

# 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:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Sandra

NICKNAME

LAST

SUFFIX

Bryant

OFFICE USE ONLY

Date Received

Hays Co. Elections

JUL 17 2023

RECEIVED

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 1532, Buda, TX 78610

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 512 )

512-361-0499

Date Hand-delivered or Date Postmarked

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

Mrs.

Sandra

NICKNAME

LAST

SUFFIX

Bryant

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

P.O. Box 1532, Buda, TX 78610

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

( 512 )

361-0499

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign  
treasurer appointment  
(Officeholder Only)

☒

July 15

☐

8th day before election

Exceeded Modified  
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

1

/

1

/

23

THROUGH

Month

Day

Year

6

/

30

/

23

11 ELECTION

ELECTION DATE

Month

Day

Year

11

/

8

/

22

ELECTION TYPE

Primary

Runoff

Other

Description

☒ General

Special

12 OFFICE

OFFICE HELD (if any)

N/A prior to 11/08/22

13 OFFICE SOUGHT (if known)

Justice of the Peace - Pct. 5

14 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

GENERAL

COMMITTEE ADDRESS

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH  
COVER SHEET PG 2**

**15 C/OH NAME**

**16 Filer ID (Ethics Commission Filers)**

**17 CONTRIBUTION  
TOTALS**

1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)

\$ 0.00

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 390.00

**EXPENDITURE  
TOTALS**

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 60.05

4. TOTAL POLITICAL EXPENDITURES

\$ 482.00

**CONTRIBUTION  
BALANCE**

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

\$ 48.74

**OUTSTANDING  
LOAN TOTALS**

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

\$ 0.00

**18 SIGNATURE** 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

**Please complete either option below:**

**(1) Affidavit**

NOTARY STAMP/SEAL

Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_\_ day of \_\_\_\_\_.

20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

**(2) Unsworn Declaration**

My name is Sandra Bryant and my date of birth is 11/10/71

My address is 145 Summer Vista Dr., Buda, TX, 78610, Hays

(street)

(city)

(state)

(zip code)

(country)

Executed in Hays County, State of Texas, on the 16 day of July, 2023

(month)

(year)

Signature of Candidate/Officeholder (Declarant)

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3****19 FILER NAME****Sandra Bryant****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS  
NAME OF SCHEDULE****SUBTOTAL  
AMOUNT**

|     |  |           |
|-----|--|-----------|
| 1.  | ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                                    | \$ 390.00 |
| 2.  | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$ 0.00   |
| 3.  | SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$ 0.00   |
| 4.  | SCHEDULE E: LOANS  | \$ 0.00   |
| 5.  | ■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS            | \$ 482.05 |
| 6.  | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$ 0.00   |
| 7.  | SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$ 0.00   |
| 8.  | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                                      | \$ 0.00   |
| 9.  | SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$ 0.00   |
| 10. | SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$ 0.00   |
| 11. | SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$ 0.00   |
| 12. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ 0.00   |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

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 A1:

2 FILER NAME

Sandra Bryant

3 Filer ID (Ethics Commission Filers)

4 Date

01/12/2023

5 Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Mary E. Coronado

7 Amount of contribution (\$)

390.00

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

out-of-state PAC (ID#: \_\_\_\_\_)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|   |   |  |   |
|---|---|--|---|
| Advertising Expense<br>Accounting/Banking<br>Consulting Expense<br>Contributions/Donations Made By<br>Candidate/Officeholder/Political Committee<br>Credit Card Payment | Event Expense<br>Fees<br>Food/Beverage Expense<br>Gift/Awards/Memorials Expense<br>Legal Services | Loan Repayment/Reimbursement<br>Office Overhead/Rental Expense<br>Polling Expense<br>Printing Expense<br>Salaries/Wages/Contract Labor | Solicitation/Fundraising Expense<br>Transportation Equipment & Related Expense<br>Travel In District<br>Travel Out Of District<br>Other (enter a category not listed above) |
|---|---|--|---|

The Instruction Guide explains how to complete this form.

|   |  |  |  |                                       |  |
|---|--|--|--|---------------------------------------|--|
| 1 Total pages Schedule F1:                              |  | 2 FILER NAME<br><b>Sandra Bryant</b>                     |  | 3 Filer ID (Ethics Commission Filers) |  |
| 4 Date<br>01/23/2023                                    |  | 5 Payee name<br>Ray Bryant                               |  |                                       |  |
| 6 Amount (\$)<br><b>422.00</b>                          |  | 7 Payee address;<br>145 Summer Vista Dr., Buda, TX 78610 |  | City; State; Zip Code                 |  |
| 8<br><br>PURPOSE<br>OF<br>EXPENDITURE                   | (a) Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement   |  | (b) Description<br>Payment for Facebook Ad for Campaign                          |                                       |  |
|   | (c) Check if travel outside of Texas. Complete Schedule T.   |  | Check if Austin, TX, officeholder living expense                                 |                                       |  |
| 9 Complete ONLY if direct expenditure to benefit C/OH   |  |  |  |                                       |  |
| Candidate / Officeholder name Office sought Office held |  |  |  |                                       |  |
| Date<br>01/23/2023                                      |  | Payee name<br>Lehman High School Swimming Team           |  |                                       |  |
| Amount (\$)<br>36.05                                    |  | Payee address;<br>5240, 1700 Lehman Rd., Kyle TX 78640   |  | City; State; Zip Code                 |  |
| PURPOSE<br>OF<br>EXPENDITURE                            | Category (See Categories listed at the top of this schedule)<br>Contribution made by Office Holder |  | Description<br>Donation to Swimming Team   |                                       |  |
|   | Check if travel outside of Texas. Complete Schedule 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<br>01/31/2023                                      |  | Payee name<br>Broadway Bank                              |  |                                       |  |
| Amount (\$)<br>24.00                                    |  | Payee address;<br>321 FM 1626, Buda TX 78610             |  | City; State; Zip Code                 |  |
| PURPOSE<br>OF<br>EXPENDITURE                            | Category (See Categories listed at the top of this schedule)<br>Banking                            |  | Description<br>Bank Maintenance Fees for January thru June 2023 (\$4 each month) |                                       |  |
|   | Check if travel outside of Texas. Complete Schedule T.   |  | 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 THIS SCHEDULE AS NEEDED     |  |  |  |                                       |  |