CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

s

The C/OH Instruction G	Guide explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 14	
3 CANDIDATE/	MS / MRS / MR FIRST	MI	OFFICE USE ONLY	
OFFICEHOLDER NAME	David	Clayton	Date Received	
	NICKNAME LAST	SUFFIX	RECEIVED BY	
	Clayton Brashear		CITY SECRETARY	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #: CO	CITY; STATE; ZIP CODE	100 0.0 0010	
MAILING ADDRESS	PO Box 2344 South Padre	e Island, ⊤X 78597	APR 2 6 2019	
Change of Address			CITY OF SOUTH PADRE	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	ISLAND	
OFFICEHOLDER PHONE	(956) 455-8436		Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS / MRS / MR FIRST	MI	Receipt # Amount \$	
TREASURER NAME	Laura	Ε	Date Processed	
	NICKNAME LAST	SUFFIX	Date imaged	
	Rowan			
7 CAMPAIGN TREASURER	STREET ADDRESS (NO PO BOX PLEASE): APT / SU		ZIP CODE	
ADDRESS	203 W Jupiter Ln.	South Padre Island, TX	78597	
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (956) 494-5967	EXTENSION		
9 REPORT TYPE	January 15 30th day before e	lection Runoff	15th day after campaign treasurer appointment	
	July 15 X 8th day before ele	Exceeded \$500 limit	(Officeholder Only) Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	03 26 2019	THROUGH	24 / 2019	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runolf Other Description		
	5 4 2019 General	X Special		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known))	
		Mayor of Sout		
			S	
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME David Clayton Bra	ashear	15 F	iler ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	POLITICAL SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
s	COMMITTEE ADDRESS				
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 2,808.62				
EXPENDITURE TOTALS3.TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED\$ 0.00			\$ 0.00		
	4. TOTAL POLITICAL EXPENDITURES \$ 11,616.27				
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY PORTING PERIOD	\$ 25.59		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ 9,120.00		
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 Candidat	e or Officeholder		
AFFIX NOTARY STAM	P/SEALABOVE		1 11-		
Sworn to and subsc	. 0		A_{-} , this the H_{-}		
day of <u>lep</u> , 20_9, to certify which, witness my hand and seal of office.					
Signature of officer a	dministering oath	Printed name of officer administering oath	Title of officer administring bath*		
Forms provided by Texas El	hics Commission	www.ethics.state.tx.us	Revised 9/8/2015		

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

9 F	FILERNA	ME	20 Filer ID (Ethics Cor	mmission Filers)
Ľ	David C	ayton Brashear		
		LE SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1.		SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 0.00
2.	Χ	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 2,808.62
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$ 0.00
4.	X SCHEDULE E: LOANS			
5.	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$ 0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			\$ 0.00
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 1,620.60
9.	X SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			\$ 2,353.24
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			
1.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL C	ONTRIBUTIONS	\$ 0.00
2.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBU RETURNED TO FILER	TIONS	\$ 0.00

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

IT.	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 2		
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)		
David Clay	/ton Brashear				
			\$ 0.00		
5 Date 4/4/2019	Kelly's Irish Pub		8 Amount of Contribution \$ 9 In-kind contribution description \$100.00 Food Donation for Meet & Greet 4/4/19 Held At Kelly's Irish Pub		
	7 Contributor address; City; State; Zip Cod 101 E. Morningside Dr., South Padre Island, TX 78597	le	Check if travel outside of Texas. Complete Schedule T.		
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)		
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
14 Contributor's	s employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)		
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
Date	Date Full name of contributorout-of-state PAC (ID#:) Clayton's Beach Bar & Grill		Amount of In-kind contribution Contribution \$ description \$260.00 Food Donation for Meet & Greet		
4/4/2019	Contributor address; City; State; Zip Co	de	4/4/19 Held At Kelly's Irish Pub		
	6900 Padre Blvd., South Padre Island, TX 78597		Check if travel outside of Texas. Complete Schedule T.		
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	ver (FOR NON-JUDICIAL) (See Instructions)		
Contributor's	s principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firm	rm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
If	ATTACH ADDITIONAL COPIES OF T contributor is out-of-state PAC, please see instruction				

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

TT	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2: 2
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
David Clay	rton Brashear		
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$ 0.00
5 Date 4/15/2019	 6 Full name of contributor out-of-state PAC (ID#: Clayton's Beach Bar & Grill 7 Contributor address; City; State; Zip Cocc 6900 Padre Blvd., South Padre Island, TX 78597 	 8 Amount of Contribution \$ 9 In-kind contribution description \$2,448.62 Food, Beverage & Entertainment Donation for Meet & Greet 4/15/19 Held At Clayton's Beach Bar & Grill Check if travel outside of Texas. Complete Schedule T. 	
10 Principal occ	supation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employ	er (FOR NON-JUDICIAL)(See Instructions)
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)		
Date	Full name of contributor Gout-of-state PAC (ID#:)		Amount of In-kind contribution Contribution \$ description
	Contributor address; City; State; Zip Co	de	Check if travel outside of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	principal occupation (FOR JUDICIAL)	Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
If	ATTACH ADDITIONAL COPIES OF 1 contributor is out-of-state PAC, please see instruction		

LOANS

SCHEDULE E

<u> </u>					
The	Instruction Guide explains how to compl	lete this form.	1 Total pages Schedule E: 2		
2 FILER NAME	2 FILER NAME				
David Clayton B	David Clayton Brashear				
4 TOTAL OF UN	IITEMIZED LOANS		\$ 0.00		
5 Date of Ioan 4/3/2019	7 Name of lender out-of-state	PAC (ID#:)	9 Loan Amount (\$) \$2,000.00		
C	David Clayton Brashear		10 Interest rate		
6 Is lender a financial Institution?	8 Lender address; City; S PO Box 2344 South Padre Island	State; Zip Code d, TX 78597			
Y N			11 Maturity date		
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)			
Owner/Clayton's Beach	n Bar & Grill, Clayton's Resort	Self Employed			
14 Description of Collateral 15 Check if personal funds were deposited into political account (See Instructions) X none X					
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)		
18 Guarantor address; City; State; Zip Code					
🗙 not applicable	, contraction address, conty, c				
20 Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)			
Date of loan 4/3/2019	Name of lender out-of-state David Clayton Brashear	PAC (ID#:)	Loan Amount (\$) \$4,500.00		
ls lender a financial	Lender address; City;	State; Zip Code	Interest rate		
Institution?	PO Box 2344, South Padre Island, T	FX 78597	Maturity date		
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)			
Owner Clavton's Beach	h Bar & Grill, Clayton's Resort	Self Employed			
Description of Colli		Check if personal funds were account (See Instructions)	deposited into political		
X none					
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)		
	Guarantor address; City;	State; Zip Code			
X not applicable					
Principal Occupati	on (See Instructions)	Employer (See Instructions)			
l If I	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see in	PIES OF THIS SCHEDULE AS NE struction guide for additional re			
	the second state in the piedae ace in	Station guide for additional fe	specing requirements.		

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	blete this form.	1 Total pages Schedule E: 2
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
David Clayton E	Brashear		
4 TOTAL OF UN	ITEMIZED LOANS		\$ 0.00
5 Date of Ioan 4/24/2019	7 Name of lender out-of-state David Clayton Brashear	PAC (ID#:)	9 Loan Amount (\$) \$20.00
6 Is lender a financiał	8 Lender address; City;	State; Zip Code	10 Interest rate
Institution? Y N	PO Box 2344 South Padre Isla	nd, TX 78597	11 Maturity date
12 Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
Owner/Clayton's Beac	h Bar & Grill, Clayton's Resort	Self Employed	
14 Description of Coll	lateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
20 Principal Occupat	18 Guarantor address; City; tion (See Instructions)	State; Zip Code 21 Employer (See Instructions)	
Date of loan	Name of lender	9 PAC (ID#:)	Loan Amount (\$)
ls lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Coll	ateral	Check if personal funds were account (See Instructions)	deposited into political
GUARANTOR	Name of guarantor		Amount Guaranteed (\$)
	Guarantor address; City;	State; Zip Code	
not applicable			
Principal Occupati	on (See Instructions)	Employer (See Instructions)	
lf I	ATTACH ADDITIONAL CO ender is out-of-state PAC, please see in	OPIES OF THIS SCHEDULE AS NE nstruction guide for additional re	

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

	EX	PENDITURE CATE	GORIES	FOR BOX 8(a)	
Accounting/Banking Fees Office Over Consulting Expense Food/Beverage Expense Polling Exp Contributions/Donations Made By Gift/Awards/Memorials Expense Printing Exp Candidate/Officeholder/Political Committee Legal Services Salaries/W. Credit Card Payment The Instruction Guide explains how to co			kpense /ages/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: 3		rashaar			3 Filer ID (Ethics Commission Filers)
4 Date 3/29/2019	David Clayton Brashear 5 Payee name Toucan Graphics				
6 Amount (\$) \$454.65	7 Payee address;	City; State; 2 ., South Padre Islan		597	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) (b) Description Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Six 8X4 Single Sided Coroplast Signs			n, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Offic	ceholder name		Office sought	Office held
Date 4/3/2019	Payee name Border Press Inc				
Amount (\$) \$1,109.56	Payee address; 620 E. Price Road,	City; State; Z Brownsville, TX 785			
PURPOSE OF EXPENDITURE	Category (See Cate	gories listed at the top of this	schedule)	Check if Austin	utside of Texas. Complete Schedule T. I., TX, officeholder living expense Signs 18X24 Double Sided With Frames
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Offic	eholder name	_	Office sought	Office held
Date 4/3/2019	Payee name Tara Rios				
Amount (\$) \$1,000.00	Payee address; PO Box 3967, South	City; State; 2 Padre Island, TX 785			
PURPOSE OF EXPENDITURE	Category (See Categ	gories listed at the top of this	schedule)	Check if Austin	Itside of Texas. Complete Schedule T. n, TX, officeholder living expense 1/2019 RGV Media Group - design work fo rial
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Offi	ceholder name		Office sought	Office held
	ATTACH AL	DITIONAL COPIES	OF THIS	SCHEDULE AS NEE	EDED

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

Advertising First Figures Substance				
Accounting and the set of the set		EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
3 David Clayton Brashear 4 Date 3 Payee name 4 Add 2019 Tar Rios 6 Amount (\$) 7 Payee address; City; State; Zip Code 9 Complete Stocks? PO Box 3967. South Padre Island, TX 78597 8 (a) Category (See Categories listed at the top of this schedule? 9 Complete ONLY if direct Candidate / Officeholder name 9 Complete ONLY if direct Candidate / Officeholder name 4/3/2019 Tara Rios Amount (\$) Payee name 4/3/2019 Tara Rios Amount (\$) Payee name 4/3/2019 Tara Rios Amount (\$) Payee address: 9 Complete ONLY if direct Category (See Categories listed at the top of this schedule?) 0 Date Payee name 4/3/2019 Tara Rios Amount (\$) Payee address: 0 Date Payee name 4/3/2019 Tara Rios Amount (\$) Payee categories listed at the top of this schedule? PURPOSE Category (See Categories listed at the top of this schedule?) 0 Date Category (See Categories listed at the top of this schedule?)	Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officeholder/Politic	Fees God/Beverage Expense G Food/Beverage Expense G Gift/Awards/Memorials Expense G al Committee Legal Services S	Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District
4 Date A Payee name 7 Date Payee name 7 Payee address; City; State; Zip Code 9 Complete QNU II direct (a) Category (See Categories listed at the top of this schedule) (b) Description 9 Complete QNU II direct Candidate / Officeholder name Office sought Office held 9 Complete QNU II direct Candidate / Officeholder name Office sought Office held 9 Amount (\$) Payee address; City; State; Zip Code PO Box 3967, South Padre Island, TX 78597 9 Complete QNU II direct Candidate / Officeholder name Office sought Office held 0 Date Payee address; City; State; Zip Code PO Box 3967, South Padre Island, TX 78597 PURPOSE Category (See Categories listed at the top of this schedule) Description Creak it haves rules of these complete Schedule I. PURPOSE Category (See Categories listed at the top of this schedule) Description Creak it haves rules of these complete Schedule I. Office Sought Category (See Categories listed at the top of this schedule) Creak it haves rules of these complete Schedule I. Office Sought Category (See Categories listed at the top of this schedule) Creak it haves rules rules of these complete Schedule I. <	1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4/3/2019 Tara Rios 6 Amount (5) 7 Payee address: City: State: Zip Code 9 Complete ONLY if direct expendences issued at the top of this schedule in the	3	David Clayton Brashear		
\$152.62 PO Box 3967, South Padre Island, TX 78597 8 PURPOSE EXPENDITURE (a) Category (See Categories listed at the tep of this schedule) (b) Description 9 Complete QNLY if direct expenditure to banefit COH Candidate / Office holder name Office sought Office held Date EXPENDITURE Payee name Tara Rios Category (See Categories listed at the top of this schedule) Office sought Office held PURPOSE EXPENDITURE Candidate / Officeholder name Office sought Office held Office held Date 4/3/2019 Payee name Tara Rios Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) PURPOSE EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit CIOH Candidate / Officeholder name Office sought Office held Date Payee address; 3.000.00 Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Office sought Office held Date Payee name Tara Rios Category				
8 (a) Category (See Categories listed at the top of this schedule) (b) Category (See Categories listed at the top of this schedule) 9 Complete (NLY if direct exceeded listed at the top of this schedule) (b) Category (See Categories listed at the top of this schedule) 9 Complete (NLY if direct exceeded listed at the top of this schedule) (c) Category (See Categories listed at the top of this schedule) Date Paysee name Candidate / Office holder name Office sought Office held PurPoSE Paysee address: City: State; Zip Code Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Categories listed at the top of this schedule) Category (See Catego	6 Amount (\$)	7 Payee address; City; State; Zip	Code	
PURPOSE OF EXPENDITURE Advertising	\$152.62	PO Box 3967, South Padre Island, TX 78	597	
Compose EXPENDITURE Advertising Candidate / Officeholder name Candidate / Officeholder name 9 Complete ONLY if direct expenditure to benefit COH Candidate / Officeholder name Office sought Office held Date Payee name Tara Rios Amount (\$) Payee address: City: State; Zip Code \$5541.25 PO Box 3967, South Padre Island, TX 78597 PURPOSE Office Categories listed at the top of this schedule) Description Operative to benefit COH Candidate / Officeholder name Office sought Otice to benefit COH Category (See Categories listed at the top of this schedule) Description Operative to benefit COH Candidate / Officeholder name Office sought Office held Complete ONLY if direct Candidate / Officeholder name Office sought Office held Complete ONLY if direct Candidate / Officeholder name Office sought Office held Date Payee name Tara Rios Payee name Office sought Office held Date Payee address; City: State; Zip Code Office sought Office held Office held PURPOSE Category (See Categories listed at the top of th	8	(a) Category (See Categories listed at the top of this sche	edule) (b) Description	
OF EXPENDITURE Advertising Image: Concentration of the second se	PURPOSE		Check if travel of	utside of Texas. Complete Schedule T.
expenditure to benefit GOH Payee name 4/3/2019 Tara Rios Amount (\$) Payee address: City: State: Zip Code \$541.25 PO Box 3967, South Padre Island, TX 78597 PURPOSE Of Category (See Categories listed at the top of this schedule) Advertising Description Complete ONLY if direct Advertising Complete ONLY if direct Candidate / Officeholder name Office sought Office sought Office sought Office held Date Payee address; 4/3/2019 Tara Rios Amount (\$) Payee name 4/3/2019 Tara Rios Amount (\$) Payee address; Purpose City; State; Zip Code PO Box 3967, South Padre Island, TX 78597 Date Payee address; Po Box 3967, South Padre Island, TX 78597 Category (See Categories listed at the top of this schedule) Description Check if Audin: Tx, ottecholder tring expense Reimbursement for 3/6/2019 Arena Analytics LLC for Voter Lists Software Office Sought Category (See Categories listed at the top of this schedule) Description Complete		Reimbursement for 3/1/2019 ALLEGRA for 100 C		
4/3/2019 Tara Rios Amount (\$) Payee address: City: State; Zip Code S541.25 PO Box 3967, South Padre Island, TX 78597 PURPOSE Category (See Categories listed at the top of this schedule) Description PURPOSE Advertising Category (See Categories listed at the top of this schedule) Advertising Category (See Categories listed at the top of this schedule) Description Complete ONLY if direct Candidate / Officeholder name Office sought Office held Date Payee name Payee name Office sought Office held 4/3/2019 Tara Rios Category (See Categories listed at the top of this schedule) Description Office held Date Payee name Tara Rios Office sought Office held Amount (\$) Payee address; City; State; Zip Code S3,000.00 PO Box 3967, South Padre Island, TX 78597 PURPOSE Category (See Categories listed at the top of this schedule) Description Check if ravel outside of Taxas. Complete Schedule T. PURPOSE Category (See Categories listed at the top of this schedule) Description Check if austin, TX, othechotater living expenso Reimbursement for 3/6/2019 Are			Office sought	Office held
Amount (\$) Payee address: City: State; Zip Code \$541.25 PO Box 3967, South Padre Island, TX 78597 PURPOSE Category (See Categories listed at the top of this schedule)	Date	Payee name		
\$541.25 PO Box 3967, South Padre Island, TX 78597 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Description Check if Austin, TX, officeholder living expense Reimbursement for 3/5/2019 Border Press Inc. for 100 Metal Frames for Outdoor Campaign Posters Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name 4/3/2019 Office sought Office held Date 4/3/2019 Payee name Tara Rios Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder living expense PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Office sought Office held Date 4/3/2019 Payee address; Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Description Check if Austin, TX, officeholder living expense Reimbursement for 3/6/2019 Arena Analytics LLC for Voter Lists Software Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	4/3/2019	Tara Rios		
PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Advertising Description Check if traveloutide of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for 3/5/2019 Border Press Inc. for 100 Metal Frames for Outdoor Campaign Posters Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held Date 4/3/2019 Payee name Tara Rios Office sought Office held Amount (\$) Payee address; 05 City; State; Zip Code PO Box 3967, South Padre Island, TX 78597 Oescription Category (See Categories listed at the top of this schedule) PURPOSE of EXPENDITURE Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) PURPOSE of EXPENDITURE Category (See Categories listed at the top of this schedule) Description Category (See Categories listed at the top of this schedule) Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held	Amount (\$)	Payee address; City; State; Zip	Code	
PURPOSE OF EXPENDITURE Advertising	\$541.25	PO Box 3967, South Padre Island, TX 785	97	
expenditure to benefit C/OH Payee name 4/3/2019 Tara Rios Amount (\$) Payee address; City; State; Zip Code PO Box 3967, South Padre Island, TX 78597 Category (See Categories listed at the top of this schedule) PURPOSE OF PURPOSE OF Polling Expense Candidate / Officeholder name Office sought Office held	OF		Check if travelou Check if Austin Reimbursement for 3/	i, TX, officeholder living expense /5/2019 Border Press Inc. for 100 Metal
4/3/2019 Tara Rios Amount (\$) Payee address; City; State; Zip Code \$3,000.00 PO Box 3967, South Padre Island, TX 78597 PURPOSE Category (See Categories listed at the top of this schedule) PURPOSE Category (See Categories listed at the top of this schedule) PURPOSE Polling Expense Bernoliture Polling Expense Complete ONLY if direct Candidate / Officeholder name Complete ONLY if direct Candidate / Officeholder name			Office sought	Office held
Amount (\$) Payee address; City; State; Zip Code \$\$3,000.00 PO Box 3967, South Padre Island, TX 78597 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description Polling Expense Category (See Categories listed at the top of this schedule) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for 3/6/2019 Arena Analytics LLC for Voter Lists Software Candidate / Officeholder name Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought	Date	Payee name		
\$3,000.00 PO Box 3967, South Padre Island, TX 78597 PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description	4/3/2019	Tara Rios		
BURPOSE Category (See Categories listed at the top of this schedule) Description PURPOSE OF Polling Expense Check if travel outside of Texas. Complete Schedule T. OF Polling Expense Check if Austin, TX, officeholder living expense Reimbursement for 3/6/2019 Arena Analytics LLC for Voter Lists Software Office sought Complete ONLY if direct Candidate / Officeholder name Office sought	Amount (\$)	Payee address; City; State; Zip	Code	
PURPOSE OF EXPENDITURE Polling Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Check if Austin, TX, officeholder living expense Reimbursement for 3/6/2019 Arena Analytics LLC for Voter Lists Software Check if austin, TX, officeholder living expense Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought	\$3,000.00	PO Box 3967, South Padre Island, TX 78597		
expenditure to benefit C/OH	OF		Check if travel ou Check if Austin Reimbursement for 3,	n, TX, officeholder living expense
			Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		ATTACH ADDITIONAL COPIES O	F THIS SCHEDULE AS NEE	EDED

SCHEDULE F1

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

EXPENDITURE CATEGORIES FOR BOX 8(a)						
Advertising Expense Event Expense Accounting/Banking Fees Consulting Expense Food/Beverage Expense Contributions/Donations Made By Gitt/Awards/Memorials Expense Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The Instruction Guide expense			Office Ove Polling Exp Printing Ex Salaries/W	pense /ages/Contract Labor	Solicitation/Fundraisir Transportation Equipn Travel In District Travel Out Of District Other (enter a categor	nent & Related Expense
1 Total pages Schedule F1: 3		ame ayton Brashear	_		3 Filer ID (Ethics	Commission Filers)
4 Date 4/3/2019	5 Payee na Tara Rios	me				
6 Amount (\$) \$1,244.88	7 Payee address; City; State; Zip Code PO Box 3967, South Padre Island, TX 78597					
8	(a) Category (See Categories listed at the top of this schedule) (b) Description					
PURPOSE OF EXPENDITURE	Advertising Advertising Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for 3/9/2019 Border Press Inc. for 10 Doubled Sided Yard Signs with Metal Frames Stake			expense Inc. for 100 18X24		
9 Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought		Office held
Date	Payee na					
4/3/2019	Tara Rìos					
Amount (\$)	Amount (\$) Payee address; City; State; Zip Code					
\$107.12	PO Box 390	67, South Padre Island, TX 7	8597			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Advertising Category (See Categories listed at the top of this schedule) Check if traveloutside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Reimbursement for 3/20/2019 ALLEGRA for 200 Clayton Brashear Political F/B Push Cards			xpense or 200		
Complete ONLY if direct expenditure to benefit C/OF		ate / Officeholder name		Office sought	(Office held
Date	Payee na					
4/3/2019	Clayton's E	each Bar & Grill				
Amount (\$)	Payee ad	dress; City; State; Z	ip Code			
\$32.35	6900 Padre	Blvd., South Padre Island, TX 7	78597			
PURPOSE OF EXPENDITURE	Category	(See Categories listed at the top of this s Advertising	schedule)		•	xpense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
	ATT	ACH ADDITIONAL COPIES	OF THIS	SCHEDULE AS NEE	DED	

SCHEDULE F1

EXPENDITU	JRES MADE BY CREDI	T CARD	SCHEDULE F4	
	EXPENDITURE CATEGORII	ES FOR BOX 10(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	Fees Offic Food/Beverage Expense Pollin By Gift/Awards/Memorials Expense Print	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ing Expense ries/Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens 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: 2	2 FILER NAME David Clayton Brashear		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITER	AIZED EXPENDITURES CHARGED TO A	CREDIT CARD	\$ 0.00	
5 Date 3/31/2019	6 Payee name Facebook			
7 Amount (\$)	8 Payee address; City; State; Zip C	ode		
\$200.00	1 Hacker Way, Menlo Park, CA 94025			
9 TYPE OF EXPENDITURE	X Political No	on-Political		
10	(a) Category (See Categories listed at the top of this sched	ule) (b) Descripti	on	
PURPOSE		Check	if travel outside of Texas. Complete Schedule T.	
OF EXPENDITURE	Advertising Expense Check if Austin, TX, officeholder living expense Facebook Campaign Ads			
11 Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held	
Date 4/5/2019	Payee name RGV Media Group LLC			
Amount (\$) \$998.78	Payee address; City; State; Zip C 2108 Central Blvd., Brownsville, TX 78520	ode		
TYPE OF EXPENDITURE	X Political N	on-Political		
PURPOSE	Category (See Categories listed at the top of this sched		on if travel outside of Texas. Complete Schedule T.	
OF	Advertising Expense	6X11 Postcard	if Austin, TX, officeholder living expense s for Mailers	
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name DH	Office sought	Office held	
			<u>_</u> <u>_</u>	
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS N	======================================	
orms provided by Texas Ethi	cs Commission www.ethics.state.tz	(.us	Revised 9/8/20	

EXPENDITU	RES MADE BY CREDIT	CARD	SCHEDULE F4		
	EXPENDITURE CATEGORIES	S FOR BOX 10(a)			
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica	Event Expense Loan R Fees Office (Food/Beverage Expense Polling y Gift/Awards/Memonals Expense Printin al Committee Legal Services Salarie	epayment/Reimbursement Dverhead/Rental Expense Expense g Expense s/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 F4:	The Instruction Guide explains how t	o complete this form.	3 Filer ID (Ethics Commission Filers)		
2	David Clayton Brashear				
4 TOTAL OF UNITEM	IZED EXPENDITURES CHARGED TO A	CREDITCARD	\$ 0.00		
5 Date 4/9/2019	6 Payee name Coconut Jack's				
7 Amount (\$)	8 Payee address; City; State; Zip Cod	de			
\$330.37	2301 Laguna Blvd., South Padre Island, TX 7859	97			
9 TYPE OF EXPENDITURE	X Political Non	-Political			
10	(a) Category (See Categories listed at the top of this schedul	e) (b) Descripti	on		
PURPOSE	Event Evennen	Check	f travel outside of Texas. Complete Schedule T.		
EXPENDITURE	Event Expense				
11 Complete <u>ONLY</u> if direct expenditure to benefit C/O	11 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held				
Date 4/13/2019	Payee name Facebook				
Amount (\$)	Payee address; City; State; Zip Co	de			
\$91.45	1 Hacker Way, Menlo Park, CA 94025				
TYPE OF EXPENDITURE	X Political Nor	n-Political			
	Category (See Categories listed at the top of this schedul				
PURPOSE	Advertising Expense		if travel outside of Texas, Complete Schedule T. if Austin, TX, officeholder living expense		
EXPENDITURE		Facebook Can			
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
	ATTACH ADDITIONAL COPIES OF THIS				
Forms provided by Texas Ethics	Commission www.ethics.state.tx.u	JS	Revised 9/8/2015		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE ${f G}$

EXPENDITURE CATEGORIES FOR BOX 8(a)								
	Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made I Candidate/Officeholder/Politic Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide explain	Office C Polling Printing Salaries	epayment/Reimbursement Sverhead/Rental Expense Expense SWages/Contract Labor o complete this form.	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 G:	2 FILER NA				3 Filer ID (Ethics Commission Filers)		
_	2		ton Brashear					
4	Date 4/5/2019	5 Payee name Border Press Inc.						
6	Amount (\$) \$422.18	7 Payee address; City; State; Zip Code 620 E. Price Road, Brownsville, TX 78521						
8	PURPOSE OF EXPENDITURE		gory (See Categories listed at the top of this schedule) (b) Description Ten 4X8 Campaign Signs Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		e of Texas. Complete Schedule T.			
9	Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought	Office held		
	Date 4/18/2019 Amount (\$)	Payee nar Chase M Payee ad	ileage Plus Credit Card	ip Code				
	\$753.63	PO Box 629	• • • •					
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule Advertising Expense		chedule)	(b) Description3/13/2019 Brenda Bazan Portrait Photographer Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
	Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name		Office sought	Office held		
	Date 4/18/2019	Payee nar Chase N	ne lileage Plus Credit Card					
	Amount (\$) \$1080.00 Beimbursement from political contributions intended	Payee ad PO Box 629						
	PURPOSE OF EXPENDITURE		(See Categories listed at the top of this so dvertising Expense	chedule)	Check if travel outside	019 Port Isabel South Padre Press e of Texas. Complete Schedule T. X, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held						Office held		
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE ${f G}$

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi Credit Card Payment	Fees C Food/Beverage Expense F By Gift/Awards/Memorials Expense F	oan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor now to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)					
1								
1 Total pages Schedule G:			3 Filer ID (Ethics Commission Filers)					
	2 David Clayton Brashear							
Date 5 Payee name								
4/23/2019	4/23/2019 Toucan Graphics							
6 Amount (\$)	7 Payee address; City; State; Zip Code							
\$97.43	\$97.43 104 W. Bahama Suite A, South Padre Island, TX 78597							
Reimbursement from political contributions intended								
8	(a) Category (See Categories listed at the top of this sched	ule) (b) DescriptionArtwor	k for Meet & Greet Ad					
PURPOSE OF	Event Expense	Check if travel outsid	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
EXPENDITURE		Check if Austin, T						
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held								
Date	Poveo pomo							
Date Payee name								
Amount (\$)	Payee address; City; State; Zip C	Sode						
political contributions intended								
PURPOSE	Category (See Categories listed at the top of this schedule) (b) Description							
OF			k il travel outside of Texas. Complete Schedule T.					
EXPENDITURE		Check if Austin, T	X, officeholder living expense					
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH								
Date	Payee name							
Amount (\$)	Payee address; City; State; Zip C	Code						
Reimbursement from political contributions intended								
PURPOSE	Category (See Categories listed at the top of this sched	ule) (b) Description						
OF		Check if travel outsid	Check if travel outside of Texas. Complete Schedule T.					
EXPENDITURE		Check if Austin, T	Check if Austin, TX, officeholder living expense					
Complete ONLY if direct expenditure to benefit C/	· · · · · · · · · · · · · · · · · · ·	Office sought	Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								