

JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM JC/OH
COVER SHEET PG 1

FILED

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

2022 OCT 31 AM 8:24

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

OFFICE USE ONLY

Date Received

COUNTY CLERK
HAYS COUNTY, TEXAS

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1401 W Hwy 290, Bldg 600
Austin, TX 78737

☐ Change of Address

Received

NOV 01 2022

Elections Office

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 891-6678

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Angela
Gibson

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

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

CITY;

STATE;

ZIP CODE

1401 W Hwy 290 Bldg 600
Austin TX 78737

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 925-0090

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

8th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

09 / 30 / 2022

THROUGH

Month

Day

Year

10 / 24 / 2022

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 08 / 2022

ELECTION TYPE

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

Judge, County Court at Law No 3

13 OFFICE SOUGHT (if known)

14 NOTICE FROM
POLITICAL
COMMITTEE(S)

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

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

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)

\$ 0⁰⁰

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

\$ 8,950⁰⁰

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0⁰⁰

4. TOTAL POLITICAL EXPENDITURES

\$ 14,406²⁶

CONTRIBUTION
BALANCE

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

\$ 23,628⁸³

OUTSTANDING
LOAN TOTALS

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

\$ 15,738³⁹

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 51st day of October

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

[Signature] Jose Vela

Public 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

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	\$ 8,950 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	\$ 14,406 ²⁶
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: <i>Page 1 of 6</i>
2 FILER NAME <i>Daniel O'Brien</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/05/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>William Hale</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>1206 Nueces St Austin TX 78701</i>		
8 Contributor's principal occupation <i>Attorney</i>		9 Contributor's job title <i>Attorney</i>
10 Contributor's employer/law firm <i>William Hale PLLC</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>10/05/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Robert Caine</i>	Amount of contribution (\$) <i>300⁰⁰</i>
	Contributor address; City; State; Zip Code <i>5908 Charles Schreiner Austin TX 78749</i>	
Contributor's principal occupation <i>Lawyer</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Law Office of Robert A. Caine</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>10/04/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Jessica Hall</i>	Amount of contribution (\$) <i>100⁰⁰</i>
	Contributor address; City; State; Zip Code <i>434 Catalina Lane Austin TX 78757</i>	
Contributor's principal occupation <i>Lawyer</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Savriel Schumann</i>		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: <i>Page 2 of 6</i>
2 FILER NAME <i>Daniel O'Brien</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/04/2020</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Bob Mueller</i>	7 Amount of contribution (\$) <i>500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>306 Bella Montagna Circle Lakemey TX 78724</i>		
8 Contributor's principal occupation <i>Real Estate Broker</i>		9 Contributor's job title <i>Broker</i>
10 Contributor's employer/law firm <i>Self</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>10/10/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Casey Beasley</i>	Amount of contribution (\$) <i>100⁰⁰</i>
Contributor address; City; State; Zip Code <i>829 Ranches Club Lane Driftwood TX 78619</i>		
Contributor's principal occupation <i>Commercial Real Estate</i>		Contributor's job title <i>Real Estate Broker</i>
Contributor's employer/law firm <i>KPGA Commercial</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>10/10/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Don Gibbons</i>	Amount of contribution (\$) <i>150⁰⁰</i>
Contributor address; City; State; Zip Code <i>3703 Merrick St Houston TX 77025</i>		
Contributor's principal occupation <i>Doctor</i>		Contributor's job title <i>Doctor</i>
Contributor's employer/law firm <i>MP Anderson</i>		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: Page 3 of 6
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 10/11/2009	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Mary Pat Paul	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 310 Springwood Rd Dripping Springs TX 78620		
8 Contributor's principal occupation N/A	9 Contributor's job title N/A	
10 Contributor's employer/law firm Retired	11 Law firm of contributor's spouse (if any)	
12 If contributor is a child, law firm of parent(s) (if any)		

Date 10/13/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Susan Gibson	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 306 Bella Montagna Circle Lakeway TX 78734		
Contributor's principal occupation Publisher		Contributor's job title President + Publisher
Contributor's employer/law firm J.S. Products Inc		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 10/15/2009	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Joanna Pay	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 10 Carriac House Lane Austin TX 78737		
Contributor's principal occupation None		Contributor's job title Chef
Contributor's employer/law firm Self		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: Page 4 of 6
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 10/18/2008	5 Full name of contributor Perry Kay Bosch <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) 100 ⁰⁰
6 Contributor address; City; State; Zip Code PO Box 1222 Seneca TX 76950		
8 Contributor's principal occupation Ranching		9 Contributor's job title Ranch Owner
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 10/24/2008	Full name of contributor Shannon O'Connor <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code 414 Quartz Dr Drift Springs TX 78620	Amount of contribution (\$) 100 ⁰⁰
Contributor's principal occupation Accounting		Contributor's job title Owner
Contributor's employer/law firm Self		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 10/29/2008	Full name of contributor Stephen Riden <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code 57 Richmond St West Roxbury MA 02132	Amount of contribution (\$) 50 ⁰⁰
Contributor's principal occupation Lawyer		Contributor's job title Partner
Contributor's employer/law firm Beck Reed Riden LLP		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: <i>Page 5 of 6</i>
2 FILER NAME <i>Daniel O'Brien</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/11/2022</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Cofe Connolly</i>	7 Amount of contribution (\$) <i>2500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>602 W 11th St Austin TX 78701</i>		
8 Contributor's principal occupation		9 Contributor's job title
10 Contributor's employer/law firm <i>Cofe Connolly</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>10/10/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Floyd Martha Atkins</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>PO Box 1179 San Marcos TX 78667</i>		
Contributor's principal occupation		Contributor's job title
Contributor's employer/law firm <i>Floyd Martha Atkins</i>		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date <i>10/28/2022</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Arnold Garcia</i>	Amount of contribution (\$) <i>250⁰⁰</i>
Contributor address; City; State; Zip Code <i>907 Rio Grande St Aush TX 78701</i>		
Contributor's principal occupation <i>Attorney</i>		Contributor's job title <i>Attorney</i>
Contributor's employer/law firm <i>Self</i>		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: <i>Page 6 of 6</i>
2 FILER NAME <i>Daniel O'Brien</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>10/28/20</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Daniel O'Brien</i>	7 Amount of contribution (\$) <i>2500⁰⁰</i>
6 Contributor address; City; State; Zip Code <i>14101 W Hwy 290 Bldg 600 Austin TX 78717</i>		
8 Contributor's principal occupation <i>Judge</i>		9 Contributor's job title <i>Judge</i>
10 Contributor's employer/law firm <i>Hays County</i>		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date <i>10/28/2020</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ <i>Eileen O'Brien</i>	Amount of contribution (\$) <i>1000⁰⁰</i>
	Contributor address; City; State; Zip Code <i>105 Poe trail Topish FL 33458</i>	
Contributor's principal occupation <i>HR</i>		Contributor's job title <i>VP People Operations</i>
Contributor's employer/law firm <i>Rapid Deploy</i>		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: <i>Page 1 of 4</i>		2 FILER NAME <i>Daniel O'Brien</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>9/30/2022</i>		5 Payee name <i>Broadway Bank</i>			
6 Amount (\$) <i>4.00</i>		7 Payee address; City; State; Zip Code <i>117 NE Loop 410 San Antonio TX 78209</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Accounting / Banking</i>		(b) Description <i>Monthly Bank Fee</i>		
	(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 <i>10/03/2022</i>		Payee name <i>Super Cheap Signs</i>			
Amount (\$) <i>1,650⁰⁰</i>		Payee address; City; State; Zip Code <i>9200 Waterford Centre Blvd., Suite 100 Austin TX 78758</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Campaign Signs</i>		
	<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 <i>10/05/2022</i>		Payee name <i>GT Strategies LLC</i>			
Amount (\$) <i>2,250⁰⁰</i>		Payee address; City; State; Zip Code <i>604 W 13th Street Austin TX 78701</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Consulting Expense</i>		Description <i>Campaign Consultant</i>		
	<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					

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: <i>Page 2 of 9</i>		2 FILER NAME <i>Daniel O'Brien</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/11/2022</i>		5 Payee name <i>Facebook</i>			
6 Amount (\$) <i>400⁰⁰</i>		7 Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94025</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		(b) Description <i>Facebook Ads/Digital Ads,</i>		
	(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 <i>10/11/2022</i>		Payee name <i>Facebook</i>			
Amount (\$) <i>600⁰⁰</i>		Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park CA 94025</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Facebook Ads / Digital Advertising</i>		
	<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 <i>10/13/2022</i>		Payee name <i>Facebook</i>			
Amount (\$) <i>64²⁵</i>		Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park, CA 94025</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Facebook Ads / Digital Advertising</i>		
	<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="text-align: center;">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</div>					

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: <i>Page 3 of 9</i>		2 FILER NAME <i>Daniel O'Brien</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/17/2022</i>		5 Payee name <i>Advantage</i>			
6 Amount (\$) <i>864⁰⁰</i>		7 Payee address; City; State; Zip Code <i>9420 Bonita Beach Rd SE Ste 200 Bonita Springs FL 34135</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Other</i>		(b) Description <i>Black Walking Software License</i>		
	(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 <i>10/26/2022</i>		Payee name <i>Facebook</i>			
Amount (\$) <i>900⁰⁰</i>		Payee address; City; State; Zip Code <i>1 Hacker Way Menlo Park, CA 94025</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Facebook Ads / Political Advertising</i>		
	<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 <i>10/26/2022</i>		Payee name <i>Mailchimp</i>			
Amount (\$) <i>18¹²</i>		Payee address; City; State; Zip Code <i>675 Ponce de Leon Ave NE Ste 5000 Atlanta GA 30308</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>		Description <i>Campaign Newsletter</i>		
	<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

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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: <i>Page 4 of 9</i>	2 FILER NAME <i>Daniel O'Brien</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>10/24/2022</i>	5 Payee name <i>Quick Print</i>	
6 Amount (\$) <i>486²²</i>	7 Payee address; City; State; Zip Code <i>8508 Cross Park Drive Austin TX 78754</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	(b) Description <i>Company Pushcards</i>
	(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 <i>10/27/2022</i>	Payee name <i>Quick Print</i>		
Amount (\$) <i>1,759³⁸</i>	Payee address; City; State; Zip Code <i>8508 Cross Park Drive Austin TX 78759</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Printing Expense</i>	Description <i>Company Marker</i>	
	<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 <i>10/28/2022</i>	Payee name <i>Super Cheap Signs</i>		
Amount (\$) <i>955⁶⁶</i>	Payee address; City; State; Zip Code <i>9200 Watoful Center Blvd Suite 100 Austin TX 78758</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertising Expense</i>	Description <i>Company Signs</i>	
	<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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SCHEDULE F1

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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.

Forms provided by Texas Ethics Commission

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: <i>Page 6 of 9</i>	2 FILER NAME <i>Daniel O'Brien</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>10/05/2022</i>	5 Payee name <i>Ancdot</i>
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6 Amount (\$) <i>20.30</i>	7 Payee address; <i>1340 Poydras Street, Suite 1770 New Orleans LA 70112</i>	City; <i>New Orleans</i>	State; <i>LA</i>	Zip Code <i>70112</i>
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>	(b) Description <i>Credit Card Fee</i>
	(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 <i>10/05/2022</i>	Payee name <i>Ancdot</i>
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Amount (\$) <i>12.30</i>	Payee address; <i>1340 Poydras Street, Suite 1770 New Orleans LA 70112</i>	City; <i>New Orleans</i>	State; <i>LA</i>	Zip Code <i>70112</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Credit Card Fee</i>
	<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 <i>10/06/2022</i>	Payee name <i>Ancdot</i>
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Amount (\$) <i>4.30</i>	Payee address; <i>1340 Poydras Street, Suite 1770 New Orleans LA 70112</i>	City; <i>New Orleans</i>	State; <i>LA</i>	Zip Code <i>70112</i>
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>	Description <i>Credit card Fee</i>
	<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

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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: <u>Page 7059</u>		2 FILER NAME <u>Daniel O'Brien</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>10/04/2022</u>		5 Payee name <u>Ancdot</u>			
6 Amount (\$) <u>20³⁰</u>		7 Payee address; City; State; Zip Code <u>1340 Paydres Street, Suite 1770 New Orleans LA 70112</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Fees</u>		(b) Description <u>Credit Card Fee</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					
Date <u>10/10/2022</u>		Payee name <u>Ancdot</u>			
Amount (\$) <u>4³⁰</u>		Payee address; City; State; Zip Code <u>1340 Paydres Street, Suite 1770 New Orleans LA 70112</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Credit Card Fee</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					
Date <u>10/10/2022</u>		Payee name <u>Ancdot</u>			
Amount (\$) <u>6³⁰</u>		Payee address; City; State; Zip Code <u>1340 Paydres Street, Suite 1770 New Orleans LA 70112</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Credit Card Fee</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					
Date <u>10/10/2022</u>		Payee name <u>Ancdot</u>			
Amount (\$) <u>6³⁰</u>		Payee address; City; State; Zip Code <u>1340 Paydres Street, Suite 1770 New Orleans LA 70112</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Credit Card Fee</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					

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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: Page 8 of 9	2 FILER NAME Daniel O'Brien	3 Filer ID (Ethics Commission Filers)
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4 Date 10/11/2020	5 Payee name Anedot
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6 Amount (\$) 2 ³⁰	7 Payee address; 1340 Paydus Street, Suite 1770 New Orleans LA 70112	City;	State;	Zip Code
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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
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Date 10/13/2020	Payee name Anedot
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Amount (\$) 20 ³⁰	Payee address; 1340 Paydus Street Suite 1770 New Orleans LA 70112	City;	State;	Zip Code
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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
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Date 10/15/2020	Payee name Anedot
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Amount (\$) 8 ³⁰	Payee address; 1340 Paydus Street Suite 1770 New Orleans LA 70112	City;	State;	Zip Code
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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
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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: <i>Page 9 of 9</i>		2 FILER NAME <i>Daniel O'Brien</i>		3 Filer ID (Ethics Commission Filers)	
4 Date <i>10/18/2020</i>		5 Payee name <i>Audiot</i>			
6 Amount (\$) <i>4.30</i>		7 Payee address; City; State; Zip Code <i>1340 Paydres Street Suite 1770 New Orleans LA 70112</i>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Fees</i>		(b) Description <i>Credit Card Fee</i>		
	(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 <i>10/24/2020</i>		Payee name <i>Audiot</i>			
Amount (\$) <i>4.30</i>		Payee address; City; State; Zip Code <i>1340 Paydres Street Suite 1770 New Orleans LA 70112</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Credit Card Fee</i>		
	<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 <i>10/29/2020</i>		Payee name <i>Audiot</i>			
Amount (\$) <i>2.30</i>		Payee address; City; State; Zip Code <i>1340 Paydres Street Suite 1770 New Orleans LA 70112</i>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Fees</i>		Description <i>Credit Card Fee</i>		
	<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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