

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:																
3 CANDIDATE / OFFICEHOLDER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Daniel</div> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">O'Brien</div>	<div style="text-align: center; font-weight: bold; font-size: 0.8em;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Received FILED HAYS COUNTY, TEXAS at 9:25 o'clock PM. OCT 11 2022 </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Hand-Delivered or Date Postmarked COUNTY CLERK </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Receipt # _____ Amount \$ _____ </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Processed _____ </div> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> Date Imaged _____ </div>																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<div style="display: flex; justify-content: space-between;"> ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="font-size: 1.2em; margin-top: 10px;">1401 W US Hwy 290, Bldg 600 Austin TX 78737</div>																		
5 CANDIDATE / OFFICEHOLDER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="font-size: 1.2em; margin-top: 10px;">(817) 891-6678</div>																		
6 CAMPAIGN TREASURER NAME	<div style="display: flex; justify-content: space-between;"> MS / MRS / MR FIRST MI </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Angele</div> <div style="display: flex; justify-content: space-between;"> NICKNAME LAST SUFFIX </div> <div style="text-align: center; font-size: 1.2em; margin-top: 10px;">Gibson</div>																		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<div style="display: flex; justify-content: space-between;"> STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE </div> <div style="font-size: 1.2em; margin-top: 10px;">1401 W US Hwy 290, Bldg 600 Austin TX 78737</div>																		
8 CAMPAIGN TREASURER PHONE	<div style="display: flex; justify-content: space-between;"> AREA CODE PHONE NUMBER EXTENSION </div> <div style="font-size: 1.2em; margin-top: 10px;">(817) 925-0046</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 checked="" 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 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 07 / 01 / 2022 </div> <div>THROUGH</div> <div> Month Day Year 09 / 29 / 2022 </div> </div>																		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 11 / 08 / 2022 </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) Judge, County Court at Law No. 3</div> <div>13 OFFICE SOUGHT (if known)</div> </div>																		
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<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 checked="" type="checkbox"/> GENERAL</td> <td style="border: 1px solid black; padding: 2px;">Hays County Republican Party</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">6000 W. FM 150, Kyle Texas 78640</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;">Robert Parks</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> <tr> <td style="border: 1px solid black; padding: 2px;"></td> <td style="border: 1px solid black; padding: 2px;">6000 W FM 150, Kyle Texas 78640</td> </tr> </table> </div>			COMMITTEE TYPE	COMMITTEE NAME	<input checked="" type="checkbox"/> GENERAL	Hays County Republican Party		COMMITTEE ADDRESS		6000 W. FM 150, Kyle Texas 78640	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		Robert Parks		COMMITTEE CAMPAIGN TREASURER ADDRESS		6000 W FM 150, Kyle Texas 78640
COMMITTEE TYPE	COMMITTEE NAME																		
<input checked="" type="checkbox"/> GENERAL	Hays County Republican Party																		
	COMMITTEE ADDRESS																		
	6000 W. FM 150, Kyle Texas 78640																		
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME																		
	Robert Parks																		
	COMMITTEE CAMPAIGN TREASURER ADDRESS																		
	6000 W FM 150, Kyle Texas 78640																		

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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)

\$ 11,325⁰⁰

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$ 0⁰⁰

4. TOTAL POLITICAL EXPENDITURES

\$ 8275⁵⁵

CONTRIBUTION
BALANCE

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

\$ 27,832⁷⁹

OUTSTANDING
LOAN TOTALS

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

\$ 15,738³⁹

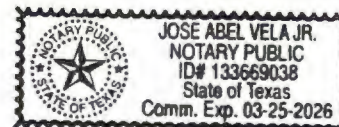
18 SIGNATURE

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 11 day of October,

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

[Signature]
Signature of officer administering oath

Jose Vela
Printed name of officer administering oath

Asst. Court Admin
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 <i>Daniel O'Brien</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>11,325</i>
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	\$ <i>8,275^{SS}</i>
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>63.04</i>
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: 1 of 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 07/01/2022	5 Full name of contributor Ryan Ellis <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) 100.00
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 Lawier 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 07/20/2022	Full name of contributor Joe Malone <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1186 Toro Pass Wimberly, TX 78676		
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm Stevens & Malone PLLC		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 08/12/2022	Full name of contributor Taline Manessia <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 260 South College Street Dripping Springs TX 78620		
Contributor's principal occupation Attorney		Contributor's job title Special Counsel
Contributor's employer/law firm George Brothers Kincaid & Haden 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: 2 of 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 08/21/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ George Clement	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 360 Wirecup Way, Austin TX 78737		
8 Contributor's principal occupation Project Manager		9 Contributor's job title
10 Contributor's employer/law firm Intel		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 08/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Denise Fonseca	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 14415 Echo Bluff Austin TX 78737		
Contributor's principal occupation Retired		Contributor's job title Retired
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 08/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Rex Baker	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 171 Berney Lane Dripping Springs TX 78620		
Contributor's principal occupation Attorney		Contributor's job title Partner
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)		

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: 3 of 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 08/24/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ William O'Brien	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 4383 Mt Alto Rd Esna VA 22937		
8 Contributor's principal occupation Farmer		9 Contributor's job title Farmer
10 Contributor's employer/law firm O'Brien Family Vineyard		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 08/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Cade Lovelace	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 2316 5th Ave Fort Worth TX 76110		
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm Lovelace Law		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 08/24/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Stephan Stavel	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2800 South IH-35 Suite 165 Austin TX 78704		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm The Stavel Law Firm PLLC		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: 4 of 10
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 08/24/2011	5 Full name of contributor Kevin Mullins <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 412 Sundon Trail Alledo TX 76008		
8 Contributor's principal occupation Managerment		9 Contributor's job title Senior Director of Construction
10 Contributor's employer/law firm Burlingh Stars		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 08/24/2011	Full name of contributor Mark Gibson <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 526 Laskell Ln New Branch TX 76176		
Contributor's principal occupation Realtor		Contributor's job title Realtor
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 08/24/2012	Full name of contributor Clinton Dennis <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 6708 Clear Spring Dr Fort Worth TX 76131		
Contributor's principal occupation Attorney		Contributor's job title Partner
Contributor's employer/law firm Killer + Dennis PC		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:

5 of 12

2 FILER NAME

Daniel O'Brien

3 Filer ID (Ethics Commission Filers)

4 Date

08/24/2021

5 Full name of contributor

Puffy Crane

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

1300 Deer Creek Circle Drift Springs TX 78622

8 Contributor's principal occupation

Executive

9 Contributor's job title

COB

10 Contributor's employer/law firm

Ving of Medina

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

08/27/2021

Full name of contributor

Nancye Briden

☐ out-of-state PAC ID#:

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

49 Woodloch Dr Winkler, TX 78676

Contributor's principal occupation

Retired

Contributor's job title

Retired

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

09/02/2021

Full name of contributor

Terese Pealeida

☐ out-of-state PAC ID#:

Amount of contribution (\$)

250.00

Contributor address; City; State; Zip Code

22322 Sierra Blanca San Angelo TX 76901

Contributor's principal occupation

Retired

Contributor's job title

Retired

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: 6 of 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 04/02/2009	5 Full name of contributor Ron Jones <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 215 Diamond Point Dr, Drispen Springs, TX 78420		
8 Contributor's principal occupation Sales		9 Contributor's job title Account Exec
10 Contributor's employer/law firm ITutor.com		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		
Date 04/02/2009	Full name of contributor Lucy Hansen <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code 185 Wynnwood Dr, Drispen Springs, TX 78420	Amount of contribution (\$) 50.00
Contributor's principal occupation Dietician		Contributor's job title Dietician of Camp Services
Contributor's employer/law firm NCSIS		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		
Date 04/03/2009	Full name of contributor Jennifer Gibson <input type="checkbox"/> out-of-state PAC ID#: Contributor address; City; State; Zip Code 75 Pine Canyon Road, Salinas, CA 93908	Amount of contribution (\$) 1,000.00
Contributor's principal occupation Marketing		Contributor's job title Owner
Contributor's employer/law firm JCS Productions		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: 7 of 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 04/03/2022	5 Full name of contributor Anthony Blazi <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 201 Woodlark, Oak Trl Buda TX 78616		
8 Contributor's principal occupation Mediator		9 Contributor's job title Attorney
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 09/07/2021	Full name of contributor Patricia Burns <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 1,000.00
Contributor address; City; State; Zip Code 1413 Yucca Lane Aush TX 78737		
Contributor's principal occupation Retired		Contributor's job title Retired
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 09/07/2021	Full name of contributor Tennish Cochran Green <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 13820 Paisi Circle Aush TX 78737		
Contributor's principal occupation Attorney		Contributor's job title Attorney
Contributor's employer/law firm State of Texas		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: 8 of 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 09/10/2020	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ David Edmuds	7 Amount of contribution (\$) 800.00
6 Contributor address; City; State; Zip Code 4 Laurel Hill St Amd. TX 76737		
8 Contributor's principal occupation Retired		9 Contributor's job title Retired
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 09/10/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Artina Pera	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 4800 Steiner Ranch Blvd Apt 5301 Austin TX 78720		
Contributor's principal occupation HR		Contributor's job title HR Business Partner
Contributor's employer/law firm ADP		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 09/17/2020	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: _____ Kelvin Mullin	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 412 Sudh Trail Aliso TX 76008		
Contributor's principal occupation Construction Executive		Contributor's job title Senior Dir of Construction
Contributor's employer/law firm Berkshire		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: 9 of 12
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 04/18/2020	5 Full name of contributor Kimberly Graham <input type="checkbox"/> out-of-state PAC ID#:	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 5170 Chordana, Pr Coral Springs, FL 33067		
8 Contributor's principal occupation Nurse Director		9 Contributor's job title Director of Operations
10 Contributor's employer/law firm Haley, Cross Health		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 04/18/2020	Full name of contributor Beth Bauer <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code Apt 305 3001 Ocean Dr Hollywood FL 33019		
Contributor's principal occupation Attorney		Contributor's job title Sr Assoc. Counsel Counsel
Contributor's employer/law firm Bauer Health		Law firm of contributor's spouse (if any)
If contributor is a child, law firm of parent(s) (if any)		

Date 04/20/2020	Full name of contributor Robert Ruggie <input type="checkbox"/> out-of-state PAC ID#:	Amount of contribution (\$) 500.00 500.00
Contributor address; City; State; Zip Code 581 Aspen Dr Ash TX 78787		
Contributor's principal occupation Real Estate Developer		Contributor's job title Partner
Contributor's employer/law firm Cadmus Development		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:

10 of 12

2 FILER NAME

Daniel O'Brien

3 Filer ID (Ethics Commission Filers)

4 Date

07/01/2021

5 Full name of contributor

☐ out-of-state PAC ID#:

Willie Revel Hays Jr

7 Amount of contribution (\$)

125.00

6 Contributor address;

City;

State;

Zip Code

2236 Gant Ct San Marcos TX 78646

8 Contributor's principal occupation

Judge

9 Contributor's job title

Judge

10 Contributor's employer/law firm

Hays County

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

07/01/2021

Full name of contributor

☐ out-of-state PAC ID#:

Robert Updegraff

Amount of contribution (\$)

125.00

Contributor address;

City;

State;

Zip Code

4710 N 5th Ln, 123 San Mar TX 78646

Contributor's principal occupation

Judge

Contributor's job title

Judge

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)

Date

07/01/2021

Full name of contributor

☐ out-of-state PAC ID#:

Christopher Johns

Amount of contribution (\$)

125.00

Contributor address;

City;

State;

Zip Code

PO Box 1444 Piquette Springs TX 78642

Contributor's principal occupation

Judge

Contributor's job title

Judge

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: 11 of 13
2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)
4 Date 09/19/2002	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Christopher Johnson	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code PO Box 1444 Dripping Springs TX 78620		
8 Contributor's principal occupation Judge		9 Contributor's job title Judge
10 Contributor's employer/law firm Hays County		11 Law firm of contributor's spouse (if any)
12 If contributor is a child, law firm of parent(s) (if any)		

Date 09/19/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Patrick G Rehmet	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code PO Box 1916 Wimberley TX 78476		
Contributor's principal occupation Attorney		Contributor's job title Attorney
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 09/19/2002	Full name of contributor <input type="checkbox"/> out-of-state PAC ID#: Billy McNaabb	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 144 E San Antonio St San Marcos TX 78666		
Contributor's principal occupation Attorney		Contributor's job title Attorney
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:

12 of 12

2 FILER NAME

Daniel O'Brien

3 Filer ID (Ethics Commission Filers)

4 Date

09/14/2022

5 Full name of contributor

Susan P. Kimball

☐ out-of-state PAC ID#:

7 Amount of contribution (\$)

100.00

6 Contributor address;

5215 Bell Springs Rd
Unit D

City;

Dripping
Springs

State;

Zip Code

TX 78620

8 Contributor's principal occupation

Non Profit Executive

9 Contributor's job title

President

10 Contributor's employer/law firm

Dripping Springs Chamber of Commerce

11 Law firm of contributor's spouse (if any)

12 If contributor is a child, law firm of parent(s) (if any)

Date

09/14/2022

Full name of contributor

Eileen O'Brien

☐ out-of-state PAC ID#:

Amount of contribution (\$)

1,000

Contributor address;

106 Doe Trail Topick, FL

City;

State;

Zip Code

33458

Contributor's principal occupation

HR

Contributor's job title

VP People Operations

Contributor's employer/law firm

RapidDeploy

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

Minton, Bassett, Flores + Carsey, P.C.

☐ out-of-state PAC ID#:

Amount of contribution (\$)

2,500.00

Contributor address;

1100 Guadalupe Street Austin, TX 78701

City;

State;

Zip Code

Contributor's principal occupation

Contributor's job title

Contributor's employer/law firm

Minton, Bassett, Flores + Carsey, P.C.

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: 1 of 17		2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)	
4 Date 07/01/2022		5 Payee name GT Strategies LLC			
6 Amount (\$) 1,230.40		7 Payee address; 604 W 13th Street		City; Austin	State; TX
				Zip Code 78701	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense		(b) Description 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					
Date 07/14/2022		Payee name Squarespace, Inc			
Amount (\$) 40.00		Payee address; 225 Varick Street, 12th floor New York, NY		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Website Hosting		
	<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 07/22/2022		Payee name Squarespace, Inc			
Amount (\$) 232.82 40.00		Payee address; 225 Varick Street, 12th floor New York, NY		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Website Hosting		
	<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 07/22/2022		Payee name Squarespace, Inc			
Amount (\$) 232.82 40.00		Payee address; 225 Varick Street, 12th floor New York, NY		City; New York	State; NY
				Zip Code 10014	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Website Hosting		
	<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	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: 2 of 17		2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)	
4 Date 07/29/2022		5 Payee name Broadway Bank			
6 Amount (\$) 4.00		7 Payee address: 1177 NE Loop 410		City; San Antonio TX	State; TX
				Zip Code 78209	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting / Banking		(b) Description 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					
Date 08/10/2022		Payee name Super Cheap Signs			
Amount (\$) 771.82		Payee address: 9200 Waterford Centre Blvd #100, Austin TX		City; Austin TX	State; TX
				Zip Code 78758	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Campaign Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 08/15/2022		Payee name Facebook			
Amount (\$) 10.00		Payee address: 1 Hacker Way, Menlo Park, CA 94025		City; Menlo Park, CA	State; CA
				Zip Code 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Digital Advertising		
	<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		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					

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>3 of 17</u>		2 FILER NAME <u>Daniel O'Brien</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>08/15/2022</u>		5 Payee name <u>Facebook</u>			
6 Amount (\$) <u>10.00</u>		7 Payee address; City; State; Zip Code <u>1 Hacker Way, Menlo Park, CA 94025</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		(b) Description <u>Digital Advertising</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>08/15/2022</u>		Candidate / Officeholder name <u>GT Strategies LLC</u>			
Amount (\$) <u>2,000.00</u>		Payee address; City; State; Zip Code <u>604 W 13th Street Austin TX 78701</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					
Date <u>08/16/2022</u>		Candidate / Officeholder name <u>Facebook</u>			
Amount (\$) <u>10.00</u>		Payee address; City; State; Zip Code <u>1 Hacker Way Menlo Park, CA 94025</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Advertising Expense</u>		Description <u>Digital Advertising</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		Candidate / Officeholder 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					

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: **4 of 17** 2 FILER NAME **Daniel O'Brien** 3 Filer ID (Ethics Commission Filers)

4 Date **08/17/2022** 5 Payee name **Facebook**

6 Amount (\$) **15.00** 7 Payee address; City; State; Zip Code
1 Hacker Way, Menlo Park, CA 94025

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Advertising Expense** (b) Description **Digital Advertising**
(c) ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **08/18/2022** Payee name **Facebook**

Amount (\$) **15.00** Payee address; City; State; Zip Code
1 Hacker Way, Menlo Park, CA 94025

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising Expense** Description **Digital Advertising**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

Date **08/22/2022** Payee name **Facebook**

Amount (\$) **25.00** Payee address; City; State; Zip Code
1 Hacker Way, Menlo Park, CA 94025

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) **Advertising Expense** Description **Digital Advertising**
☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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>5 of 17</u>		2 FILER NAME <u>Daniel O'Brien</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>07/05/2022</u>		5 Payee name <u>Anedot</u>			
6 Amount (\$) <u>4.30</u>		7 Payee address; City; State; Zip Code <u>1340 Poydras 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>07/20/2022</u>		Payee name <u>Anedot</u>			
Amount (\$) <u>10.30</u>		Payee address; City; State; Zip Code <u>1340 Poydras 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>08/21/2022</u>		Payee name <u>Anedot</u>			
Amount (\$) <u>4.30</u>		Payee address; City; State; Zip Code <u>1340 Poydras 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>08/21/2022</u>		Payee name <u>Anedot</u>			
Amount (\$) <u>4.30</u>		Payee address; City; State; Zip Code <u>1340 Poydras 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					

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>6 of 817</i>	2 FILER NAME <i>Daniel O'Brien</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>08/21/2011</i>	5 Payee name <i>Anelot</i>	
6 Amount (\$) <i>4.30</i>	7 Payee address; City; State; Zip Code <i>1340 Paydus Street Suite 1770, New Orle 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		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date <i>08/24/2011</i>	Payee name <i>Anelot</i>	
Amount (\$) <i>4.30</i>	Payee address; City; State; Zip Code <i>1340 Paydus 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		
Candidate / Officeholder name: _____ Office sought: _____ Office held: _____		
Date <i>08/24/2011</i>	Payee name <i>Anelot</i>	
Amount (\$) <i>40.30</i>	Payee address; City; State; Zip Code <i>1340 Paydus Street Suite 1770 New Orle 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		
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: 7 of 17		2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)	
4 Date 08/24/2020		5 Payee name Ardit			
6 Amount (\$) 4.30		7 Payee address; City; State; Zip Code 1340 Paydas Street 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					
Date 08/24/2020		Payee name Ardit			
Amount (\$) 8.30		Payee address; City; State; Zip Code 1340 Paydas Street 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					
Date 08/26/2020		Payee name Ardit			
Amount (\$) 20.30		Payee address; City; State; Zip Code 1340 Paydas Street 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					
Date 08/26/2020		Payee name Ardit			
Amount (\$) 20.30		Payee address; City; State; Zip Code 1340 Paydas Street 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					

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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: 8 of 17		2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)	
4 Date 08/24/2017		5 Payee name Ardet			
6 Amount (\$) 4.30		7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans LA 70112			
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					
Date 08/24/2017		Candidate / Officeholder name Ardet			
Amount (\$) 4.30		Office sought Office held			
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					
Date 08/24/2017		Candidate / Officeholder name Ardet			
Amount (\$) 8.30		Office sought Office held			
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					
Date 08/24/2017		Candidate / Officeholder name Ardet			
Amount (\$) 8.30		Office sought Office held			
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					

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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: <u>9 of 17</u>		2 FILER NAME <u>Panel O'Brien</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>08/26/2017</u>		5 Payee name <u>Aradot</u>			
6 Amount (\$) <u>4.30</u>		7 Payee address; City; State; Zip Code <u>1340 Paydus Street Suite 1770 New orleans LA 70113</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>08/27/2017</u>		Payee name <u>Aradot</u>			
Amount (\$) <u>2.30</u>		Payee address; City; State; Zip Code <u>1340 Paydus Street Suite 1770, New orleans LA 70113</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>09/02/2017</u>		Payee name <u>Aradot</u>			
Amount (\$) <u>10.30</u>		Payee address; City; State; Zip Code <u>1340 Paydus Street Suite 1770, New orleans LA 70113</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Fees</u>		Description <u>Credit Card Fees</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

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: 16 of 17		2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)	
4 Date 04/02/2022		5 Payee name Amdet			
6 Amount (\$) 4.30		7 Payee address; City; State; Zip Code 1340 Poydras Street 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					
Date 04/02/2022		Payee name Amdet			
Amount (\$) 2.30		Payee address; City; State; Zip Code 1340 Poydras Street 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					
Date 04/02/2022		Payee name Amdet			
Amount (\$) 40.30		Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans LA 70112			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Credit Card Fees		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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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: <i>11 of 17</i>	2 FILER NAME <i>Daniel O'Brien</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>09/03/2023</i>	5 Payee name <i>Ardet</i>	
6 Amount (\$) <i>4.30</i>	7 Payee address; City; State; Zip Code <i>1340 Payday Street Suite 1770 New Orleans LA 70112</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Event Fees</i>	(b) Description <i>Credit Card Fees</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>09/07/2023</i>	Payee name <i>Ardet</i>	
Amount (\$) <i>40.30</i>	Payee address; City; State; Zip Code <i>1340 Payday 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		
Candidate / Officeholder name Office sought Office held		
Date <i>09/07/2023</i>	Payee name <i>Ardet</i>	
Amount (\$) <i>4.30</i>	Payee address; City; State; Zip Code <i>1340 Payday 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		
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	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: <u>12 of 17</u>		2 FILER NAME <u>Daniel O'Brien</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>09/07/2012</u>		5 Payee name <u>Ardel</u>			
6 Amount (\$) <u>8.30</u>		7 Payee address; City; State; Zip Code <u>1340 Payda Street Suite 1770 New Orleans LA 70112</u>			
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>09/10/2012</u>		Payee name <u>Ardel</u>			
Amount (\$) <u>1.30</u>		Payee address; City; State; Zip Code <u>1340 Payda 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>09/17/2012</u>		Payee name <u>Ardel</u>			
Amount (\$) <u>20.30</u>		Payee address; City; State; Zip Code <u>1340 Payda 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

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: 13 of 17		2 FILER NAME Daniel O'Brien		3 Filer ID (Ethics Commission Filers)	
4 Date 09/18/2022		5 Payee name Amdot			
6 Amount (\$) 1.30		7 Payee address; City; State; Zip Code 1340 Payton Street Suite 1770 New Cany 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					
Date 09/18/2022		Payee name Amdot			
Amount (\$) 2.30		Payee address; City; State; Zip Code 1340 Payton Street Suite 1770 New Cany 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					
Date 09/20/2022		Payee name Amdot			
Amount (\$) 20.30		Payee address; City; State; Zip Code 1340 Payton Street Suite 1770 New Cany 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					

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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: 14 of 17	2 FILER NAME Daniel O'Brien	3 Filer ID (Ethics Commission Filers)
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4 Date 08/22/2022	5 Payee name Facebook
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6 Amount (\$) 35.00	7 Payee address; City; State; Zip Code 1 Hacker Way, Menlo Park CA 94025
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Advertising
	(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 08/24/2022	Payee name Facebook
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Amount (\$) 50.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park CA 94025
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital Advertising
	<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 08/24/2022	Payee name Mailchimp
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Amount (\$) 18.12	Payee address; City; State; Zip Code 675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Campaign, Newsletter
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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: 15 of 11	2 FILER NAME Daniel O'Brien	3 Filer ID (Ethics Commission Filers)
4 Date 08/22/2022	5 Payee name Facebook	
6 Amount (\$) 75.00	7 Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Advertising
	(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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 08/31/2022	Payee name Broadway Bank	
Amount (\$) 4.00	Payee address; City; State; Zip Code 1177 NE Loop 410 San Antonio TX 78209	
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 ONLY if direct expenditure to benefit C/OH		
Candidate / Officeholder name Office sought Office held		

Date 09/07/2022	Payee name Facebook	
Amount (\$) 75.00	Payee address; City; State; Zip Code 1 Hacker Way Menlo Park, CA 94025	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY 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: 16 of 17	2 FILER NAME Daniel O'Brien	3 Filer ID (Ethics Commission Filers)
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4 Date 09/12/2022	5 Payee name Facebook
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6 Amount (\$) 125.00	7 Payee address; 1 Hacker Way City: Menlo Park, CA State: 94025 Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Digital Advertising
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 09/12/2022	Payee name GT Strategies LLC
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Amount (\$) 2000.00	Payee address; 604 W 13th Street City: Austin TX State: 78701 Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Consulting Expense	Description Company Consultant
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 9/13/2022	Payee name Facebook
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Amount (\$) 8.35	Payee address; 1 Hacker Way, City: Menlo Park, CA State: 94025 Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital Advertising
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
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>1706 017</i>	2 FILER NAME <i>Daniel O'Brien</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>09/21/2022</i>	5 Payee name <i>Super Cheap Signs</i>	
6 Amount (\$) <i>1,042.82</i>	7 Payee address; City; State; Zip Code <i>9200 Waterford Centre Blvd #100 Austin TX 78758</i>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <i>Advertis Exp</i>	(b) Description <i>Campus Signs</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>09/23/2022</i>	Payee name <i>Facebook</i>		
Amount (\$) <i>175.00</i>	Payee address; City; State; Zip Code <i>1 Hachi Way Menlo Park, CA 94025</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertis Exp</i>	Description <i>Digital Advertis</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>09/26/2022</i>	Payee name <i>Mail Chimp</i>		
Amount (\$) <i>18.12</i>	Payee address; City; State; Zip Code <i>675 Ponce de Leon Ave NE Suite 5000 Atlanta, GA 30308</i>		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <i>Advertis Exp</i>	Description <i>Campus 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			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
1 of 1	Daniel O'Brien		
4 Date	5 Payee name		
09/23/2012	Hane Depot		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
63.04 <input type="checkbox"/> Reimbursement from political contributions intended	260 E Hwy 290 Drpmn Sprm TX 78426		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	Advertis Expense		Zip ties for signs
(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
<input type="checkbox"/> Reimbursement from political contributions intended			
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
<input type="checkbox"/> Reimbursement from political contributions intended			
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			

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