$)
, ,,	Omy Mon Gad Contributor address; City;	State; Zip Code	A50=
	1924 PONKSIDE DE	VIIN TX	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Dete			
Date		C (ID#:)	Amount of contribution (\$)
1/4/20	COTHY SNYDER Contributor address; City;		11/0000
8	DOUS PROMISIONER DA	WTONEY	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#-	Amount of anti-last
	BUSSA MAGUIRR		Amount of contribution (\$)
11/4/20	Contributor address; City;	State; Zip Code	#25=
	2209 MARNOR DENTI	W TY	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)
			8
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	EEDED
	If contributor is out-of-state PAC, please see Instru	uction guide for additional r	eporting requirements.

SCHEDULE A1

The			
FILER NAME	Instruction Guide explains how to complete thi	is form.	1 Total pages Schedule A1:
	KERLY BAILUS		3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor ut-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
1/4/20	50~000 Swaw 6 Contributor address; City;	State; Zip Code	12000
	1413 CAMANIDOR DANIO	w TX	
Principal occu	pation / Job title (See Instructions)	9 Employer (See Instru	ctions)
Date	1	C (ID#:)	Amount of contribution (\$)
1/4/20	Contributor address; City;	State; Zip Code	12500
	2000 NAVAJO DENTIN	TX	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	l tions)
Date 1/4/20	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4	1016 KINGS RIW DA	State; Zip Code	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
11/4/20	Contributor address; City;	State; Zip Code	\$ 1000
	· lector pento	· ×	

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 Full name of contributor Out-of-state PAC (IDIE) 7 Amount of contribution (\$) Out-of-state PAC (ID#:_____) Date Full name of contributor Amount of contribution (\$) 11/4/20 NIKKI CROUSE Contributor address; City; State; Zip Code # 2000 1021 MONDATION DENIN THE Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_____) Amount of contribution (\$) SEN CLAYBOUR Contributor address; City; State; Zip Code # 2000 TOTO MISTY WOOD DENTIN THE Street (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) 1/4/20 Contributor address; City; State; Zip Code #502 7501 SIMULON DEMIN 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) KEELY BRIGGS Date 5 Full name of contributor CARLYN SALL 6 Contributor address; City; State; Zip Code 901 BARBARA DENTON TO Smill occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor Date Out-of-state PAC (ID#:_____) Amount of contribution (\$) 11/4/20 BLDIZE DOWN Contributor address; City; State; Zip Code 9/2 OBRLAND DENIS TY \$ 2000 Employer (See Instructions) Principal occupation / Job title (See Instructions) CHARL MINRUR Contributor address; City; State; Zip Code # 2000 3701 Dan IS Dental TX Full name of contributor Amount of contribution (\$) Principal occupation / Job title (See Instructions) Amount of contribution (\$) Principal occupation / Job title (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 BRIGOS 7 Amount of contribution (\$) 11/4/20 ANJECTA CADENA 6 Contributor address; City; State; Zip Code 11 E. UNIVIASINY NENTH Y 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instruction out-of-state PAC (ID#:____ 11/4/20 TANA BUNTER Contributor address; City; State; Zip Code 621 5 CHMITZ #2 DENING TO Amount of contribution (\$) \$ 1000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Full name of contributor out-of-state PAC (ID#:____ LISA SM7H Contributor address; City; State; Zip Code 3409 56051DE DENTIS 7X Employer (See Instru Amount of contribution (\$) \$ 5000 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 11/4/20 WANDA NERDLEM AN Contributor address; City; State; Zip Code (110 EMERSON DEMIN X

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

SCHEDULE A1

			OUNLESSEE AT
	Instruction Guide explains how to complete thi	1 Total pages Schedule A1:	
2 FILER NAME	KERLY Balcos		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
11/4/20	6 Contributor address; City;	State; Zip Code	\$1000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
11/4/2.		State; Zip Code	9/ 20°
	2202 MESTANOON DEN	Tin TX	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
11/4/20	SANDIA WAND Contributor address; City;	State; Zip Code	#1000
	2200 LOTTIMORE ST.	DENCIS XX	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 1/4/20	Full name of contributor Out-of-state PAC		Amount of contribution (\$) $4150 \simeq$
	Contributor address; City;	State; Zip Code	30-
Principal occup	ANNO BOLLS, ation / Job title (See Instructions)		
	cash, oos me (dee manucions)	Employer (See Instruct	ions)
	ATTACH ADDITIONAL COPIES O	OF THIS SCHEDULE AS AN	
	If contributor is out-of-state PAC, please see Instru	ection guide for additional re	eporting requirements.

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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 MAIGUS 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:______) Amount of cont I/4/20 Contributor address; City; State; Zip Code Amount of cont Thomas Th Amount of contribution (\$) Contributor address; 3 9/2 DEER FORRST DENIST TY Employer (See Instructions) Principal occupation / Job title (See Instructions) Date out-of-state PAC (ID#:_____ Amount of contribution (\$) 11/4/20 PHYLLIS WOLPER Contributor address; City; State; Zip Code \$ 50 50 1012 BULL RUN DENTIN TY Employer (See Instructions) Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:_____) 1/4/20 MISTY HAM WER. Contributor address; City; State; Zip Code #50= 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.

SCHEDULE A1

			01 (0.00m), 0.000 (0.000) (0.000) (0.000)
	e Instruction Guide explains how to complete th	1 Total pages Schedule A1:	
2 FILER NAME	KERLY BALLUS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state P/	AC (ID#:	7 Amount of contribution (\$)
11/4/20	6 Contributor address; City;		725 ==
	3605 BUTLER CIR. DENTO	State; Zip Code	1, 23 -
8 Principal occi	<u> </u>	7 24	
o Fincipal occi	upation / Job title (See Instructions)	9 Employer (See Instruc	ctions)
Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)
11/4/22	MANNEEN SANINGER Contributor address; City;		
17/20		State; Zip Code	\$ 5000
	809 EGAN DENTUN -	-X	_
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
4/4/20	ANNETTR SCHARS Contributor address; City;	State: Zip Code	,
	3303 HEATHER LN		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PA	C (ID#:)	Amount of contribution (\$)
11/4/20	M'BRIDE		# -
11/20	Contributor address; City;	State; Zip Code	1200
Principal annua			
Findpar occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)
			1
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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	s form.	1 Total pages Schedule A1:
2 FILER NAME	KERLY BRIGGS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor ut-of-state PA	C (ID#:)	7 Amount of contribution (\$)
11/4/20	ALEXANDAN MOUNTS 6 Contributor address; City; 1014 EMENT DENT	State: Zip Code	# 200
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date 1//4/2 ,	Full name of contributor out-of-state PAGE SAMIE MARIAS Contributor address; City; 227 GREWWOOD DEA	State; Zip Code	Amount of contribution (\$)
	ation / Job title (See Instructions)	Employer (See Instruc	
Date		; (ID#:)	Amount of contribution (\$)
11/4/20	Contributor address: City; 212 GUUDSON DENT	State; Zip Code	#1000
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
11/4/20	JOANN RISHEL	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / 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	KERLY BAIGOS	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	7 Amount of contribution (\$)		
111.1				
1/4/20	MAUREN SHRNTERGAR 6 Contributor address; City; State; Zi	Code 25 000		
	1516 E. WINDSIN DEDINE	>		
8 Principal occu	pation / Job title (See Instructions) 9 Employer	(See Instructions)		
Date	Full name of contributor	,		
11/11/20		Amount of contribution (\$)		
11/9/20	Aus 7/w LOCKE Contributor address; City; State; Zig	Code \$ 2000		
	522 DENTIN ST. DENTIN TX			
Principal occur				
тиограп оссер	Employer	(See Instructions)		
Date	Full name of contributor Qut-of-state PAC (ID#			
Whit	Full name of contributor	Amount of contribution (\$)		
11/9/20	Contributor address: City State 7	Code #50=		
*	Contributor address; City; State; Zip Code Amount of contribution (\$) Lynn McCneary Contributor address; City; State; Zip Code			
	Dentin of			
Principal occup	ation / lab sista /On a same a	(See Instructions)		
Date	Full name of contributor			
1.1.	ED SOPIA	dt		
1/4/20	Contributor address; City; State; Zip	Code / OU		
a (51.95)	1620 VICTORIA DENTINO TX			
Principal occupation / Job title (See Instructions) Employer (See Instructions)				

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SCHEDULE A1

			Security State (Later to Contact Conta
The	Instruction Guide explains how to complete thi	1 Total pages Schedule A1:	
2 FILER NAME	KERY BAIGOS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
1/4/20	DIANA LKGGETT 6 Contributor address; City; 10(7) AILEEN DENCE	State; Zip Code	\$ 5000
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date		C (ID#:)	Amount of contribution (\$)
11/4/20	MOLLY TAYLOR Contributor address; City; 1408 OXFIND DEM	State; Zip Code	\$ 10 32
	1408 OXFIND Dem	or th	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	
Date 11/4/20	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
11/4/20	EMILY PIERCIZ Contributor address; City; 2405 TWIN POIT DEN	State; Zip Code	#1200
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
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The	Instruction Guide explains how to complete thi	1 Total pages Schedule A1: 22/43		
2 FILER NAME	KRRLY MAIGUI		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)	
11/5/20	CHENYL PAIOUS 6 Contributor address; City: 1010 Impenial Dear	State; Zip Code	\$ / On as	
	1010 IMPENIAL DEN	X CII		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (2)	
11/5/20	BARRADA HUKAM	0	Amount of contribution (\$)	
. ,	Contributor address; City;	State; Zip Code	\$5000	
	2314 CRESTERNO DI	ensin ex	30	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)	
11/4/20	Contributor address; City;	State; Zip Code	A202	
	EUD PANIDANALE DENZO			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	: (ID#:)	Amount of contribution (\$)	
Mula	(CRBRCCA JACKEL	· 15 · · · · · · · · · · · · · · · · · ·	g	
17/20	Contributor address; City;	State, Zip Code	10000	
		ENTIN TX		
Principal occupa	ation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES (If contributor is out-of-state PAC, please see Instru	OF THIS SCHEDULE AS N	EEDED	

SCHEDULE A1

The	The Instruction Guide explains how to complete this form. 1 Total pages Schedule A1:				
2 FILER NAME	Kray Balous		3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$)		
11/5/20	6 Contributor address; City;		# 1		
1 (6 Contributor address; City;	State; Zip Code	\$5000		
~	2701 PINTO DENTO				
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
11kb	ANITA SAVAUR	±2	ranount of containation (5)		
11/3/20	Ontributor address; City;	State; Zip Code	\$1000		
	2700 F. MCKINNRY #3103	Denser	. , ,		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date		(ID#:)	Amount of contribution (\$)		
11/5/20	Contributor address; City;				
132	Contributor address; City;	State; Zip Code	# 100 w		
2603 WONDHOURN DRIVEN TX					
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)		
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)		
115/20	PRNRUPE DLIVER Contributor address; City;	State; Zip Code	#25 w		
a dia	2529 James TOWN D	KUSIN IX			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)		
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The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	KEELY BRILGS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
, ,	PAT CHECK		#100=
11/5/20	PAT CHEEK 6 Contributor address; City; 1220 TULANA DENT	State; Zip Code	7700=
	1220 TURNE DENT	X	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	A
			Amount of contribution (\$)
11/5/20	CONTINA SHIFLETT Contributor address; City;	State; Zip Code	A5000
	7612 HIJKLEY OBIL	DENZIA TX	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor out-of-state PAC	C (ID#:)	
		; (ID#:)	Amount of contribution (\$)
11/5/20	LINDA WALACK Contributor address; City; 1200 RIDGREALST DENTIL	State; Zip Code	#5000
н	1200 RIDGECREST DENTIL	· 7x	
	vation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor Out-of-state PAC	(ID#:)	Amount of contribution (\$)
11/-1	Tences missing		#
1/5/20	Contributor address; City;	State; Zip Code	12500
	Contributor address; City;	Darin Ty	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	
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SCHEDULE A1

The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME	Keary Brives		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	AC (ID#:)	7 Amount of contribution (\$)
11/5/20	CANOL ROWLEY 6 Contributor address; City; 31/2 PENNSYLANIB DER	State; Zip Code	#2000
	pation / Job title (See Instructions)	9 Employer (See Instruc	tional
		2 Employer (Gee madde	autra)
Date	Full name of contributor		Amount of contribution (\$)
11/5/20	CANUL WICKSTAIN Contributor address; City; GOY SMOKERISE PANTON	State; Zip Code	12000
	GOY SMOKERISE PENTIN	-X	_
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor	C (ID#:	
11/5/2.	Contributor address; City;	State; Zip Code	Amount of contribution (\$)
	Darcor	*	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date 11/5/20	Full name of contributor		Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	vi. 1 5 2 —
Principal occupation / Job title (See Instructions) Employer (See Instructions)			tions)
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS N	EEDED

f 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 A1:
2 FILER NAME	KERLY BAILUS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor Out-of-state PA	AC (ID#:)	7 Amount of contribution (\$)
11/5/20	6 Contributor address; City; 2951 Emens 52	State; Zip Code	t2.2
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
1/5/2 u	CHRAJE RULLS Contributor address; City; 1729 RMMy DR 57	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor		Amount of contribution (\$)
11/5/20	CONTIL SMITH Contributor address; City; Col 2 WOLFTAR DRATE	State; Zip Code	#25=
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
11/5/20	Contributor address; City; GS04 FOWANDS DRN	State; Zip Code	7500
Principal occupation / Job title (See Instructions) Employer (See Instructions)			ions)

SCHEDULE A1

The Instruction Guide explains how to complete this form. 1 Total pages Schedule AT: 27 43 43 7 43 43 7 43 43				
Contributor address; City: State: Zip Code Amount of contribution (\$)	The	Instruction Guide explains how to complete this	s form.	
CENTAL MUNICH GENTAL MUNICH 6 Contributor address; City: State: Zip Code Foundation Job title (See Instructions) 9 Employer (See Instructions)	2 FILER NAME	KERLY BRIGHT		3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions) 9		5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions) 9	11/6/20	6 Contributor address; City; 1905 WHITERSH DANTI	State; Zip Code	#5000
Amount of contribution (\$) Illustrate			DLW (249024)	
Amount of contribution (\$) Illustrate				
Contributor address: City: State: Zip Code T20 =	Date	Full name of contributor	; (ID#:)	Amount of contribution (C)
Principal occupation / Job title (See Instructions) Date	11/1/2	JENNIFER GUINRUL		
Principal occupation / Job title (See Instructions) Date	11/4/0	Contributor address; City;	State; Zip Code	1200
Principal occupation / Job title (See Instructions) Date		1509 E. WINDSIN		
Amount of contribution (\$) Could williams on Contributor address; City; State; Zip Code #50 =				tions)
CGUA WILLIAMSON Contributor address; City; State; Zip Code #50.22 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:	Date	Full name of contributor	(ID#:)	Amount of portribution (0)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor	1/16/20	CGCIA WILLIAMSON Contributor address; City;	State; Zip Code	44
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#: Amount of contribution (\$) // 6/20 Contributor address; City; State; Zip Code 327 WITHERS DENTINE DEN	L N	AUSIN	2/ 7/	
Darie Minister Device Amount of contribution (\$) Maria Minister	Principal occup	ation / Job title (See Instructions)		tions)
1/6/20 Contributor address; City; State; Zip Code 327 WITHERS DENTINE	Date	Full name of contributor	(ID#:	Amount of contribution (\$)
Directional commentation / Left #10 (Co., Left #12)	1/6/20	Contributor address: City-	State; Zip Code	
Employer (See Instructions)	Principal occurs			
	r mopal occup	auon 7 300 uue (388 iristructions)	Employer (See Instruct	ions)
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SCHEDULE A1

The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME	KERLY BOILOS	3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	7 Amount of contribution (\$)
11/4/20	6 Contributor address; City; State; Zip Code 820 RAITTONY DENTIL TX	#2000
8 Principal occu	pation / Job title (See Instructions) 9 Employer (See Instru	uctions)
Date	Full name of contributor	Amount of contribution (\$)
1/6/20	TRAY ROZIZLLE Contributor address; City; State; Zip Code	#5000
	2408 THIN POST RD. DENTIL THE	
Principal occup	pation / Job title (See Instructions) Employer (See Instru	actions)
Date	Full name of contributor out-of-state PAC (ID#:	Tallouit of continuuton (4)
11/1/20	MANILYN BYR Contributor address; City; State; Zip Code 3100 Pominion DENTIN TX	15000
9	3100 DOMINION DENTIN TX	
	pation / Job title (See Instructions) Employer (See Instru	
Date	Full name of contributor	Amount of contribution (\$)
1/6/20	Contributor address; City; State; Zip Code	\$ 100 w
	2007 TEATLEY # 109 DWIN TH	
Principal occup	eation / Job title (See Instructions) Employer (See Instru	octions)

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 29/ 43 2 FILER NAME 3 Filer ID (Ethics Commission Filers) KEELY BOYLUS 7 Amount of contribution (\$) 11/6/20 6 Contributor address; City; State; Zip Code 121 E WINDSON DANTIN TX #2000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Out-of-state PAC (ID#:_____) Amount of contribution (\$) FINDRA RECHARD Contributor address; City: State: Zip Code 7304 FRIST LN. DENTIN TY 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 \$/00 = Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) 11/6/20 MICHAUR TRANSLL Contributor address; City; State; Zip Code \$\textbf{X} \gamma_0 \square

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME	KERLY BAILUS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PAG	C (ID#:)	7 Amount of contribution (\$)
11/7/20	G606684 (18860)		A 500
	250 N. RUDDELL De	ENTINE TY	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
11/2/20	Contributor address; City;	State; Zip Code	725=
	401 W. Sycamore DE.	v10 70	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor		Amount of
1/6/20	MDNISSO STOV? Contributor address; City;	State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor out-of-state PAC		Amount of contribution (\$)
110/20	Contributor address; City; 3992 Honzus Fire Rn.	State; Zip Code	1500
Principal occur	ation / Job title (See Instructions)		4
· mapai ocoup	and tope mendencie)	Employer (See Instruc	ons)
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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME	KERY BribUS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
1/1/20	Kony Tosiw 6 Contributor address; City;		0 -
	3/05 MACKEN BIN D	State; Zip Code	# 5000
8 Principal occu	pation / Job title (See Instructions)	, -	
	patient / 000 title (Oct moducions)	9 Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
11/-1	RUGAMONY CONDRIBEI	,	
1/2/20	Contributor address; City;	State; Zip Code	\$ 5000
	602 WODDLAND DENE	1.1 -56	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor	C (ID#:)	A
, ,			Amount of contribution (\$)
11/7/20	Contributor address; City;	State, Zip Code	12000
	SSO9 WHANFSIDE DENT		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)
11/2/20	CHARUS WAYS Contributor address; City:		A 250 00
e diam		State; Zip Code	230-
	E408 STERLIN DEN	117 EX	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
			(6)
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2 FILER NAME	Kerry Rais	05		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	Out-of-state PA	C (ID#:)	7 Amount of contribution (\$)
11/2/20	Ton KING			K
1/4/25	700 KING 6 Contributor address;	City;	State; Zip Code	\$ 6000
	2222 BONSJAD	PL De	WIN TO	
8 Principal occu	pation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
			<u> </u>	
Date	Full name of contributor		C (ID#:)	Aniount of Contribution (2)
11/4/20	MANIAN HOPI	6		Ø
177720	Contributor address;	City;	State; Zip Code	Alous
	MANIAN HOPA Contributor address; 1219 ECTOR	Danis	2×	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	
Date	Full name of contributor	out-of-state PAG	C (ID#:)	Amount of contribution (\$)
11/0/0	CARRY CURRI	~		A.
110/20	Contributor address;	City;	State, Zip Code	1 2000
	CONRY CUNNI Contributor address; 919 MISTY LUJO pation / Job title (See Instructions)	Dari	u 3	
Principal occur	pation / Job title (See Instructions)	5	Employer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
11/21	CHERI	KRNNE	py	#
1/9/20	Contributor address:	City:	State: Zin Code	#25=
W. 111 Page	10409 MURRA	/ De-	1111 7	
Principal occup	pation / Job title (See Instructions)		Employer (See Instruc	tions)
				1
		ONAL 22275	AP	
			OF THIS SCHEDULE AS Nuction guide for additional	
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1:
2 FILER NAME	KKKLY BRIVUS		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor		7 Amount of contribution (\$)
11/9/20	6 Contributor address; City; 9308 ORANURWOUD TR	State; Zip Code	# 50 m
	7500 ORBJURWUDD TR	DENIIS CK	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	
Date	Full name of contributor		Amount of contribution (\$)
11/9/20	CHRISTIE RODEN Contributor address; City; 1408 RODN DENON		Amount of contribution (\$)
, , , = 0	Contributor address; City;	State; Zip Code	\$5000
		1X	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
Date	Full name of contributor		Amount of contribution (\$)
11/8/20	Contributor address; City; State; Zip Code 125 w		N25 00
31	1817 GLEN ARRIR LN		
Principal occupation / Job title (See Instructions) Employer (See Instructions)			
Date	Full name of contributor	; (HD#:)	Amount of contribution (\$)
1/1/2/20	Romino Vocaz Contributor address; City;	State, Zip Code	9/000
	2607 FOXCRIFTER. DEMI	~ 7	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)
			**
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.			

The	Instruction Guide explains how to complete thi	1 Total pages Schedule A1:			
2 FILER NAME	Kerry Brious	3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor ut-of-state PA	C (ID#:)	7 Amount of contribution (\$)		
"/9/20	BROWNYN TOPLON 6 Contributor address; City; 1009 MONTENRY DENIE	State; Zip Code	\$20 <u>0</u>		
	1009 MONTENRY DENI	y Tx			
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
11/9/20	Pudda DduaレPs Contributor address; City;	State; Zip Code	A 5 w		
	3910 711870 - CT De	MIN TX			
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)		
Date 11/9/20	Full name of contributor	C (ID#:) State; Zip Code	Amount of contribution (\$)		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
11/9/20	Contributor address; City; 2520 BRODDWAY DRN	State; Zip Code	#20 m		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	tions)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:		
2 FILER NAME	Kurry Bricus		3 Filer ID (Ethics Commission Filers)		
4 Date		C (ID#:)	7 Amount of contribution (\$)		
11/10/2.	6 Contributor address; City;	State; Zip Code	#25=		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)		
Date		C (ID#:)	Amount of contribution (\$)		
11/9/20	Contributor address; City; 921 N. LOUVST Dance	State; Zip Code	#1500		
	921 N. COUST Want	in Tx			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)		
11/9/20	BARBARA LIUMTENT Contributor address; City: 422 MIMSSA DKNOW	State; Zip Code	\$50°		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
Date (1/9/23	Full name of contributor out-of-state PAC AND MA Contributor address; City;	State; Zip Code	Amount of contribution (\$)		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)		
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	EEDED		
	If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:		
2 FILER NAME	KERLY Bailes	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PA	C (ID#:)	7 Amount of contribution (\$)	
11/10/20	EVINOR LICHTENBERG 6 Contributor address; City; 1713 CRESCENT DEN	State: Zip Gode	45000	
7 720	1713 CRESCENT DEN	TIN TX	77 30-	
2.00	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
11/10/	HRIDE KLEIN			
11/20	Contributor address; City;	State; Zip Code	#25=	
	621 HILLCREST DRI	sist tx		
Principal occup	ation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	C (1D#:)	Amount of contribution (\$)	
	Manicy J KING Contributor address; City;		4 -	
1/10/2.			#2500	
, i	3704 Corred Densin	K		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor out-of-state PA(C (ID#:)	Amount of contribution (\$)	
11/1	RAHNA RANKY		<i>b</i> –	
11/10/20	Contributor address; City;	State; Zip Code	1 500	
	2316 HOUSTIN PC	DRN7UN TX		
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)	
	ATTACH ADDITIONAL COPIES			
	If contributor is out-of-state PAC, please see Instr	uction guide for additional i	eporting requirements	

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME	KEEN BRIOUS		3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor		7 Amount of contribution (\$)	
1/11/20	CHRISSY MALOVE 6 Contributor address; City; 3816 GRANADA TR	A25000		
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor Out-of-state PAC		Amount of contribution (\$)	
11/11/20	Contributor address; City; 905 WKSTWBY Demis	State; Zip Code	\$ 5000	
Principal occup	eation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	; (ID#:)	Amount of contribution (\$)	
11/11/20		I I	A2500	
	701 NONTHRIDOR DEN	Les La		
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
11/11/20	SONOH GAMBLIN Contributor address; City; 2113 PRESTIN DEMI		# 40 ex	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
			,	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.				

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:	
2 FILER NAME	Karry Bribos	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Full name of contributor out-of-state PA	C (ID4:	7 Amount of analytic (C)	
,	ALLEC 12 D	o (los)	7 Amount of contribution (\$)	
11/12/2	ALLEGICA DOUIS HAI	VN A		
113/20	6 Contributor address; City;	State; Zip Code	\$ 1000	
20	ALLEGRA DOUIS HAD 6 Contributor address; City; 4112 SPURTABL DEN	mind - Ex	,	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	2 (10)		
		C (ID#:)	Amount of contribution (\$)	
111	GRETCHEN BUSL			
1//13/20	Contributor address; City;	State; Zip Code	\$5000	
,	606 MBGNOLIA		3 0 ==	
	E 11.1001/001/16			
Principal occup	eation / Job title (See Instructions)	Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
/	HEATHER DAVING			
11/12/20	Contributor address; City:	State: Zin Code	1252	
7. 7	, , , , , , , , , , , , , , , , , , , ,	Sizio, Zip Code	723	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruc	tions)	
	¥6.5			
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
,	Konen SKOREN			
11/12/20		Obstant Services	f (
11-120	Contributor address; City;	State; Žip Code	100 =	
Principal occup	vation / Job title (See Instructions)	Employer (See Instruct	tions)	
			,	
			~	
			J	
9				
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	EEDED	
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	s form.	1 Total pages Schedule A1:	
2 FILER NAME	KEELY BRIGGS		3 Filer ID (Ethics Commission Filers)	
4 Date		C (ID#:)	7 Amount of contribution (\$)	
11/15/20	JACQUELING FORRT 6 Contributor address; City; 1401 EGON DRYUN	5 CH State; Zip Code	\$ 5000	
	1401 EGON DRNUN	7	7 30 -	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruc	tions)	
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)	
11/14/20	KENUL HARROD			
• •	KENUL HARROP Contributor address; City; 2319 ROBIN WOOD	State; Zip Code	#20=	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
Date	Full name of contributor		Amount of contribution (\$)	
11/13/20	MRCISSA FLYN ~ Contributor address; City;	State: Zin Code	A Tow	
71 /20	918 CHRSINUT DENT	12 7/	, 002	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	tions)	
Date	Full name of contributor Out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
11/13/20	Contributor address; City; 1401 STARTFOND DAN pation / Job title (See Instructions)	State; Zip Code	A 1000	
	1401 STADTFORD DAN	712 76	,	
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)	
	ATTACH ADDITIONAL COPIES (OF THIS SCHEDULE AS N	EEDED	
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

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 7 Amount of contribution (\$) | KRUIN M. STRAU. CVL 6 Contributor address; City; State; Zip Code 25 ?? E WINDSON A15000 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Date Full name of contributor WILLIAM MORN Contributor address; City; State; Zip Code 303 mimila Dentil Employer (See Instructions) Employer (See Instructions) Date out-of-state PAC (ID#:_____) Amount of contribution (\$) A1 500 000 Employer (See Instructions) Amount of contribution (\$) SUSAN ENUSTREM Contributor address; City; State; Zip Code # 50 = 8608 GARDENIA DATINTY Principal occupation / Job title (See Instructions) Employer (See Instructions) 11/15/20 Contributor address; City; State; Zip Code #25 ~ Amount of contribution (\$) 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: 2 FILER NAME KEELY BRIGGS 3 Filer ID (Ethics Commission Filers) Out-of-state PAC (ID#: 7 Amount of contribution (\$) ELAINE KENNERY 6 Contributor address; City; State; Zip Code 1400 E UNIVERSIZ/ # 1113 B Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#:_____) Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:___ Amount of contribution (\$) 11/17/20 MIKE GREGORY Contributor address; City; State; Zip Code # 50 \(\times \) 4524 Coyo16 PT Danson Tx ion / Job title (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) MILI/20 AIMER TULLOS Contributor address; City; State; Zip Code 1910 REDNOID 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.

MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 2 FILER NAME KERLY BAIGGS Date 5 Full name of contributor out-of-state PAC (ID#:_______) SONOY TO YLON 6 Contributor address; City; State; Zip Code 703 BOLIVAN DENTIN TY 7 Amount of contribution (\$) \$100 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Amount of contribution (\$) TERRIR BUEN Contributor address; City; State; Zip Code 2545 NoTCHEZ TRACE DENTINEX 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) Amount of contribution (\$) 1/19/20 JANICE BIGBY Contributor address; City; State; Zip Code 1105 SANOPIPER DENTIN TX 12000 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.

SCHEDULE A1

The	Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME	KEELY BRIGGS	3 Filer ID (Ethics Commission Filers)	
4 Date (0/2/20	5 Full name of contributor out-of-state PAG JAMES HARDY 6 Contributor address; City; 12 11 HIGHUND PARK R	7 Amount of contribution (\$)	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instruct	tions)
Date		C (ID#:)	Amount of contribution (\$)
11/4/20	Contributor address; City; 35 HILHUIW CIR (\$250=
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)
Date / //	Full name of contributor out-of-state PAC IMATICE SALIH Contributor address; City; 300 NMTARIDGE D	State; Zip Code	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date ////2_	Full name of contributor out-of-state PACE SHANN BANNETU Contributor address; City; 3729 HumminGBIN	CState; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2:		
2 FILER NAME KERLY BRIGGS			3 Filer ID (Ethics Commission Filers)		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 750=		
5 Date	Date 6 Full name of contributor out-of-state PAC (ID#:) BRIAN BECIN 7 Contributor address; City; State; Zip Code		8 Amount of Contribution \$ 9 In-kind contribution description \$ 350 \(\sigma \)		
	10.1	4209	Check if travel outside of Texas. Complete Schedule T.		
•	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	i e	er (FOR NON-JUDICIAL)(See Instructions) Y of TEXAS AT AUSTIN		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	Full name of contributor out-of-state PAC (ID#:	Zip Code 74 21 0	Amount of Contribution \$\frac{\lambda}{\text{Contribution}}\$\$\$ In-kind contribution description \$\frac{\text{Contribution}}{\text{Contribution}}\$\$\$\$\$\$ \frac{\text{Contribution}}{\text{Contribution}}\$		
•	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	Employer (FOR NON-JUDICIAL)(See Instructions)		
	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)				

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITURE CATE	GORIES F	OR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politice 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		Transportation E Travel In District Travel Out Of Di	
Oreut Oald Payment		The Instruction Guide explain	s how to co	mplete this form.		
1 Total pages Schedule F1:	2 FILER N	NAME KEELY BRIGGS			3 Filer ID (Et	thics Commission Filers)
4 Date 11/10/20	5 Payeen	ame 70~ RECORD CH	RONICL	E		
6 Amount (\$)	7 Payee a	ddress;		City;	State;	Zip Code
\$3,68403	355	55 DUCHESS DO	RIVE	DONTOS	TX	76205
8	(a) Catego	ry (See Categories listed at the top of this s	schedule)	(b) Description		
PURPOSE OF EXPENDITURE	BOVE	RTISINO EXPENSES	5	PRINT & DRUN	EMPL PL	BCRMBNT
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austi	in, TX, officeholder li	ving expense
9 Complete ONLY if direct expenditure to benefit C/Oh		date / Officeholder name		Office sought		Office held
Date	Payee na	ame				
11/2/2020	FAC	CEBUOK				
Amount (\$)	Payee a			City;	State;	Zip Code
# 1,038=	1	ICKER WBY	94	025		
		y (See Categories listed at the top of this so	chedule)	Description		
PURPOSE OF EXPENDITURE	ADURA	CTISING EXPENSES		DIGITAL B	•	√6
		Check if travel outside of Texas. Complete Sci	hedule T.	Check if Austin	n, TX, officeholder liv	ving expense
Complete ONLY if direct expenditure to benefit C/OH		date / Officeholder name		Office sought	(25)	Office held
Date	Payee na	ame				
11/4/2020	2	00M				
Amount (\$)	Payee ac		. 41	City;	State;	Zip Code
1598	_	ALMADEN BLUD N JUSE, CA	_	FLOUR		
	Category	(See Categories listed at the top of this scl	hedule)	Description		
PURPOSE OF EXPENDITURE	Offi	CE OVERHEAD		MONTHLY	/ SUBSCR CONFEREN	CING TECH.
		Check if travel outside of Texas. Complete Sch	nedule T.	Check if Austin	ı, TX, officeholder liv	ing expense
Complete ONLY if direct	Candid	ate / Officeholder name		Office sought		Office held

expenditure to benefit C/OH

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politica Credit Card Payment	Event Expense [Fees [Food/Beverage Expense [Gift/Awards/Memorials Expense [Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)			
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
2/3	KEELY BRIGGS		(
4 Date 11/12/2020	5 Payee name WORDPRESS					
6 Amount (\$) #5117	7 Payee address;	City;	State; Zip Code			
8	(a) Category (See Categories listed at the top of this sch	nedule) (b) Description				
PURPOSE OF EXPENDITURE	ADVERTISING EXPENSE	WEASITE				
	(C) Check if travel outside of Texas. Complete Scher	dule T. Check if Austin	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					
11/13/2020	(DALLOS MIRNING NEV	VS) BELO + COI	mpsNy			
Amount (\$)	Payee address;	City;	State; Zip Code			
#G,423 32	3900 WEST PLOND PG PLOND, TX 750	075				
	Category (See Categories listed at the top of this sche	,				
PURPOSE OF EXPENDITURE	ADVERTISING ; PRINTING EXPENSE	DINECT IN	MAIL PRINTING, SERVICE			
	Check if travel outside of Texas. Complete Sched	dule 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					
11/20/2020	JUST YARD SIGN	\$				
Amount (\$)	Payee address;	City;	State; Zip Code			
#272 50	ORLBNOO, FL 32					
	Category (See Categories listed at the top of this sched	dule) Description				
PURPOSE	ADVERTISING & PRINTING	516NS				
OF EXPENDITURE	EXPENSE	0,0,,3				
	Check if travel outside of Texas. Complete Sched	lule T. Check if Austin	, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			

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

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	•	Wages/Contract Labor	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1: 3/3	2 FILER NAME KRELY BRIGGS		3 Filer ID (Ethics Commission Filers)
4 Date ///22/2020	5 Payee name 7F×TEDLY		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 350 w	3173 N. BEACHWWD DR.		
<i>p</i> . — -	LOS BNORLÉS, CA 90	0068	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE	No 1127 - 14 D - 1-1	TELECOMO	NCOTIVN S
OF EXPENDITURE	ADVERTISING EXPENSE	MESSBOI	46
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	л, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/22 poro	ORBIT PRESS		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 297 15	1811 N. ELM 57.		
+ 0-11-	DENTON, TX 76201	/	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	PRINTING EXPENSE	HANDOUT	΄ς
	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		
11/22/2020	PAYPAL		
Amount (\$)	Payee address;	City;	State; Zip Code
#29964	2221 N. FIRST		
#211-	SAN JOSE, CA 95/31		
	Category (See Categories listed at the top of this schedule)	Description	_
PURPOSE	FEES		G FEES OF
OF EXPENDITURE	1 123	ONLINE	DONATIONS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, 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 SCHEDULE AS NEE	EDED