

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

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

1 Filer ID (Ethics Commission Filers)

2 Total pages filed:

13

OFFICE USE ONLY

Date Received

JOHN F. WARREN
COUNTY CLERK
DALLAS COUNTY

2019 FEB 26 AM 9:35

FILED

Date Hand-delivered or Date Postmarked

Receipt #

Amount \$

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

JEFF
BRIDAN

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

PO BOX 795247
DALLAS TX 75379

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817) 925-3187

6 CAMPAIGN TREASURER NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

LENNA
WEBB

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

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

CITY;

STATE;

ZIP CODE

5125 SWISS AVE
DALLAS TX 75214

8 CAMPAIGN TREASURER PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(214) 704-8322

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 \$500 limit

Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year

Month Day Year

01 / 26 / 2018

THROUGH

02 / 24 / 2018

11 ELECTION

ELECTION DATE

Month Day Year

03 / 06 / 2018

ELECTION TYPE

Primary

Runoff

Other Description

General

Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CONSTABLE
PRELIMINARY

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

JEFF BRYAN

15 Filer ID (Ethics Commission Filers)

16 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

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$

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

\$

2925.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2902.18

CONTRIBUTION
BALANCE

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

\$

359.00

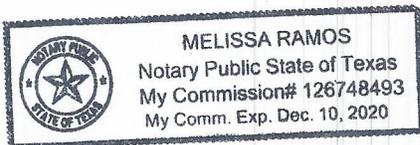
OUTSTANDING
LOAN TOTALS

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

\$

18 AFFIDAVIT

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.



AFFIX NOTARY STAMP / SEAL ABOVE

Jeffery Allen Bryan
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Jeffery Allen Bryan, this the 20th day of Feb, 20 18, to certify which, witness my hand and seal of office.

Melissa Ramos
Signature of officer administering oath

MELISSA RAMOS
Printed name of officer administering oath

adviser
Title of officer administering oath

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>JEFF BUTAN</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>2925.00</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>2902.18</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 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

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1/3

2 FILER NAME

JEFF BRYAN

3 Filer ID (Ethics Commission Filers)

4 Date

1-26-18

5 Full name of contributor

out-of-state PAC (ID#: _____)

DUPREE, CYNTHIA

7 Amount of contribution (\$)

50.00

6 Contributor address;

City; State; Zip Code

PO BOX 835514

RICHARDSON TX 75083

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-26-18

Full name of contributor

out-of-state PAC (ID#: _____)

DUPUY, BOB

Amount of contribution (\$)

~~50.00~~

Contributor address;

City; State; Zip Code

5303 SWISS ME

DALLAS TX 75214

250.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-26-18

Full name of contributor

out-of-state PAC (ID#: _____)

STALEY, MARLENE

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

9007 GREEN OAKS CIR

DALLAS TX 75243

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-26-18

Full name of contributor

out-of-state PAC (ID#: _____)

DAILEY, DEBRA

Amount of contribution (\$)

100.00

Contributor address;

City; State; Zip Code

6407 LAKEHOLE PL

DALLAS TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2/3

2 FILER NAME

JEFF BRYAN

3 Filer ID (Ethics Commission Filers)

4 Date

1-26-18

5 Full name of contributor out-of-state PAC (ID#: _____)

HORN, REBECCA

7 Amount of contribution (\$)

75.00

6 Contributor address; City; State; Zip Code

6833 VINE RIDGE DR DALLAS TX 75218

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-26-18

Full name of contributor out-of-state PAC (ID#: _____)

SPINAZZOLA, BILLY

Amount of contribution (\$)

400.00

Contributor address; City; State; Zip Code

7331 LAKEWOOD BL DALLAS TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-2-18

Full name of contributor out-of-state PAC (ID#: _____)

KITZMAN, JOHN

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

6526 LAKEWOOD BL DALLAS TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-2-18

Full name of contributor out-of-state PAC (ID#: _____)

CALZADA, JOSE

Amount of contribution (\$)

150.00

Contributor address; City; State; Zip Code

4105 S. BUCKNER BL DALLAS TX 75227

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3/3

2 FILER NAME

JEFF BRYAN

3 Filer ID (Ethics Commission Filers)

4 Date

2-9-18

5 Full name of contributor

PALMLUND, SUZANNE

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

5323 SWISS AVE

City; State; Zip Code

DALLAS TX 75214

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

2-9-18

Full name of contributor

APARTMENT ASSOCIATION OF GARDEN DALLAS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

5728 LBJ FWY
SUITE 100

City; State; Zip Code

DALLAS TX 75240

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-16-18

Full name of contributor

HURST, ELIZABETH

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

6411 WAKEHOLE DR DALLAS TX 75214

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

2-16-18

Full name of contributor

BUI, THAO

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

1000.00

Contributor address;

672 BISHOP HABETS LANE

City; State; Zip Code

DALLAS TX 75208

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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

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>1/7</u>	2 FILER NAME <u>JEFF BRYAN</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>1-26-18</u>	5 Payee name <u>HOME DEPOT</u>	
6 Amount (\$) <u>64.63</u>	7 Payee address; City; State; Zip Code <u>6000 SKILLMAN ST DALLAS TX 75231</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>SUPPLIES</u>	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>SIGN HOLDERS</u>
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <u>1-26-18</u>	Payee name <u>HOME DEPOT</u>	
Amount (\$) <u>21.54</u>	Payee address; City; State; Zip Code <u>6000 SKILLMAN ST DALLAS TX 75231</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>SUPPLIES</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>SIGN HOLDERS</u>
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name _____ Office sought _____ Office held _____	
Date <u>1-27-18</u>	Payee name <u>RICHARD COMBS</u>	
Amount (\$) <u>426.00</u>	Payee address; City; State; Zip Code <u>409 N. EDWARD GRAY ST #333 B SAN MARCOS TX 78666</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>CONTRACT LABOR</u>	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <u>SOCIAL MEDIA CONSULTANT</u>
	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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2/7		2 FILER NAME JEFF BRYAN		3 Filer ID (Ethics Commission Filers)	
4 Date 1-29-18		5 Payee name UNIQUE TAILOR			
6 Amount (\$) 10.84		7 Payee address; City; State; Zip Code 5620 E. MOCKING BIRD LANE DALLAS TX 75206			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense CLOTHES FOR PHOTO SHOOT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

Date 1-29-18		Payee name FASTSIGNS			
Amount (\$) 139.42		Payee address; City; State; Zip Code 5616 E. MOCKING BIRD LANE DALLAS TX 75206			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGNS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

Date 2-2-18		Payee name CANE'S			
Amount (\$) 11.28		Payee address; City; State; Zip Code 7346 GASTON AVE DALLAS TX 75214			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FOOD/BEVERAGE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOR CAMPAIGN WORKERS	
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

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: 3/7		2 FILER NAME JEFF BRYAN		3 Filer ID (Ethics Commission Filers)	
4 Date 2-4-18		5 Payee name RICHARD COMBS			
6 Amount (\$) 189.00		7 Payee address; City; State; Zip Code 409 SW EDWARD GARY ST A333B SAN MARCO TX 78666			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA CONSULTANT	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

Date 2-4-18		Payee name RUDA PHOTOGRAPHY			
Amount (\$) 135.31		Payee address; City; State; Zip Code 11719 SATHANA WAY DALLAS TX 75218			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense PHOTOGRAPHY	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought	
				Office held	

Date 2-6-18		Payee name DALLAS COUNTY TREASURER			
Amount (\$) 11.00		Payee address; City; State; Zip Code 509 MAIN ST DALLAS TX 75202			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) FILING FEE		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense NOTARY & PARKING	
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

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: 4/7		2 FILER NAME JEFF BLUM		3 Filer ID (Ethics Commission Filers)	
4 Date 2-7-18		5 Payee name PARTY CITY			
6 Amount (\$) 31.33		7 Payee address; City; State; Zip Code 305 MEDALLION CENTER DALLAS TX 75214			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) ADVERTISING		(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense FOR MARDI GRAS PARADE	
9 Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-7-18		Payee name HOME DEPOT			
Amount (\$) 50.44		Payee address; City; State; Zip Code 6000 SKILLMAN ST DALLAS TX 75231			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) ADVERTISING		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN HOLDERS	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date 2-10-18		Payee name TARGET			
Amount (\$) 11.97		Payee address; City; State; Zip Code 2417 HASKELL AV DALLAS TX 75204			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) SUPPLIES		Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense OFFICE SUPPLIES	
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

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: 5/7	2 FILER NAME JEFF BATHAN	3 Filer ID (Ethics Commission Filers)
--	------------------------------------	--

4 Date 2-10-18	5 Payee name HOME DEPOT
--------------------------	-----------------------------------

6 Amount (\$) 52.78	7 Payee address; City; State; Zip Code 6000 SKILLMAN DALLAS TX 75217
-------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN HOLDER
---	--	---

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

Date 2-10-18	Payee name EDWARD GMY
-----------------	--------------------------

Amount (\$) 150.00	Payee address; City; State; Zip Code 524 JENNIFER TRAIL GRAND PRairie TX 75052
-----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense THE COMMISH RADIO SHOW
-------------------------------	---	---

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

Date 2-10-18	Payee name RICHARD COMBS
-----------------	-----------------------------

Amount (\$) 45.00	Payee address; City; State; Zip Code 409 N. EDWARD GMY ST # 333 B SAN MARCO TX 78666
----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SOCIAL MEDIA CONSULTANT
-------------------------------	---	--

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

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: 6/7	2 FILER NAME JEFF BRYAN	3 Filer ID (Ethics Commission Filers)
--	-----------------------------------	--

4 Date 2-16-18	5 Payee name ED VALENTINE
--------------------------	-------------------------------------

6 Amount (\$) 1512.77	7 Payee address; City; State; Zip Code 2344 FARRINGTON DALLAS TX 75207
---------------------------------	---

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense MAILER POSTAGE
---	--	--

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

Date 2-18-18	Payee name WALGREENS
-----------------	-------------------------

Amount (\$) 3.78	Payee address; City; State; Zip Code 2602 FORT WORTH RD DALLAS TX 75211
---------------------	---

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OFFICE SUPPLIES	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 2-18-18	Payee name Home Depot
-----------------	--------------------------

Amount (\$) 17.49	Payee address; City; State; Zip Code 6000 SKILLMAN DALLAS TX 75214
----------------------	--

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) SUPPLIES	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense SIGN HOLDERS
-------------------------------	--	---

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