

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: <div style="font-size: 1.5em; margin-left: 10px;">26</div>								
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> </div>		<div style="border: 1px solid black; padding: 5px; margin-bottom: 5px;">OFFICE USE ONLY</div> <div style="margin-bottom: 5px;">Date Received FILED</div> <div style="margin-bottom: 5px;">HAYS COUNTY, TEXAS</div> <div style="margin-bottom: 5px;">at _____ o'clock ____ M.</div> <div style="margin-bottom: 5px;">JUL 15 2022</div> <div style="margin-bottom: 5px;"><i>Elaine A. Carmona</i></div> <div style="margin-bottom: 5px;">COUNTY CLERK</div> <div style="margin-bottom: 5px;">RECEIVED</div> <div style="margin-bottom: 5px;">Date Imaged JUL 18 2022</div>								
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	<div style="display: flex; justify-content: space-between;"> <div>ADDRESS / PO BOX;</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div>										
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div>										
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> <div>MS / MRS / MR</div> <div>FIRST</div> <div>MI</div> </div> <div style="margin-top: 10px;"> <div style="display: flex; justify-content: space-between;"> <div>NICKNAME</div> <div>LAST</div> <div>SUFFIX</div> </div> </div>										
7 CAMPAIGN TREASURER ADDRESS	<div style="display: flex; justify-content: space-between;"> <div>STREET ADDRESS (NO PO BOX PLEASE);</div> <div>APT / SUITE #;</div> <div>CITY;</div> <div>STATE;</div> <div>ZIP CODE</div> </div>										
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> <div>AREA CODE</div> <div>PHONE NUMBER</div> <div>EXTENSION</div> </div>										
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input checked="" type="checkbox"/> July 15</div> <div style="width: 50%;"><input type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>										
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year <div style="font-size: 1.2em;">01 / 01 / 2022</div> </div> <div>THROUGH</div> <div> Month Day Year <div style="font-size: 1.2em;">06 / 30 / 2022</div> </div> </div>										
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year <div style="font-size: 1.2em;">11 / 08 / 2022</div> </div> <div> ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> </div>										
12 OFFICE	<div style="display: flex; justify-content: space-between;"> <div>OFFICE HELD (if any) <div style="font-size: 1.2em;">Judge, County Court at Law No 3</div></div> <div>13 OFFICE SOUGHT (if known)</div> </div>										
14 NOTICE FROM POLITICAL COMMITTEE(S)	<div style="border: 1px solid black; padding: 5px;"> <p style="font-size: 0.8em; margin: 0;">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.</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; border: 1px solid black; padding: 2px;">COMMITTEE TYPE</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SPECIFIC</td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME										
	COMMITTEE CAMPAIGN TREASURER ADDRESS										

GO TO PAGE 2

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 2

15 JC/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)

\$ 0⁰⁰

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

\$ 13,500⁰⁰

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0⁰⁰

4. TOTAL POLITICAL EXPENDITURES

\$ 4,433⁰⁰

CONTRIBUTION
BALANCE

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

\$ 24,783³⁴

OUTSTANDING
LOAN TOTALS

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

\$ 15,738³⁴

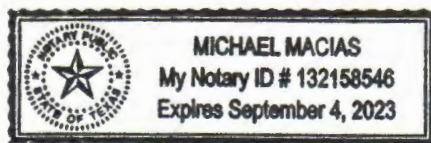
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate/Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by DANIEL O'BRIEN this the 15 day of JULY

20 22, to certify which, witness my hand and seal of office.

[Signature]

Michael Macias

Texas Notary

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, 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)

SUBTOTALS - JC/OH

FORM JC/OH
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,500 ⁰⁰
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4,433 ⁰⁰
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
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	\$

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: 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 01/04/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Robert Caine	7 Amount of contribution (\$) 300 ⁰⁰
6 Contributor address; City; State; Zip Code 5908 Charles Schreiner Trail Austin, TX 78749		
8 Contributor's principal occupation Lawyer		9 Contributor's job title Owner
10 Contributor's employer/law firm Law Office of Robert A. Caine		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 1/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Rachel Crutchfield	Amount of contribution (\$) 500 ⁰⁰
Contributor address; City; State; Zip Code 352 Stacy Point Rd. Austin TX 78737		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Germer		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1/28/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: William Fowler	Amount of contribution (\$) 200 ⁰⁰
Contributor address; City; State; Zip Code 265 Diamond Point Dr. Dripping Springs TX 78628		
Contributor's principal occupation Emergency Medical Services		Contributor's job title District Administrator
Contributor's employer/law firm North Hays EMS		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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: 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 2/16/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Fay Clieff Gillhan	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 516 West Hopkins, Suite A, San Marcos TX 78666		
8 Contributor's principal occupation Lawyer		9 Contributor's job title Lawyer
10 Contributor's employer/law firm Law Office of Fay Clieff Gillhan		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Jessica Hall	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 434 Catalina Ln Austin TX 78737		
Contributor's principal occupation Lawyer		Contributor's job title Partner
Contributor's employer/law firm Savrick Schuman		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 5/2/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Amanda Erwin	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 10 Shady Grove Ln Wimpey TX 78676		
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm The Erwin Law LLP		Law firm of contributor's spouse (if any) Same
If contributor is a child, law firm of parent(s) (if any)		

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: 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 06/30/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Ryan Ellis	7 Amount of contribution (\$) 100⁰⁰
6 Contributor address; City; State; Zip Code 201 South Cedar Street Buda, TX 78610		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm The Law Law Firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 02/23/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Law Office of David C Hardaway, PC	Amount of contribution (\$) 1000⁰⁰
Contributor address; City; State; Zip Code 100 E San Antonio St. Suite 201 San Marcos TX 78666		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 02/15/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Mark Janssen Attorney at Law	Amount of contribution (\$) 250⁰⁰
Contributor address; City; State; Zip Code 110 E San Antonio St San Marcos TX 78666		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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: 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2002	5 Full name of contributor Ann Sullivan <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 8115 FM 2673 Canyon Lake 78133		
8 Contributor's principal occupation CPA		9 Contributor's job title Accountant
10 Contributor's employer/law firm Self		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/01/2002	Full name of contributor Michael Shulman <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code 10108 Talleyrn Dr Austin TX 78756	Amount of contribution (\$) 200.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Michael Shulman Attorney at Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/01/2002	Full name of contributor Colin Wise <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code 1921 Corporate Dr Ste 102, San Marcos TX 78666	Amount of contribution (\$) 200.00
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm Morris + Wise		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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: 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2009	5 Full name of contributor Emmett R Green <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) 500 ⁰⁰
6 Contributor address; City; State; Zip Code 5261 Hillside Terrace Buda TX 78610		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of E. Ray Green		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/10/2009	Full name of contributor Todd Dudley <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 500 ⁰⁰
Contributor address; City; State; Zip Code 100 N Edward Gary 103 San Marcos TX 78666		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Dudley Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/11/2009	Full name of contributor Rene Garne <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 100 ⁰⁰
Contributor address; City; State; Zip Code 101 Crestview Dr Wiberly TX 78674		
Contributor's principal occupation Court Administrator		Contributor's job title Court Administrator
Contributor's employer/law firm Hays County		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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: 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 02/10/2020	5 Full name of contributor David Watts <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 108 E. San Antonio St. San Marcos TX 78666		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Law Office of David S. Watts		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/10/2020	Full name of contributor Law Office of Jesus Manuel Nava PLLC <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code PO Box 28286 San Antonio TX 78228		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/01/2020	Full name of contributor Louis K. Obodyke <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 201 Blanco River Ranch San Marcos TX 78666		
Contributor's principal occupation Retired		Contributor's job title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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: 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2022	5 Full name of contributor Nicole Cloutier <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) 5000
6 Contributor address; City; State; Zip Code 211 Caraway Kyle Texas 78646		
8 Contributor's principal occupation Paralegal		9 Contributor's job title Legal Assistant IV
10 Contributor's employer/law firm Office of Attny General		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 01/27/22	Full name of contributor Rex G. Baker <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code PO Box 718 Dripping Springs TX 78620	Amount of contribution (\$) 1,000.00
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Baker + Robertson		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 01/27/2022	Full name of contributor Melody Burns <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code _____ _____ _____	Amount of contribution (\$) 500.00
Contributor's principal occupation Retired		Contributor's job title Retired
Contributor's employer/law firm Retired		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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: 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 01/30/2023	5 Full name of contributor Eileen O'Brien <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) 500 ⁰⁰
6 Contributor address; City; State; Zip Code 106 Doe Trail Junik, FL 33458		
8 Contributor's principal occupation Human Resources		9 Contributor's job title VP- People Operations
10 Contributor's employer/law firm Rapid Deploy		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/10/2022	Full name of contributor Richard Cofer II <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code 602 W 11 th St Austin TX 78701	Amount of contribution (\$) 500 ⁰⁰
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm Cofer + Connelly PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/10/2022	Full name of contributor Lyne Berry Morris <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code PO Box 1343 Wimbich, TX 78676	Amount of contribution (\$) 250 ⁰⁰
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Lyne Berry Morris		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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: 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: David H Morris Attorney at Law	7 Amount of contribution (\$) 1,000 ⁰⁰
6 Contributor address; City; State; Zip Code 1921 Corporate Dr Ste 100 San Marcos TX 78666		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm David H Morris Attorney at Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Richard M Ursha Attorney at Law	Amount of contribution (\$) 500 ⁰⁰
Contributor address; City; State; Zip Code		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Richard M Ursha Attorney at Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 02/01/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Rafael Leal	Amount of contribution (\$) 150 ⁰⁰
Contributor address; City; State; Zip Code PO Box 542056 San Antonio TX 78259		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm Law Office of Rafael Leal		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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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: 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 02/01/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Mark Cusack P.C.	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code 430 Savage Lane Winbury TX 78676		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Mark Cusack P.C.		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 02/01/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Robert Updegraff	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 108 E San Antonio St San Marcos TX 78666		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm The Updegraff Law Firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 1/31/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Case T Parson & Associate Inc.	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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: 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 2/1/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Brian Bahr	7 Amount of contribution (\$) 500⁰⁰
6 Contributor address; City; State; Zip Code PO Box 2630 San Marcos TX 78667		
8 Contributor's principal occupation Attorney		9 Contributor's job title Attorney
10 Contributor's employer/law firm Brian Bahr Attorney at Law		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 01/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Robert L Buford Attorney at Law	Amount of contribution (\$) 500⁰⁰
Contributor address; City; State; Zip Code 904 W Ave Ste 106 Austin TX 78701		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 01/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Law Office of Sarah K. Brando P.C.	Amount of contribution (\$) 200⁰⁰
Contributor address; City; State; Zip Code 14101 W Hwy 290 Ste 600 Austin TX 78737		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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: <div style="text-align: center; font-size: 1.2em;">12</div>
2 FILER NAME <div style="font-size: 1.2em;">Daniel O'Brien</div>		3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">02/10/2023</div>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <div style="font-size: 1.2em;">The Soechting Law Firm PLLC</div>	7 Amount of contribution (\$) <div style="font-size: 1.2em;">500⁰⁰</div>
6 Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">3331 Ranch Road 12 Suite 107 A San Marcos TX 78666</div>		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <div style="font-size: 1.2em;">02/10/2023</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <div style="font-size: 1.2em;">Barron, Adk, Clough & Oddo LLP</div>	Amount of contribution (\$) <div style="font-size: 1.2em;">2,500⁰⁰</div>
Contributor address; City; State; Zip Code <div style="font-size: 1.2em;">808 Nueces St Austin TX 78701</div>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

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
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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
10	Daniel O'Brien		
4 Date	5 Payee name		
01/18/2022	GT Strategies LLC		
6 Amount (\$)	7 Payee address; City; State; Zip Code		
519.60	604 W 13 th Street, Austin TX 78701		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	Consulting Expense		Campaign Consultant
	(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	Payee name		
01/31/2022	Broadway Bank		
Amount (\$)	Payee address; City; State; Zip Code		
4.00	320 US-290, Dripping Springs TX 78620		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Accounting / Banking		Monthly Bank 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			
Date	Payee name		
01/31/2022	Broadway Bank		
Amount (\$)	Payee address; City; State; Zip Code		
3.00	320 US-290, Dripping Springs TX 78620		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Accounting / Banking		Monthly Bank 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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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="font-size: 1.5em;">10</div>	2 FILER NAME <div style="font-size: 1.2em;">Daniel O'Brien</div>	3 Filer ID (Ethics Commission Filers)
4 Date <div style="font-size: 1.2em;">02/14/2022</div>	5 Payee name <div style="font-size: 1.2em;">GT Strategies LLC</div>	
6 Amount (\$) <div style="font-size: 1.5em;">140.50</div>	7 Payee address; City; State; Zip Code <div style="font-size: 1.2em;">604 W 13th Street Austin TX 78701</div>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Consulting Expense</div>	(b) Description <div style="font-size: 1.2em;">Campaign Consultant</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 <div style="font-size: 1.2em;">02/28/2022</div>	Payee name <div style="font-size: 1.2em;">Broadway Bank</div>	
Amount (\$) <div style="font-size: 1.5em;">4.00</div>	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">320 US-290 Prippling Springs TX 78620</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Accounting / Banking</div>	Description <div style="font-size: 1.2em;">Monthly Bank fee</div>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div>		
Date <div style="font-size: 1.2em;">02/28/2022</div>	Payee name <div style="font-size: 1.2em;">Broadway Bank</div>	
Amount (\$) <div style="font-size: 1.5em;">3.00</div>	Payee address; City; State; Zip Code <div style="font-size: 1.2em;">320 US-290 Prippling Springs TX 78620</div>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="font-size: 1.2em;">Accounting / Banking</div>	Description <div style="font-size: 1.2em;">Monthly Bank fee</div>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<div style="display: flex; justify-content: space-between;"> Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held </div>		

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
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: <u>10</u>	2 FILER NAME <u>Daniel O'Brien</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/10/2022</u>	5 Payee name <u>Color Mix Graphic Printing & Promo</u>	
6 Amount (\$) <u>352.94</u>	7 Payee address; City; State; Zip Code <u>808 El Camino Way Drive Suite B, San Marcos TX 78666</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u> <u>Printing Expense</u>	(b) Description <u>Campaign Banner</u>
	(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 <u>3/28/2022</u>	Payee name <u>GT Strategies LLC</u>	
Amount (\$) <u>320.50</u>	Payee address; City; State; Zip Code <u>604 W 13th Street Austin TX 78706</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Consulting Expense</u>	Description <u>Campaign Consultant</u>
	<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 <u>03/29/2022</u>	Payee name <u>Hays County Republican Women</u>	
Amount (\$) <u>100.00</u>	Payee address; City; State; Zip Code <u>1450 W Hwy 290 #1697 Pahrump Springs TX 78620</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Event Expense</u>	Description <u>Event Sponsorship</u>
	<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;">10</div>		2 FILER NAME <div style="text-align: center;">Daniel O'Brine</div>		3 Filer ID (Ethics Commission Filers)	
4 Date <div style="text-align: center;">03/31/2022</div>		5 Payee name <div style="text-align: center;">Broadway Bank</div>			
6 Amount (\$) <div style="text-align: center;">4.00</div>		7 Payee address; City; State; Zip Code <div style="text-align: center;">320 US-290, Dripping Springs TX 78620</div>			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Accounting / Banking</div>		(b) Description <div style="text-align: center;">Monthly Bank Fee</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					
Date <div style="text-align: center;">03/31/2022</div>		Payee name <div style="text-align: center;">Broadway Bank</div>			
Amount (\$) <div style="text-align: center;">3.00</div>		Payee address; City; State; Zip Code <div style="text-align: center;">320 US-290, Dripping Springs TX 78620</div>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Accounting / Banking</div>		Description <div style="text-align: center;">Monthly Bank Fee</div>		
	<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					
Date <div style="text-align: center;">04/04/2022</div>		Payee name <div style="text-align: center;">ColorMix Graphics, Printing + Promo</div>			
Amount (\$) <div style="text-align: center;">134.87</div>		Payee address; City; State; Zip Code <div style="text-align: center;">808 El Camino Way Dr. Suite B, San Marcos TX 78666</div>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <div style="text-align: center;">Printing Expense</div>		Description <div style="text-align: center;">Campaign Banner</div>		
	<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					

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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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
10	Daniel O'Brien			
4 Date	5 Payee name			
04/26/2022	Majority Strategies LLC			
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
1,700.00	PO Box 679219	Dallas	TX	75267
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	Printing Expense		Company Pushcards	
	(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	Payee name			
04/29/2022	Broadway Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
4.00	320 US-290	Dripping Springs	TX	78620
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Accounting / Banking		Monthly Bank 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				
Date	Payee name			
04/29/2022	Broadway Bank			
Amount (\$)	Payee address;	City;	State;	Zip Code
3.00	320 US-290	Dripping Springs	TX	78620
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Accounting / Banking		Monthly Bank 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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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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
10	Daniel O'Brien		
4 Date	5 Payee name		
05/31/2022	Broadway Bank		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
4.00	320 US-290 Dripping Springs TX		78626
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	Accounting / Banking		Monthly Bank Fee
(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	Payee name		
05/31/2022	Broadway Bank		
Amount (\$)	Payee address;	City;	State; Zip Code
3.00	320 US-290 Dripping Springs TX		78626
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Accounting / Banking		Monthly Bank 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
Date	Payee name		
06/23/2022	Wimberley Convention + Visitors Center		
Amount (\$)	Payee address;	City;	State; Zip Code
500.00	PO Box 12, Wimberley, TX		78676
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	Event Expense		Parade Entry 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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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: 10	2 FILER NAME Daniel O'Brien	3 Filer ID (Ethics Commission Filers)
4 Date 06/28/2022	5 Payee name RushOrderTees	
6 Amount (\$) 561.60	7 Payee address; City; State; Zip Code 2727 Commerce Way, Philadelphia, PA 19154	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Campaign T-Shirts
	(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 06/30/2022	Payee name Broadway Bank	
Amount (\$) 4.00	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) Accounting / Banking	Description Monthly Bank 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		

Date 06/30/2022	Payee name Broadway Bank	
Amount (\$) 3.00	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) Account / Banking	Description Monthly Bank 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		

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 Expense	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: 10	2 FILER NAME Daniel O'Brine	3 Filer ID (Ethics Commission Filers)
4 Date 01/01/2022	5 Payee name Anedot	
6 Amount (\$) 12.30	7 Payee address; City; State; Zip Code 1340 Poydras St, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Credit Card Fee
	(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 1/12/2022	Payee name Anedot		
Amount (\$) 20.30	Payee address; City; State; Zip Code 1340 Poydras St Suite 1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Credit Card 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			

Date 1/28/2022	Payee name Anedot		
Amount (\$) 8.30	Payee address; City; State; Zip Code 1340 Poydras St. Suite 1770 New Orleans, LA 70112		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Credit Card 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			

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
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:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
10	Daniel O'Brien			
4 Date	5 Payee name			
02/16/2022	Aredot			
6 Amount (\$)	7 Payee address;		City;	State; Zip Code
2.30	1340 Poydras St. Suite 1770		New Orleans, LA	70112
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	Fees		Credit Card Fee	
(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	Payee name			
2/23/2022	Aredot			
Amount (\$)	Payee address;		City;	State; Zip Code
4.30	1340 Poydras St. Suite 1770		New Orleans, LA	70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Fees		Credit Card 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
Date	Payee name			
5/2/2022	Aredot			
Amount (\$)	Payee address;		City;	State; Zip Code
4.30	1340 Poydras St. Suite 1770		New Orleans, LA	70112
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description	
	Fees		Credit Card 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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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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
10	Daniel O'Brien	
4 Date	5 Payee name	
06/30/2022	Aredot	
6 Amount (\$)	7 Payee address; City; State; Zip Code	
4.30	1340 Poydras St, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	Fees	Credit Card Fee
(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	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			
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	
	<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

OUTSTANDING LOANS

SCHEDULE L

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 L:

2 FILER NAME

Daniel O'Brien

3 Filer ID (Ethics Commission Filers)

LENDER
INFORMATION

4 Name of lender

Daniel O'Brien

5 Lender address;

City;

State;

Zip Code

14101 W US Hwy 296 Austin TX 78737

GUARANTOR
INFORMATION

6 Name of guarantor

☒ not applicable

7 Guarantor address;

City;

State;

Zip Code

LENDER
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address;

City;

State;

Zip Code

LENDER
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address;

City;

State;

Zip Code

LENDER
INFORMATION

Name of lender

Lender address;

City;

State;

Zip Code

GUARANTOR
INFORMATION

Name of guarantor

☐ not applicable

Guarantor address;

City;

State;

Zip Code

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