# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST	МІ	OFFICE USE ONLY	
NAME	Mr. Brandy		Date Received	
	NICKNAME LAST	SUFFIX	RECEIVED BY	
	DWITIN		CITY SECRETARY	
4 CANDIDATE / OFFICEHOLDER	ADDRESS / PO BOX; APT / SUITE #; CITY;	STATE; ZIP CODE	OCT - 7 2019	
MAILING ADDRESS	P.O. BOX 2155 South Pa	dreIsland	001 / 2019	
Change of Address		8597	CITY OF SOUTH PADRE	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	ISLAND	
OFFICEHOLDER PHONE	(808) 640-7474		Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER	MS/MRS/MR FIRST	MI	Receipt # Amount \$	
NAME	Mrs Susain	SUFFIX	Date Processed	
	Bartley	SOLLIA	Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;	CITY; STATE;	ZIP CODE	
TREASURER ADDRESS	104 W. Georgia Ruth Dr.	# 8. South	Padre Island	
(Residence or Business)	10-1 11 00019	TV	79597	
		) 1	10011	
8 CAMPAIGN TREASURER	AREA CODE PHONE NUMBER	EXTENSION		
PHONE	540 815 865	3 2		
	540 813 863	, <u> </u>		
9 REPORT TYPE	January 15 30th day before election	Runoff	15th day after campaign	
			treasurer appointment (Officeholder Only)	
	July 15 Sth day before election	Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
10 PERIOD	Month Day Year	Month -	Day Year	
COVERED	8/14/19 THRO	DUGH Q	26/19	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary R	Runoff Other Description		
		Special		
12 OFFICE	OFFICE HELD (if any)	3 OFFICE SOUGHT (if known)		
		A.L.A.	1 Olara i	
		arycound	1, Place i	
GO TO PAGE 2				
	30.07732	_		

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

### FORM C/OH COVER SHEET PG 2

14 C/OH NAME	Brandy 1	Burtin 1	15 Filer ID (Ethics Commission Filers)		
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL				
	SPECIFIC	COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
Additional Pages					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
17 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THATES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ			
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5726,00		
EXPENDITURE TOTALS		POLITICAL EXPENDITURES OF \$100 OR LESS,	\$		
	4. TOTAL	POLITICAL EXPENDITURES	\$ 4694.83		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST ORTING PERIOD	BAY \$343649		
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T AY OF THE REPORTING PERIOD	\$ 500.00		
18 AFFIDAVIT					
			erjury, that the accompanying report is rmation required to be reported by me		
TAN PUR	SUSAN M HILL	under Title 15, Election Code.			
) (*(******) cc	NOTARY ID FEB-8	2023			
CAFOR TO		4/11///	didate or Officeholder		
AFFIX NOTARY STAMP / SEALABOVE					
$Q \cap Q \cdot l - \nabla TH$					
Sworn to and subscribed before me, by the said Dom all Dunger, this the					
day of Oct		to certify which, witness my hand and seal of office.			
Mh	Mary	rule Susan Marpina	City Soulshow		
Signature of officer administering oath  Printed name of officer administering oath  Title of officer administering oath					

### **SUBTOTALS - C/OH**

#### FORM C/OH COVER SHEET PG 3

			COVERS	SHEET PG 3
19	19 FILER NAME 20 Filer ID (Ethics Con			mmission Filers)
21		JLE SUBTOTALS F SCHEDULE		SUBTOTAL AMOUNT
1.	K	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$5400.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE E: LOANS		\$ 500.00
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	TRIBUTIONS	\$ 4694.83
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
· 7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		os	\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	USINESS OF C/OH	\$
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION RETURNED TO FILER	ons	\$

### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The instruction Guide explains how to complete this form. 2 FILER NAME Brandy Burton 3 Filer ID (Ethics Commission Filers) 4 Date 5 Full name of contributor Out-of-state PAC (ID#:\_ 7 Amount of contribution (\$) 8.24.19 William Greenwood 6 Contributor address; City; State; Zip Code 2600 Padre Blvd, STE-R, S. Padre Island, TX 78597 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Out-of-state PAC (ID#:\_ Date Amount of contribution (\$) Norris Fletcher Contributor address; City; State; Zip Code 6 Golf House Dr., Laguna Vista, TX 78578 Date Full name of contributor out-of-state PAC (ID#:\_\_\_\_\_ Amount of contribution (\$) Dennis W. Stah! Contributor address; City; State; Zip Code \$ 1000 20 P.D. Box 40409, South Radre Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:\_ Amount of contribution (\$) Anna Stah! Contributor address; City; State; Zip Code 0.10.19 100000 P.O. Box 40409, South Padre Island, TX 78597 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. 3 Filer ID (Ethics Commission Filers) 7 Amount of contribution (\$) \$25000 5348 Papa Va CR., Having en TX 78552 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) out-of-state PAC (ID#;\_\_\_\_ Amount of contribution (\$) Paul E. Munarriz Contributor address; City; State; Zip Code 5101 Laguna BIVd. #505, South Rufre Is tarch 78597 Testion / Job title (See Instructions) Employer (See Instructions) Principal occupation / Job title (See Instructions) Full name of contributor Date out-of-state PAC (ID#;\_\_ Amount of contribution (\$) Courtney L. Hayden Contributor address; City; State; Zip Code \$ 5000 P.O. Box 3063, South Padre Island, TX 78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Theresa Metty Contributor address; City; State; Zip Code 9-19-19 P.D. Box 3590, South Padre Kland TX 78597 Principal occupation / Job title (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. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME Brandy Buntin 5 Full name of contributor out-of-state PAC (ID#: KONI Janell Mark 6 Contributor address; City; State; Zip Code P.O. Box 3063 South Padre Island, TX 78597 Date 7 Amount of contribution (\$) 9,19,19 9 Employer (See Instructions) Principal occupation / Job title (See Instructions) Amount of contribution (\$) 9.19.19 Paul Stfford: Kutheryn Shaw contributor address; City: State: Zip Code 114 E. Dolphin, Scuth Padrelsland, TX-78597 Principal occupation / Job title (See Instructions) Employer (See Instructions) Amount of contribution (\$) Elayne Milan Mattar Contributor address; City; State; Zip Code P.O. Box 3050, South Pacire Island, Tx 78597 Employer (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#:\_ Amount of contribution (\$) Troy 611e5 City; State; Zip Code 5813 Padre Blvd. South Padre Island, TX. Principal occupation / Job title (See Instructions) Employer (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

LOANS			SCHEDULE E
The	Instruction Guide explains how to comp	lete this form.	1 Total pages Schedule E:
2 FILER NAME	orandy Burtin		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UN	NITEMIZED LOANS		\$
5 Date of loan 8-16-19 6 Is lender a financial Institution? Y (N)	7 Name of lender out-of-state of Brandy Buntu Suntu Suntu P.O. Box 2155, South	N	9 Loan Amount (\$)  500 9  10 Interest rate
12 Principal occupation	on / Job title (See Instructions)	10-011-10	mployeed
14 Description of Coll	ateral	15 Check if personal funds were account (See Instructions)	deposited into political
16 GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
not applicable  20 Principal Occupat		State; Zip Code  21 Employer (See Instructions)	
,			
Date of loan	Name of lender	PAC (ID#:)	Loan Amount (\$)
ls lender a financial	Lender address; City; S	State; Zip Code	Interestrate
Institution? Y N			Maturity date
Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
Description of Colla	ateral	Check if personal funds were of account (See Instructions)	deposited into political
GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
not applicable	Guarantor address; City; S	State; Zip Code	
Principal Occupation	on (See Instructions)	Employer (See Instructions)	
If le	ATTACH ADDITIONAL COR	PIES OF THIS SCHEDULE AS NE struction guide for additional re	

### SCHEDULE F1

### EXPENDITURE CATEGORIES FOR BOX 8(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)

Credit Card Payment	The Instruction Guide explains how to complete this form.					
1 Total pages Schedule F1:	2 FILER NAME Brandy Buntin	3	3 Filer ID (Ethics Commission Filers)			
4 Date 9-6-19	5 Payee name GODADDY, com,	LLC				
6 Amount (\$)	7 Payee address; City; State; Zip Code		•			
\$2816	14455 N. Hayden Road	Scottsdale,	AZ 85260			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Advertising Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Website Domain					
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
9-16-19	Unlimited Printing					
Amount (\$)	Payee address; City; State; Zip Code					
#232型	2695 N. Coria St., Br	ownsville, T	X 78520			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense		ide of Texas. Complete Schedule T. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
Date	Payee name					
9-16-19	Got Print, com					
Amount (\$)	Payee address; City; State; Zip Code	. W Garand	a Read			
\$401 <sup>4</sup>	Burbank An sport Ott., 765 Burl	bank, CA	91505			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Expense	Description  Check if travel outs	ide of Texas. Complete Schedule T. TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)					
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment		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)		
Creoit Card Payment	The Instruction Guide explains	s how to complete this form.			
1 Total pages Schedule F1;	2 FILER NAME Brandy Bu	nlin	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name Got Print. Lom				
\$56712	7 Payee address; City; State; Zin Burbank Airport Cir. Burbank, CA	7651N. San Fe 91505	vando Road		
8 PURPOSE OF EXPENDITURE	Advertising Expense	Check if travel o	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
<b>9</b> Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
0-18-19	Payee name				
Amount (\$)	Payee address; City; State; Zij				
\$9.26	2216 Padre Blvd., So	uth Padre Islan	d, TX 78597		
PURPOSE OF EXPENDITURE	Printing Expense	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name		-		
9-18-19	UZ Marketing				
Amount (\$)	Payee address; City; State; Zi	p Code			
\$77473	5900 Bingle Road	, Houston, TX	77004		
PURPOSE OF EXPENDITURE	Advertising Expense	Check if travel or	utside of Texas. Complete Schedule T. n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(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/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District 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 FILER NAME Brandy Blunts	'n	3 Filer ID (Ethics Commission Filers)		
4 Date 9-19-19	5 Payee name Palm Street Pie				
6 Amount (\$)	7 Payee address; City; State; Zip Code				
\$294.08	204 W. Palm St. South Padre ]	Island, TX	18957		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE		Check if travel or	utside of Texas. Complete Schedule T.		
OF EXPENDITURE	Food Beverage	Check If Austin	n, TX, officeholder living expense		
EXPERDITORIE	Expense				
	LADERDE				
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name				
9-23-19	USPS				
Amount (\$)	Payee address; City; State; Zip Code				
405些	4701 Padre Bird., South	Padre Isla	nd, TX 78597		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE		Check if travel ou	tside of Texas. Complete Schedule T.		
OF EXPENDITURE	AdvertisingExpense	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				
9-24-19	Loan Star Notional Bo	ink			
Amount (\$)	Payee address; City; State; Zip Code				
9100	6DI Padre Blvd. Sowth	Padre Isla	nd, TX 78597		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE			tside of Texas. Complete Schedule T.		
OF EXPENDITURE	Fee	Check if Austin	, TX, officeholder living expense		
	1 (1				
Oncordate Other in	Candidate / Officeholder name	Office sought	Office held		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office field		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Event Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Accounting/Banking Consulting Expense Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Travel in District Contributions/Donations Made By Printing Expense Travel Out Of District Candidate/Officeholder/Political Committee 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 FILER NAME 3 Filer ID (Ethics Commission Filers) 7 Payee address; Willow Rd., Menio Park, CA 94025 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** Advertising Expense OF ☐ Check if Austin, TX, officeholder living expense EXPENDITURE 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH 9-26-19 Facebook, Inc Citv; State; Zip Code 1601 Willow Rd., Menio Park, CA Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Advertising Expense EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH 9.26-19 Payee address; City; State; Z 1601 Willow Rd, Menio Park, CA 94025 Check if travel outside of Texas. Complete Schedule T. **PURPOSE** OF Advertising Expense Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense
Fees
Food/Beverage Expense
Git/Awards/Memorials Expense
Lenal Services

Loan Repayment/Relimbursement Office Overhead/Rental Expense Poling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politice Credit Cerd Payment		ies/Wages/Contract Labor Other (enter a category not listed above)
orac, war ay more	The Instruction Guide explains how	to complete this form.
1 Total pages Schedule F1:	2 FILER NAME Brandy Bu	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name Toucan Grap	nics
6 Amount (\$)	7 Payee address; City; State; Zip Cod	de
\$121a+4	14725 S. Podre Island	Dr. Unit 4 Corpus Christi,
8	(a) Category (See Categories listed at the top of this schedule	(b) Description
PURPOSE		Check if travel outside of Texas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9-27-19	Facebook, Inc.	
Amount (\$)	Payee address; City; State; Zip Cod	le
\$3500	1601 Willow Road, Me	enio Park, CA 94025
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)  Advertising Eypense	Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
9-27-19	Home Depot	
Amount (\$)	Payee address; City; State; Zip Cod	and the second s
\$ 1296	605W. Morrison Rd. B	prounsville, TX 78520
	Category (See Categories listed at the top of this schedule)	Description
PURPOSE		Check if travel outside of Taxas. Complete Schedule T.
OF EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEEDED

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica		Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Co	ontract Labor	Travel In District Travel Out Of D Other (enter a c	
Credit Card Payment		The Instruction Guide explain	ns how to complet	e this form.	•	,
1 Total pages Schedule F1:	2 FILER N	Brandy Bu	nden		3 Filer ID (E	thics Commission Filers)
4 Date Q-27-19	5 Payee na	Home Do	epot			
6 Amount (\$)	7 Payee a	ddress; City; State; Z	Zip Code			
\$ 64496	605	Morrison Roa	ad, Bron	wnsvill	eiiX	78520
8	(a) Category	(See Categories listed at the top of this	schedule) (b) [	Description Check if travel out	tside of Texas. Comp	lete Schedule T
PURPOSE OF	Λ 1			_	, TX, officeholder I	
EXPENDITURE	Adve	irtising Exper	SE			
9 Complete ONLY if direct expenditure to benefit C/OF		late / Officeholder name	0	ffice sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ad	ddress; City; State; Z	ip Code			
	Category	(See Categories listed at the top of this s	schedule) D	escription		
PURPOSE OF				=	side of Texas. Comple TX, officeholder fin	
EXPENDITURE				Onesk ii Addini,	.,	The same of the sa
Complete ONLY if direct expenditure to benefit C/OH		ate / Officeholder name	Of	ffice sought		Office held
Date	Payee na	ame				
Amount (\$)	Payee ad	ddress; City; State; Z	ip Code			
	Catazan	(0.00)	2-412			
PURPOSE	Category	(See Categories listed at the top of this s	chedule) D	escription Check if travel outs	side of Texas. Comple	ete Schedule T.
OF				_	TX, officeholder liv	
EXPENDITURE						
Complete ONLY if direct	Candida	ate / Officeholder name		ffice sought		Office held
expenditure to benefit C/OH						
	ATT	TACH ADDITIONAL COPIES	OF THIS SCHE	DULE AS NEE	DED	