



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: 10																		
3 CANDIDATE / OFFICEHOLDER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR</td> <td style="width: 40%;">FIRST</td> <td style="width: 30%;">MI</td> </tr> <tr> <td></td> <td>David</td> <td>Clayton</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td>Clayton</td> <td>Brashear</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI		David	Clayton	NICKNAME	LAST	SUFFIX	Clayton	Brashear		OFFICE USE ONLY Date Received  APR - 4 2019  Date Hand-delivered or Date Postmarked <table style="width: 100%;"> <tr> <td style="width: 50%;">Receipt #</td> <td style="width: 50%;">Amount \$</td> </tr> <tr> <td colspan="2">Date Processed</td> </tr> <tr> <td colspan="2">Date Imaged</td> </tr> </table>	Receipt #	Amount \$	Date Processed		Date Imaged	
	MS / MRS / MR	FIRST	MI																		
	David	Clayton																			
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Clayton	Brashear																				
Receipt #	Amount \$																				
Date Processed																					
Date Imaged																					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address		<table style="width: 100%;"> <tr> <td style="width: 25%;">ADDRESS / PO BOX;</td> <td style="width: 25%;">APT / SUITE #;</td> <td style="width: 25%;">CITY;</td> <td style="width: 25%;">STATE;</td> <td style="width: 20%;">ZIP CODE</td> </tr> <tr> <td>PO Box 2344</td> <td></td> <td>South Padre Island, TX</td> <td></td> <td>78597</td> </tr> </table>		ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	PO Box 2344		South Padre Island, TX		78597								
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5 CANDIDATE/ OFFICEHOLDER PHONE	<table style="width: 100%;"> <tr> <td style="width: 25%;">AREA CODE</td> <td style="width: 40%;">PHONE NUMBER</td> <td style="width: 35%;">EXTENSION</td> </tr> <tr> <td>(956)</td> <td>455-8436</td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	(956)	455-8436														
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6 CAMPAIGN TREASURER NAME	<table style="width: 100%;"> <tr> <td style="width: 30%;">MS / MRS / MR</td> <td style="width: 40%;">FIRST</td> <td style="width: 30%;">MI</td> </tr> <tr> <td></td> <td>Laura</td> <td>E</td> </tr> <tr> <td>NICKNAME</td> <td>LAST</td> <td>SUFFIX</td> </tr> <tr> <td></td> <td>Rowan</td> <td></td> </tr> </table>		MS / MRS / MR	FIRST	MI		Laura	E	NICKNAME	LAST	SUFFIX		Rowan								
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	Laura	E																			
NICKNAME	LAST	SUFFIX																			
	Rowan																				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table style="width: 100%;"> <tr> <td style="width: 40%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width: 20%;">APT / SUITE #;</td> <td style="width: 20%;">CITY;</td> <td style="width: 20%;">STATE;</td> <td style="width: 20%;">ZIP CODE</td> </tr> <tr> <td>203 W Jupiter Ln.</td> <td></td> <td>South Padre Island, TX</td> <td></td> <td>78597</td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	203 W Jupiter Ln.		South Padre Island, TX		78597								
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9 REPORT TYPE	<table style="width: 100%;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input checked="" type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded \$500 limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded \$500 limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)										
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10 PERIOD COVERED	<table style="width: 100%;"> <tr> <td style="width: 25%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 15%;">Year</td> <td style="width: 20%;"></td> <td style="width: 20%;">Month</td> <td style="width: 10%;">Day</td> <td style="width: 10%;">Year</td> </tr> <tr> <td>2</td> <td>21</td> <td>2019</td> <td>THROUGH</td> <td>3</td> <td>25</td> <td>2019</td> </tr> </table>			Month	Day	Year		Month	Day	Year	2	21	2019	THROUGH	3	25	2019				
Month	Day	Year		Month	Day	Year															
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11 ELECTION	<table style="width: 100%;"> <tr> <td style="width: 40%;">ELECTION DATE</td> <td style="width: 60%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special </td> </tr> <tr> <td>5 / 4 / 2019</td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	5 / 4 / 2019													
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12 OFFICE	<table style="width: 100%;"> <tr> <td style="width: 50%;">OFFICE HELD (if any)</td> <td style="width: 50%;">OFFICE SOUGHT (if known)</td> </tr> <tr> <td></td> <td>Mayor of South Padre Island</td> </tr> </table>			OFFICE HELD (if any)	OFFICE SOUGHT (if known)		Mayor of South Padre Island														
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GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME David Clayton Brashear	15 Filer ID (Ethics Commission Filers)
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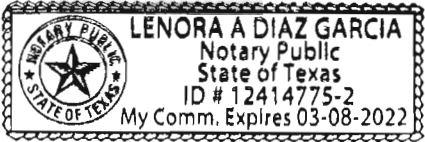
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> 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), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 6,045.87
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,285.61
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1,048.03
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,600.00

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.



Signature of Candidate or Officeholder: Clayton Brashear

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Clayton Brashear, this the 4th day of April, 2019, to certify which, witness my hand and seal of office.

Signature of officer administering oath: Lenora A. Diaz-Garcia Printed name of officer administering oath: Lenora A. Diaz-Garcia Title of officer administering oath: Notary Public

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
David Clayton Brashear		
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 0.00
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 6,045.87
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2,600.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1,451.98
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0.00
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 1,833.63
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 0.00
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0.00
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0.00
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0.00

SCHEDULE A2

Revised 9/8/2015

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2:
3

2 FILER NAME

David Clayton Brashear

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 0.00

5 Date

3/5/19

6 Full name of contributor

☐ out-of-state PAC (ID#:

Tara Rios

7 Contributor address;

City;

State;

Zip Code

PO Box 3967

South Padre Island, TX 78597

8 Amount of Contribution \$
\$541.25

9 In-kind contribution description
Border Press Inc. for 100 Metal Frames for Outdoor Campaign Posters

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Dentist

11 Employer (FOR NON-JUDICIAL) (See Instructions)

Self Employed

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

Date

3/6/2019

Full name of contributor

☐ out-of-state PAC (ID#:

Tara Rios

Contributor address;

City;

State;

Zip Code

PO Box 3967

South Padre Island, TX 78597

Amount of Contribution \$
\$3,000.00

In-kind contribution description
Arena Analytics LLC for Voter Lists Software

☐ Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)

Dentist

Employer (FOR NON-JUDICIAL) (See Instructions)

Self Employed

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3	
2 FILER NAME David Clayton Brashear		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0.00	
5 Date 3/9/2019	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tara Rios 7 Contributor address; City; State; Zip Code PO Box 3967 South Padre Island, TX 78597	8 Amount of Contribution \$ \$1,244.88	9 In-kind contribution description Border Press Inc. for 100 18X24 Double Sided Yard Signs with Metal Frame Stakes <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Dentist		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self Employed	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 3/20/2019	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tara Rios Contributor address; City; State; Zip Code PO Box 3967 South Padre Island, TX 78597	Amount of Contribution \$ \$107.12	In-kind contribution description ALLEGRA for 200 Clayton Brashear Political F/B Push Cards <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Dentist		Employer (FOR NON-JUDICIAL) (See Instructions) Self Employed	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

LOANS**SCHEDULE E**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME David Clayton Brashear		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan 2/26/2019	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) David Clayton Brashear	9 Loan Amount (\$) 100.00
6 Is lender a financial institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code PO Box 2344 South Padre Island, TX 78597	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Owner/Clayton's Beach Bar & Grill, Clayton's Resort		13 Employer (See Instructions) Self Employed
14 Description of Collateral <input checked="" type="checkbox"/> none		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor 18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$)
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan 3/1/2019	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) David Clayton Brashear	Loan Amount (\$) 2,500.00
Is lender a financial institution? Y <input checked="" type="radio"/> N	Lender address; City; State; Zip Code PO Box 2344 South Padre Island, TX 78597	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions) Owner Clayton's Beach Bar & Grill, Clayton's Resort		Employer (See Instructions) Self Employed
Description of Collateral <input checked="" type="checkbox"/> none		Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code	Amount Guaranteed (\$)
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If lender 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	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 FILER NAME David Clayton Brashear	3 Filer ID (Ethics Commission Filers)
4 Date 3/6/2019	5 Payee name Harland Clarke Corp	
6 Amount (\$) 55.54	7 Payee address; City; State; Zip Code 15955 La Cantera Parkway, San Antonio, TX 78256	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check Order for Campaign Account
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	
Date 3/1/2019	Payee name Border Press Inc	
Amount (\$) 703.63	Payee address; City; State; Zip Code 620 E. Price Road, Brownsville, TX 78521	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 100 18X24 Campaign Posters
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	
Date 3/1/2019	Payee name Toucan Graphics	
Amount (\$) 465.48	Payee address; City; State; Zip Code 104 W. Bahama St., South Padre Island, TX 78597	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Art Service Campaign Signs 6, 8X4 Coroplast Signs
	<div style="display: flex; justify-content: space-between;"> <div>Complete <u>ONLY</u> if direct expenditure to benefit C/OH</div> <div>Candidate / Officeholder name</div> <div>Office sought</div> <div>Office held</div> </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2	2 FILER NAME David Clayton Brashear	3 Filer ID (Ethics Commission Filers)
4 Date 3/20/2019	5 Payee name Toucan Graphics	
6 Amount (\$) 227.33	7 Payee address; City; State; Zip Code 104 W. Bahama St., South Padre Island, TX 78597	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense 3 8X4 Coroplast Campaign Signs
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME David Clayton Brashear	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 0.00
--	---------

5 Date 3/13/2019	6 Payee name Brenda Bazan Portrait Photographer
----------------------------	---

7 Amount (\$) 753.63	8 Payee address; City; State; Zip Code 847 E. Elizabeth St., Brownsville, TX 78520
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
------------------------------	--

10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography of Head Shots used for campaign materials
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 3/21/19	Payee name Port Isabel South Padre Press
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Amount (\$) 1,080.00	Payee address; City; State; Zip Code 101 Maxan St., Port Isabel, TX 78578
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Ads placed in News Paper
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED