

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

The JC/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

18

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST DANIEL	MI	OFFICE USE ONLY			
	NICKNAME	LAST O'BRIEN	SUFFIX				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	14101 W. U.S. Hwy 290, Bldg. 600 AUSTIN, TX 78737						
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817) 891-6678						
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST ANABELA	MI	OFFICE USE ONLY			
	NICKNAME	LAST GIBSON	SUFFIX				
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE		
	14101 W. U.S. Hwy 290, Bldg. 600 AUSTIN, TX 78737						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION				
	(817) 925-0090						
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)						
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year	
	07	01	2021	THROUGH	12	31	2021
11 ELECTION	ELECTION DATE			ELECTION TYPE			
	Month	Day	Year	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input type="checkbox"/> General <input type="checkbox"/> Special			
	03 / 01 / 2022						
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)			
	JUDGE, COUNTY COURT AT LAW 3			JUDGE, COUNTY COURT AT LAW 3			
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.						
	COMMITTEE TYPE	COMMITTEE NAME					
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS					
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS					

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SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME DANIEL O'BRIEN		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 19,271.61
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 300.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 15,728.39
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,479.81
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 43.30
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> 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 O'BRIEN		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)	\$ 19,571.61
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 4,278.46
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 15,162.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 15,728.39

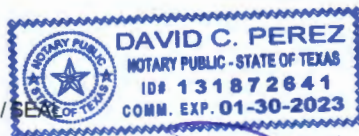
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Handwritten Signature]

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP /

Sworn to and subscribed before me by Daniel O'Brien this the 18th day of January, 2022, 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 DANIEL, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 5
2 FILER NAME DANIEL O'BRIEN		3 Filer ID (Ethics Commission Filers)
4 Date 12/24/21	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: ROBERT A. CAINE	7 Amount of contribution (\$) \$300.00
6 Contributor address; City; State; Zip Code 5908 Charles Schreiner Tr. Austin TX 78749		
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title ATTORNEY
10 Contributor's employer/law firm LAW FIRM OF ROBERT A. CAINE		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 12/24/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: JOHN OTT	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 422 RIDGEWOOD RD WEST LAKE HILLS TX 78746		
Contributor's principal occupation ATTORNEY		Contributor's job title ATTORNEY
Contributor's employer/law firm BARNES LISCOMB STEWART & OTT PLLC		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 12/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: MISSY ATWOOD	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code 301 COUNTRY LANE DRIPPING SPRINGS TX 78620		
Contributor's principal occupation ATTORNEY		Contributor's job title PRINCIPAL
Contributor's employer/law firm GERNER PLLC		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 5
2 FILER NAME DANIEL D'BUEN		3 Filer ID (Ethics Commission Filers)
4 Date 11/19/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ ROBERT A. CAINE	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 5908 CHARLES SCHREINER TR AUSTIN TX 78749		
8 Contributor's principal occupation ATTORNEY		9 Contributor's job title ATTORNEY
10 Contributor's employer/law firm LAW FIRM OF ROBERT A. CAINE		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 11/12/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ TALINE MANASSIAN	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 260 SOUTH COLLEGE ST. DALLAS SPRINGS TX 78620		
Contributor's principal occupation ATTORNEY		Contributor's job title SPECIAL COUNSEL
Contributor's employer/law firm GEORGE BROTHERS KINCAID & HORTON LLP		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 11/03/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ AMY WYMORE	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 390 ISLAND OAKS LN DRAFTWOOD TX 78619		
Contributor's principal occupation HOUSE WIFE		Contributor's job title
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) THE WYMORE LAW FIRM PLLC
If contributor is a child, law firm of parent(s) (if any) N/A		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 5
2 FILER NAME DANIEL O'BRIEN		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: MELODY BURNS	7 Amount of contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code 143 YUCCA COVE AUSTIN TX 78737		
8 Contributor's principal occupation RETIRED		9 Contributor's job title RETIRED
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 8/7/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: KEVIN GAHAGAN	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code 42 BOUNTY RD E. BENISBROOK TX 76132		
Contributor's principal occupation MORTGAGE ORIGINATOR		Contributor's job title MANAGING PARTNER
Contributor's employer/law firm DIVERSIFUND TEXAS LP		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 7/22/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: CHRIS MOUNTZOURIS	Amount of contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code 3160 THURMAN RD. #A LAGO VISTA TX 78645		
Contributor's principal occupation COO		Contributor's job title COO
Contributor's employer/law firm SELF-EMPLOYED		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 5
2 FILER NAME DAVID O'BRIEN		3 Filer ID (Ethics Commission Filers)
4 Date 8/18/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: DAVID BRANDON	7 Amount of contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code 13320 PAISANO TRL AUSTIN TX 78737		
8 Contributor's principal occupation IT		9 Contributor's job title DIR. APPLICATION SERVICES
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) LAW OFC OF SARAH K BRANDON, P.C.
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 11/10/21	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: SARAH K. BRANDON	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 13320 PAISANO TRL AUSTIN TX 78737		
Contributor's principal occupation ATTORNEY		Contributor's job title PRINCIPAL
Contributor's employer/law firm LAW OFC OF SARAH K BRANDON P.C.		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 11/23/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: JESUS MANUEL NAVAR	Amount of contribution (\$) \$200.00
Contributor address; City; State; Zip Code P.O. BOX 282286 SAN ANTONIO TX 78228		
Contributor's principal occupation ATTORNEY		Contributor's job title MANAGING MEMBER
Contributor's employer/law firm LAW OFC OF JESUS MANUEL NAVAR PLLC		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

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 (JUDICIAL)

SCHEDULE A(J)1

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 A(J)1: 5
2 FILER NAME DANIEL O'BRIEN		3 Filer ID (Ethics Commission Filers)
4 Date 7/22/2021	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: MITA O'BRIEN	7 Amount of contribution (\$) \$10,000.00
6 Contributor address; City; State; Zip Code 580 ASPEN DR AUSTIN TX 78737		
8 Contributor's principal occupation RETIRED		9 Contributor's job title RETIRED
10 Contributor's employer/law firm N/A		11 Law firm of contributor's spouse (if any) N/A
12 If contributor is a child, law firm of parent(s) (if any) N/A		
Date 7/4/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: DAVID BRANDON	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code 13320 PAISANO TRL AUSTIN TX 78737		
Contributor's principal occupation IT		Contributor's job title DIR. APPLICATION SERVICES
Contributor's employer/law firm N/A		Law firm of contributor's spouse (if any) LAW OFC OF SARAH K. BRANDON P.C.
If contributor is a child, law firm of parent(s) (if any) N/A		
Date 12/31/2021	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: DANIEL O'BRIEN	Amount of contribution (\$) \$4,271.61
Contributor address; City; State; Zip Code 14101 W. HWY 280 AUSTIN TX 78737		
Contributor's principal occupation LEGAL		Contributor's job title JUDGE
Contributor's employer/law firm HAYS COUNTY		Law firm of contributor's spouse (if any) N/A
If contributor is a child, law firm of parent(s) (if any) N/A		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: <div style="text-align: center;">1</div>	
2 FILER NAME DANIEL O'BRIEN		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 11/23/2021	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DAVID JUNKIN	8 Amount of Contribution \$ \$300.00	9 In-kind contribution description 300 WIRE SIGN STAKES
7 Contributor address; City; State; Zip Code 133 W. SAN ANTONIO, STE. 400 SAN MARCOS TX 78666		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL) ATTORNEY		13 Contributor's job title (FOR JUDICIAL) (See Instructions) PRINCIPAL / SHAREHOLDER	
14 Contributor's employer/law firm (FOR JUDICIAL) MCGLOTHLIN JUNKIN & WILDE P.C.		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL) N/A	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL) N/A			

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of Contribution \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME DANIEL O'BRIEN	3 Filer ID (Ethics Commission Filers)
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4 Date 11/18/2021	5 Payee name HAYS COUNTY REPUBLICAN PARTY
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6 Amount (\$) \$100.00	7 Payee address; 6000 FM 150 W	City; KYLE	State; TX	Zip Code 78640
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EVENT EXPENSE	(b) Description TABLE FEE / HUNTER PARTY
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 12/21/2021	Payee name SUPER CHEER SIGNS
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Amount (\$) \$2,470.26	Payee address; 9200 WATERFORD CENTRE BLVD APTN W	City; TX	State; TX	Zip Code 78758
----------------------------------	--	--------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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Date 11/18/2021	Payee name HAYS COUNTY REPUBLICAN PRIMARY
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Amount (\$) \$1,500.00	Payee address; 6000 FM 150 W	City; KYLE	State; TX	Zip Code 78640
----------------------------------	--	----------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description FILING FEE
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME DANIEL O'BRIEN	3 Filer ID (Ethics Commission Filers)
4 Date 12/31/2021	5 Payee name BROADWAY BANK	
6 Amount (\$) \$7.00	7 Payee address; City; State; Zip Code 320 US 290 DRIPPING SPRINGS TX 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	(b) Description BANKING FEES
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 11/30/2021	Payee name BROADWAY BANK	
Amount (\$) \$7.00	Payee address; City; State; Zip Code 320 US 290 DRIPPING SPRINGS TX 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description BANKING FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
Date 10/21/2021	Payee name BROADWAY BANK	
Amount (\$) \$7.00	Payee address; City; State; Zip Code 320 US 290 DRIPPING SPRINGS TX 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description BANKING FEES
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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

The Instruction Guide explains how to complete this form.

1 Total pages, Schedule F1: 7	2 FILER NAME DANIEL O'BRIEN	3 Filer ID (Ethics Commission Filers)
4 Date 9/30/2021	5 Payee name BROADWAY BANK	
6 Amount (\$) \$7.00	7 Payee address; City; State; Zip Code 320 US 290 DRIPPING SPRINGS TX 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	
	(b) Description BANKING FEES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 8/31/2021	Payee name BROADWAY BANK	
Amount (\$) \$7.00	Payee address; City; State; Zip Code 320 US 290 DRIPPING SPRINGS TX 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	
	Description BANKING FEES	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
Date 8/25/2021	Payee name BROADWAY BANK	
Amount (\$) \$3.25	Payee address; City; State; Zip Code 320 US 290 DRIPPING SPRINGS TX 78620	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	
	Description CHECK FEES	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME DAVID L O'BRIEN	3 Filer ID (Ethics Commission Filers)
4 Date 7/21/2021	5 Payee name BROADWAY BANK	
6 Amount (\$) \$3.25	7 Payee address; City; State; Zip Code 320 US 210 DRAVING SPRING TX 78620	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) FEES	
	(b) Description CHECK FEES	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 12/31/2021	Payee name AVEDOT INC.	
Amount (\$) \$12.30	Payee address; City; State; Zip Code 1340 PONDRA ST. #1770 NEW ORLEANS LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CREDIT CARD PMT	
	Description PROCESSING FEES	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
Date 12/24/2021	Payee name AVEDOT, INC.	
Amount (\$) \$8.30	Payee address; City; State; Zip Code 1340 PONDRA ST. #1770 NEW ORLEANS LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CREDIT CARD PMT	
	Description PROCESSING FEES	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7	2 FILER NAME DANIEL O'BRIEN	3 Filer ID (Ethics Commission Filers)
4 Date 12/1/2021	5 Payee name ANEDOT INC.	
6 Amount (\$) \$20.30	7 Payee address; City; State; Zip Code 1340 PONDRA ST. #1770 NEW ORLEANS LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CREDIT CARD PMT	
	(b) Description PROCESSING FEES	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		
Date 11/19/2021	Payee name ANEDOT INC.	
Amount (\$) \$8.30	Payee address; City; State; Zip Code 1340 PONDRA ST. #1770 NEW ORLEANS LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CREDIT CARD PMT	
	Description PROCESSING FEES	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		
Date 1/12/2021	Payee name ANEDOT, INC.	
Amount (\$) \$8.30	Payee address; City; State; Zip Code 1340 PONDRA ST. #1770 NEW ORLEANS LA 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CREDIT CARD PMT	
	Description PROCESSING FEES	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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		

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 7		2 FILER NAME DANIEL O'BRIEN		3 Filer ID (Ethics Commission Filers)	
4 Date 11/3/2021		5 Payee name ANEDOT, INC.			
6 Amount (\$) \$40.30		7 Payee address; 1340 POYDRAS ST. # 1770		City; NEW ORLEANS	State; LA
				Zip Code 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CREDIT CARD PMT		(b) Description PROCESSING FEES		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	Office held
Date 8/23/2021		Payee name ANEDOT INC.			
Amount (\$) \$20.30		Payee address; 1340 POYDRAS ST. #1770		City; NEW ORLEANS	State; LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CREDIT CARD PMT		Description PROCESSING FEES		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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
Date 8/17/2021		Payee name ANEDOT INC.			
Amount (\$) \$8.30		Payee address; 1340 POYDRAS ST. #1770		City; NEW ORLEANS	State; LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CREDIT CARD PMT		Description PROCESSING FEES		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> 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

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <div style="text-align: center; font-size: 1.5em;">7</div>	2 FILER NAME <div style="text-align: center; font-size: 1.2em;">DANIEL O'BRIEN</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="text-align: center; font-size: 1.2em;">7/22/2021</div>	5 Payee name <div style="text-align: center; font-size: 1.2em;">ANEDOT, INC.</div>	
6 Amount (\$) <div style="text-align: center; font-size: 1.2em;">\$40.30</div>	7 Payee address; City; State; Zip Code <div style="text-align: center; font-size: 1.2em;">1340 PONDAS ST. #1710 NEW ORLEANS LA 70112</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center; font-size: 1.2em;">CREDIT CARD PMT.</div>	
	(b) Description <div style="text-align: center; font-size: 1.2em;">PROCESSING FEES</div>	
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	
	Description	
<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH <div style="display: flex; justify-content: space-between;"> Candidate / Officeholder name Office sought Office held </div>		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: 1	2 FILER NAME DANIEL O'BRIEN	3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		\$
5 Date 8/9/2021	6 Payee name BILL BAILEY SIGNS	
7 Amount (\$) \$43.30	8 Payee address; 12010 US HWY 290	City; State; Zip Code AUSTIN TX 78737
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description NAME TAGS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, 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	<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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		