JUDICIAL CANDIDATE / OFFICEHOLDERFORM JC/OHCAMPAIGN FINANCE REPORTCOVER SHEET PG 1			
The JC/OH Instruction	Guide explains how to complete this fo	orm. 1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST	МІ	OFFICE USE ONLY
NAME		SUFFIX	Date Received
	O'BRIEN		Received
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX: APT / SUITE A 14101 W. U.S. HAY 24		JAN 18 2022
ADDRESS	AUSTIN, TR 7873	7	Elections Office
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 891-6678	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN	MS / MRS / MR FIRST	МІ	Receipt # Amount \$
TREASURER NAME		SUFFIX	Date Processed
	GIBSON	001114	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		APT / SUITE #; CITY; 290 BLD9 - 600	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER	EXTENSION	
9 REPORT TYPE	January 15 30th day	before election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15 8th day be	efore election Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 07 / 01 / 202	Month	Day Year / 31 / 2021
11 ELECTION	wonth bay rear	Primary Runoff Other Description General Special	
12 OFFICE	JUDGE , COUNT COURT	AT LAN 3 JUBLE, COUNT	CONFT AT LAN 3
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICEHOLDER. THESE EXPEN	UTIONS ACCEPTED OR POLITICAL EXPENDITURES M IDITURES MAY HAVE BEEN MADE WITHOUT THE CANU E REQUIRED TO REPORT THIS INFORMATION ONLY IF T	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
000000000000000	COMMITTEE TYPE COMMITTEE NAME		
Additional Pages	GENERAL COMMITTEE ADDRES	38	
		GN TREASURER NAME	
	COMMITTEE CAMPAI	IGN TREASURER ADDRESS	
GO TO PAGE 2			

# SUBTOTALS - JC/OH

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

19		s Commission Filers)
	DANIER O'BRIEN	
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,271.61
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$ 15,728.39
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$4,479.81
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 43.30
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/C	он \$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

## JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM JC/OH COVER SHEET PG 2

15 JC/OH NAME	DANIEL D'BRIEN		16 Filer	ID (Ethics Co	ommission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLIT PLEDGES, LOANS, OR GU CONTRIBUTIONS MADE EL		IAN	\$ 0	).00
	2. TOTAL POLITICAL CONT (OTHER THAN PLEDGES, L	RIBUTIONS OANS, OR GUARANTEES OF LOAN	IS)	\$ 19	,571.61
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITI	ICAL EXPENDITURE.		\$ 0	.00
-	4. TOTAL POLITICAL EXPE	NDITURES			18.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIE OF REPORTING PERIOD	BUTIONS MAINTAINED AS OF THE I	LAST DAY	\$ 15,	162.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT LAST DAY OF THE REPORT	OF ALL OUTSTANDING LOANS AS	OF THE	\$ 15,2	128.39
	Please com	nplete either option belo	ow:		
(1) Affidavit	DAVID C. PEREZ NOTARY PUBLIC - STATE OF TEXAS ID# 1 3 1 8 7 2 6 4 1 COMM EXP. 01-30-2023				
Sworn to and subscribed to	pefore me by Daniel	Ution this th	ne KH	day of	many
20 22 , to certify w	hich, witness my hand and seal of office.	6. Jerez	11	E racon	Indie
Signature of officer administori	ne oath Printed name of	officer administering oath		Title of officer	administering oat
2) Unsworn Declaratio	n	OR	-1-12		
My name is DANIE					
Ay address is		, and my date of birth	15		
	(street)	(city)	(state) (z	zip code)	(country)
xecuted in	County, State of			, 20 (year)	
		Signature of Can	didate/Office	holder (Decla	arant)

MONET (JUDICI)	ARY POLITICAL CONTRIBU	TIONS	SCHEDULE A(J)1
If the reque	ested information is not applicable, DO NO	OT include this page in	n the report.
Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	EL O'BRIEN		3 Filer ID (Ethics Commission Filers)
4 Date 12/24/21	Date 5 Full name of contributor 🗍 out-of-state PAC ID#:)		7 Amount of contribution (\$) 1300-00
8 Contributor's p	principal occupation	9 Contributor's job title	
10 Contributor's e	OF LOBOT A- CANE	11 Law firm of contributor	's spouse (if any)
	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC John STT Contributor address; City; 422 RIDS GUOD RD WEST LACE	State; Zip Code	Amount of contribution (\$)
Contributor's p	principal occupation	Contributor's job title	
BARNES LIG	s a child, law firm of parent(s) (if any)	Law firm of contributor	's spouse (if any)
NA			
Date 12-14/2021	Full name of contributor       □ out-of-state PAC         MISSY ATLOOD       Contributor address;         Contributor address;       City;         301 Country Lavie DRIANG	ID#:) State: Zip Code SPLNGS TX 78620	Amount of contribution (\$)
Contributor's p	principal occupation	Contributor's job title	
Contributor's e	employer/law firm	Law firm of contributor	r's spouse (if any)
	s a child, law firm of parent(s) (if any)		
If	ATTACH ADDITIONAL COPIES contributor is out-of-state PAC, please see inst		

MONET (JUDICI	ARY POLITICAL CONTRIBUT AL)	TIONS	SCHEDULE A(J)1
If the reque	ested information is not applicable, DO NC	OT include this page in	n the report.
Т	he Instruction Guide explains how to complete this	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	n o'bruen		3 Filer ID (Ethics Commission Filers)
4 Date	<ul> <li>Full name of contributor out-of-state PAC</li> <li>1235557 A. CANE</li> <li>6 Contributor address; City;</li> <li>5908 CHARLES SLEREINER TR M</li> </ul>	7 Amount of contribution (\$)	
8 Contributor's	principal occupation	9 Contributor's job title	
10 Contributor's		11 Law firm of contributor	's spouse (if any)
12 If contributor i	s a child, law firm of parent(s) (if any)		_
	260 South Courses ST. DAM	State; Zip Code	Amount of contribution (\$)
ATTORN	principal occupation	Contributor's job title	wster
GEORGE B	employer/law firm	Law firm of contributor	's spouse (if any)
NA			
Date	Full name of contributor aut-of-state PAC Any WMORE Contributor address; City; 390 ISLAND DACS LN DAFFTU	State: Zip Code	Amount of contribution (\$)
Contributor's	principal occupation	Contributor's job title	
Contributor's	employer/law firm	Law firm of contributor	's spouse (if any)
If contributor i	s a child, law firm of parent(s) (if any)		
I	ATTACH ADDITIONAL COPIES ( f contributor is out-of-state PAC, please see instr		

## MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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

Т	he Instruction Guide explains how to complete this f	form.	1 Total pages Schedule A(J)1:
2 FILER NAME	HEN D'BRIEN		3 Filer ID (Ethics Commission Filers)
4 Date 8 23 292	5       Full name of contributor       □ out-of-state PAC         M€LOPY       BURANS         6       Contributor address;       City;         143       YUCCA       COVE       ANSTANS		7 Amount of contribution (\$)
-	principal occupation	9 Contributor's job title	
reman		RETINED	
10 Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any)
12 If contributor is	s a child, law firm of parent(s) (if any)		
Date 8   7   1021	Full name of contributor LEVIN GAHAGAN Contributor address; City; 42 BOWN ND E. BENISCON	State; Zip Code	Amount of contribution (\$)
MORTEA Contributor's e	mployer/law firm	Contributor's job title	
	s a child, law firm of parent(s) (if any)		
Date 7/22/102/	Full name of contributor out-of-state PAC	ID#:)	Amount of contribution (\$)
	Contributor address; City; 3160 Thurman AD. AA LAG	State: Zip Code 0 1/374- 17, 78645	1,000-00
Contributor's p	principal occupation	Contributor's job title	
	mployer/law firm	Law firm of contributor	's spouse (if any)
If contributor is	a child, law firm of parent(s) (if any)		
If	ATTACH ADDITIONAL COPIES C contributor is out-of-state PAC, please see instru		
orms provided by 1	exas Ethics Commission www.ethics	s.state.tx.us	Revised 11/4/202

MONET (JUDICI	ARY POLITICAL CONTRIBUT	SCHEDULE A(J)1	
If the reque	ested information is not applicable, DO NO	T include this page in	n the report.
Т	The Instruction Guide explains how to complete this f	orm.	1 Total pages Schedule A(J)1:
	in o'BRIEN		3 Filer ID (Ethics Commission Filers)
4 Date 9/19/2021	4 Date       5 Full name of contributor       □ out-of-state PAC ID#:         9/19/2021       6 Contributor address;       City;       State;       Zip Code         13320       PATSINO       TPL       AVSTIN       TR       T8131		7 Amount of contribution (\$)
8 Contributor's	principal occupation	9 Contributor's job title DIA. MPLICAT	IN SERVICES
10 Contributor's e	employer/law firm	11 Law firm of contributor	's spouse (if any) SARAF & BLANDON, P.C.
12 If contributor is P(A	s a child, law firm of parent(s) (if any)		
Date	Full name of contributor out-of-state PAC SARAH L. BRANDON Contributor address; City; 13320 PAISAND TRL NAME	State; Zip Code	Amount of contribution (\$)
Contributor's	principal occupation	Contributor's job title	
	OF SMEAT K. BLANDON P.C.	Law firm of contributor	's spouse (if any)
	s a child, law firm of parent(s) (if any)	1	
Date	Full name of contributor out-of-state PAC JESNS MANUEL NAVAR Contributor address; City; P.O. Box 282286 SAN ANTEN		Amount of contribution (\$)
Contributor's p	principal occupation	Contributor's job title	when
Contributor's e	AF JESS MANGE NNM ALC	Law firm of contributor	
If contributor is	s a child, law firm of parent(s) (if any)	e	
If	ATTACH ADDITIONAL COPIES O contributor is out-of-state PAC, please see instru		

#### MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A(J)1 (JUDICIAL) If the requested information is not applicable, DO NOT include this page in the report. 1 Total pages Schedule A(J)1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME DANIER D'BRIEN 4 Date 7 Amount of contribution (\$) 5 Full name of contributor out-of-state PAC ID#:\_\_\_\_ 7/22/2021 6 Contributor address; City; 580 ASPEN DL MISTIN \$ 10,000.00 State; Zip Code NUSTIN TX 78737 9 Contributor's job title 8 Contributor's principal occupation RETRET REARED 10 Contributor's employer/law firm 11 Law firm of contributor's spouse (if any) NA NA 12 If contributor is a child, law firm of parent(s) (if any) NIA Date Amount of contribution (\$) Full name of contributor out-of-state PAC ID#:\_\_ DALLO BRANDON 7/4/2021 \$ 250.00 Contributor address; City; 13320 PAISAND TPU AVSTIN State; Zip Code TX 78737 Contributor's job title Contributor's principal occupation DIR. APPLICATION SERVICES Contributor's employer/law firm Law firm of contributor's spouse (if any) LAN OFC OF SARAH K. BRANDON P.C. NA If contributor is a child, law firm of parent(s) (if any) NIA Date Full name of contributor out-of-state PAC ID#: Amount of contribution (\$) 12 31 2021 DANIEL O'BRIEN Contributor address; 4,271.61 City; State: Zip Code 14101 U. Huy 200 R 75737 INSTRU Contributor's principal occupation Contributor's job title LEM JUDGE Contributor's employer/law firm Law firm of contributor's spouse (if any) HAN'S COUNTY NIA If contributor is a child, law firm of parent(s) (if any) MA ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

	IONETARY (IN-KIND) POLITICAL RIBUTIONS			SCHEDULE A2
If the requ	ested information is not applicable, <b>DO NOT includ</b>	le this page	in the report.	
Tł	ne Instruction Guide explains how to complete this form	n.	1 Total pages Sched	ule A2:
	EN O'BRIEN		3 Filer ID (Ethics Co	ommission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$	
5 Date 6 Full name of contributor out-of-state PAC (ID#:			8 Amount of Contribution \$	9 In-kind contribution description 300 WIAC SIGN
11/23/2021	DANID JUNKIN 7 Contributor address; City; State; 133 W. SAN ANTONIO, STE. 400 SAV MIPO	Zip Code	Check if travel outsi	ide of Texas. Complete Schedule T.
10 Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)		er (FOR NON-JUDICI	AL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu PRINC	utor's job title (FOR JL	JDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	n of contributor's spou	se (if any) (FOR JUDICIAL)
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor 🔲 out-of-state PAC (ID#:	)	Amount of Contribution \$	. In-kind contribution description
	Contributor address; City; State;	Zip Code	Check if travel outsi	     de of Texas. Complete Schedule T.
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICI	
Contributor's	principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JL	JDICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	m 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 T If contributor is out-of-state PAC, please see Instructi			g requirements.

THE I	nstruction Guide explains how to complete this	form.	1 Total pages Schedule E(J):
FILER NAME	EN D'BRIEN		3 Filer ID (Ethics Commission File
TOTAL OF UN	ITEMIZED LOANS		\$
Date of loan	7 Name of lender out-of-state PAC	(ID#:)	9 Loan Amount (\$) 15,728.3
Is lender a financial Institution?     8 Lender address;     City;     State;     Zip Code       Y     N			10 Interest rate 0.0 <sup>'</sup> /. 11 Maturity date
Lender's Principal	Occupation	13 Lender's Job Title	
Lender's Employer	r/Law Firm	15 Law Firm of lender's spou	se (if any)
	law firm of parent(s) (if any)		
Description of Col	ateral FASS 170NY AZCOUNTS	18 Check if person account (See I	al funds were deposited into political nstructions)
GUARANTOR INFORMATION	20 Name of guarantor		22 Amount Guaranteed (\$)
	21 Guarantor address; City;	State; Zip Code	
not applicable     Guarantor's Princi	pal Occupation	24 Guarantor's Job Title	
Guarantor's Emplo	yer/Law Firm	26 Law Firm of guarantor's s	spouse (if any)
If guarantor is a ch	nild, law firm of parent(s) (if any)		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

## SCHEDULE F1

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

	EXPENDITURE CATEGORIES F	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Over Polling Expense           y         Gift/Awards/Memorials Expense         Ponting Expense	pense /ages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expens Travel In District Travel Out Of District Other (enter a category not listed above)	e
1 Total pages Schedule F1:	2 FILER NAME DANIER O'BRIEN		3 Filer ID (Ethics Commission Filers)	
4 Date 11 11 2021	5 Payee name HAYS COUNTY REMBUCAN F	mery		
6 Amount (\$) 100.00	7 Payee address; (2000 FM 150 W K	City;	State;         Zip Code           7X         78640	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	= /Howary PARTY	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
Date 12/21/2021	Payee name SAPER CHEAR SIGNS			
Amount (\$)	Payee address;	City;	State; Zip Code	
12,470.26	9200 WATERFORD CENTRE SVITE 100	Burs M	na 12 78758	
	Category (See Categories listed at the top of this schedule)	Description	an attraction and a second second	
PURPOSE OF EXPENDITURE	PRINTING GAPENSE	SIGNS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held	
				-
Date	Payee name	and a second s		
Date	Payee name HAYS COMMY REPUBLICAN	PRIMARY		
		PRIMARY City;	State; Zip Code	
11/18/2021	HAY'S COMPY REPUBLICAN		State; Zip Code	
11/18/2021 Amount (\$)	HAYS COMPY REPUBLICAN Payee address;	City;	TR 78640	
11 / 18 / 2021 Amount (\$) 1,500-00 PURPOSE OF	HAYS COMMY REPUBLICAN Payee address; COVO FM 150 W Category (See Categories listed at the top of this schedule) FEES	City; KYCC Description FILING	TR 78690 FEE	
11 / 18 / 2021 Amount (\$) 1,500-00 PURPOSE OF	HAYS COMMY REPUBLICAN Payee address; 6000 Fm 150 W Category (See Categories listed at the top of this schedule) FEES Check if travel outside of Texas, Complete Schedule T. Candidate / Officeholder name	City; KYCC Description FILING	TR 78640	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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

	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Office O Food/Beverage Expense Polling Gift/Awards/Memorials Expense Printing	epayment/Reimbursement Overhead/Rental Expense Expense g Expense s/Wages/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 F1:	2 FILER NAME DANIEL D'BALEN		3 Filer ID (Ethics Commission Filers)
4 Date 12 31 2021	5 Payee name BRUMWH BANK		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 7.00	320 US 240 DRI	pping spring	s TR 78620
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	FEES	BANKING	FEES
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
11/30/2021	BROADWAY BANK		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 7.00	320 15 290	Dripping Spri	NGS 77 78620
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FEES	BAWKIM	FEES
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
10 29 2021	BROADWAY BANK		
Amount (\$)	Payee address;	City;	State; Zip Code
7.00	320 US 240	DRIPPING SPI	1.165 TR 78620
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	FEES	BANKING	FEES
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	IS SCHEDULE AS NEE	DED

## SCHEDULE F1

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

	EXPENDITURE CATEGO	ORIES FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees Food/Beverage Expense Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor how 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 Total pages Schedule F1:	2 FILER NAME DANIEL O'BREN		3 Filer ID (Ethics Commission Filers)
4 Date 9 30 101	5 Payee name BRADWH BANK		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 7.00	320 05 240	DAUPPING SPRING	16 TX 78622
8	(a) Category (See Categories listed at the top of this sc	hedule) (b) Description	
PURPOSE OF EXPENDITURE	FEES	BANKING FI	EES
	(c) Check if travel outside of Texas. Complete Sch	edule T. Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date <b>B 31 2021</b>	Payee name BAUADWAY BANIC		
Amount (\$)	Payee address; 320 US VAD	DRUPPING SPRING	State; Zip Code
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	FEBS	BANKING F	FEE5
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 8 25 2021	Payee name Burd with Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 3.25	320 VS 290	DRIPPING SPRING	N TR 78620
	Category (See Categories listed at the top of this sch	edule) Description	
PURPOSE OF EXPENDITURE	FEES	CHECK FE	63
	Check if travel outside of Texas. Complete Sche	edule T. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
		······································	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SCHEDULE F1

If the requested inform	nation is not applicable, <b>DO NOT include t</b>	his page in the report.	
	EXPENDITURE CATEGORIE	S FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office 0           Food/Beverage Expense         Polling           y         Gift/Awards/Memorials Expense         Printing	Dverhead/Rental Expense     T       Expense     T       g Expense     T       is/Wages/Contract Labor     C	olicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME DANIE D'BRIEN	3	Filer ID (Ethics Commission Filers)
4 Date 1 2021	5 Payee name BEADUNY ONL		
6 Amount (\$) 3.25	7 Payee address; 323 05 210	City; DRIARING SPAN	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	CHECK FEE	
9 Complete <u>QNLY</u> if direct expenditure to benefit C/Oł	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	rX, officeholder living expense Office held
Date 12 31 2021	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
12.30	1340 POROLAS ST. \$1770	NEW DELEANS	LA ZOIR
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description PROCESSING	F663
	Check if travel outside of Texas. Complete Schedule T.		FX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
12 24 2021	AWEDOT, INC.		
Amount (\$)	Payee address; 1340 Por DRATS ST. FITTO	City; NGN OFFERNS	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description PPVCF45M5	rees
	Check if travel outside of Texas, Complete Schedule T.		X, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

Forms provided by Texas Ethics Commission

expenditure to benefit C/OH

## 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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Ov           Food/Beverage Expense         Polling Expense           y         Gift/Awards/Memorials Expense         Printing Expense	Expense         Travel Out Of District           Wages/Contract Labor         Other (enter a category not listed above)           complete this form.         Other (enter a category not listed above)	
1 Total pages Schedule F1:	2 FILER NAME DANIEL O'BLIFN	3 Filer ID (Ethics Commission Filers)	
4 Date 12   4   20 21	5 Payee name ANGOST INC.		
6 Amount (\$)	7 Payee address; 1310 Poyokas ST. # 1770	City; State; Zip Code NEJ OPLEANS LA 2017	
* 20.30	1010 10101010 01. 1110	NOU OPERATES CAT COTIC	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	CREDIT GARD PMT	Photoessing FEES	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought Office held	
Date 11 19 1021	Payee name ANGOOT INC.		
Amount (\$)	Payee address;	City; State; Zip Code	
# 8.30	1340 PONDERS ST. #1770	NEW OMEANS LA 72112	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	CREAT CARD PUT	PROCESSING FEES	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
Date	Payee name		
11/12/2021	ANEDOT, INC.		
Amount (\$)	Payee address;	City; State; Zip Code	
\$ 8.30	1340 POYDRAS ST. #1770	NEW DRUGAMS LA 7012	
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	CREDIT CARD PMJ	Processing FEES	
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Office held	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

## 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 Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Over Food/Beverage Expense         Polling Expense           y         Gift/Awards/Memorials Expense         Printing Expense	kpense Vages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME DANIER O'BRIEN		3 Filer ID (Ethics Commission Filers)
4 Date 3 200	5 Payee name ANEDOT I INC.		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
40.30	1340 POYDRAS ST. # 1770	NEW OLLEAN	15 LA 70412
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	CLASDIT CARD PINT	PROCESSING	FBBS
	(c) Check if travel outside of Texas. Complete Schedule T.	Check If Austin	n, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8 23 2021	ANDOUT INC.		
Amount (\$)	Payee address;	City;	State; Zip Code
10.30	1340 POYDANS ST. +1770	NEW ORLEAN	s LA 70112
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	CREDIT CARD PAG	PROLESSING	FFFS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8/2/2021	ANFOOT INC.		
Amount (\$)	Payee address;	City;	State; Zip Code
4 8.30	1340 POYDRAS ST. #1720	NEW ORLE	ans cat 2012
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	CREDIT CARD PAT	PROCESSINE	FEFS
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

# SCHEDULE F1

If the requested information is not applicable, DO NOT include this page in the report.			
Andrease and the second	EXPENDITURE CATEGORIES	FOR BOX 8(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Fees         Office Ov           Food/Beverage Expense         Polling Expense           Gift/Awards/Memorials Expense         Printing Expense	pense Travel In District xpense Travel Out Of District Vages/Contract Labor Other (enter a categor	nent & Related Expense
1 Total pages Schedule F1:	2 FILER NAME DINIEL B'BREN	3 Filer ID (Ethics	Commission Filers)
4 Date 7 22 202	5 Payee name ANEPOT , INC.		
6 Amount (\$)	7 Payee address;	City; State;	Zip Code
40.30	1340 PONDLAS ST. #1770	NEW DRIADUS LA	20112
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	CREDIT CARD PINT.	PRUCESSING FEES	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living	expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City; State;	Zip Code
PURPOSE OF EXPENDITURE	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office held
Date	Payee name		
Amount (\$)	Payee address;	City; State;	Zip Code
PURPOSE OF EXPENDITURE	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
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
1	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

EXPENDITUR	ES MADE BY CREDIT CA	RD	SCHEDULE F4
If the requested info	rmation is not applicable, <b>DO NOT includ</b>	le this page in the rep	port.
	EXPENDITURE CATEGOR	RIES FOR BOX 10(a)	
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made Candidate/Officeholder/Politi	Fees         Of           Food/Beverage Expense         Po           By         Gift/Awards/Memorials Expense         Pr	an Repayment/Reimbursement ffice Overhead/Rental Expense biling Expense inting Expense alaries/Wages/Contract Labor ow to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F4:			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITER	MIZED EXPENDITURES CHARGED TO	ACREDITCARD	\$
5 Date 3 9 2021	6 Payee name BILL BATLEY SIGNS		
7 Amount (\$)	8 Payee address;	City;	State; Zip Code
143.30	12010 US HUY 240	AUSTIN	TX 78737
9 TYPE OF EXPENDITURE	Political	Non-Political	
10	(a) Category (See Categories listed at the top of this sche	(b) Description	
PURPOSE	PRINTING EXPENSE	NAME	THES
EXPENDITURE	(c) Check if travel outside of Texas. Complete Sched	dule T. Check if A	ustin, TX, officeholder living expense
11 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
TYPE OF EXPENDITURE	Political	Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this sche	edule) Description	
	Check if travel outside of Texas. Complete Sche	edule T. Check if A	Austin, TX, officeholder living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF 1	THIS SCHEDULE AS N	EEDED
orms provided by Texas Ethi	ics Commission www.ethics.state	e.tx.us	Revised 11/4/20