# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains how to complete thi	is form.		2 Total pages filed: 14				
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRS		MI	OFFICE USE ONLY Date Received				
		-	0115117	2 0-				
	NICKNAME LAST Baile		SUFFIX	Lam log RCV				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUIT	E#; CITY;	ZIP CODE	Date Hand-delivered of Date Rossmarked  Receipt & 7 - 5 - Amount				
Change of Address	The Woodlands, TX 77832			Date Processed				
				Date Imaged				
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRS		МІ					
	SACONICKNAME LAST		SUFFIX					
	RAI	NE2	į					
6 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX F		T / SUITE #; CITY;	STATE; ZIP CODE				
(Residence or Business)	THE WOOD	R VIOLET LANDS, TX	14381					
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUM  936 - 718 -							
8 REPORT TYPE	January 15 30t	h day before election day before election	Runoff  Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year 01/01/2024	THROUGH	Month Day 06/30/2024	Year				
10 ELECTION	ELECTION DATE Month Day Year 11/05/2024	Primary  X General	ELECTION TYPE Runoff Special	Other				
11 OFFICE	OFFICE HELD (if any) The Woodlands Township Board District Woodlands Montgomery		12 OFFICE SOUGHT ( The Woodlands T 1 District Woodlar	ownship Board of Directors Place				
	GO TO PAGE 2							
	avas Ethios Commission	unusy othics state by u		Version V/4.1.0 d279aha0				

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

### FORM C/OH COVER SHEET PG 2

2 of 14

13 C / OH NAME	Bailey, Brad	2	14 Filer ID						
15 NOTICE FROM POLITICAL COMMITTEE(S)	res made by political com he candidate's or officeho only if they receive notic	older's knowledge or							
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
	GENERAL								
		COMMITTEE ADDRESS							
	SPECIFIC								
		COMMITTEE CAMPAIGN TREASURER NAME							
	1	COMMITTEE CAMPAIGN TREASURER ADDRESS	S						
16 CONTRIBUTION TOTALS	PLEDGES, LOANS, CTRONICALLY)	\$ 0.00							
		CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS)	ĺ	\$ 12,500.00					
EXPENDITURE TOTALS	3. TOTAL UNITEMI	IZED POLITICAL EXPENDITURES		\$ 0.00					
	4. TOTAL POLITIC	CAL EXPENDITURES		\$ 16,168.88					
CONTRIBUTION BALANCE	5. TOTAL POLITICA REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF THE LASTRIOD	ST DAY OF THE	\$ 1,801.58					
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPORT	AL AMOUNT OF ALL OUTSTANDING LOANS AS O	OF THE LAST DAY	\$ 0.00					
17 AFFIDAVIT									
		I swear, or affirm, under penalty of true and correct and includes all i under Title 15, Election Code.							
	NINA BOMAR Notary Public, State of Texas Comm. Expires 06-18-2027 Notary ID 126151046  Signature of Candidate or Officeholder								
AFFIX NOT	TARY STAMP / SEAL ABO		- 1						
Sworn to and subscr	ribed before me, by the sa	aid Brak Builty - candidut ertify which, witness my hand and seal of office.	this the	day					
Signature of office	Bowwe er administering	Printed name of officer administering	Title of officer ac	dm/nistering oath					

## SUBTOTALS - C/OH

## FORM C/OH COVER SHEET PG 3

			O VEIX O	3 of 14						
<b>18</b> FILER NA Bailey, B		19 Filer ID								
Programme and the state of the state of the	20 SCHEDULE SUBTOTALS  NAME OF SCHEDULE									
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	12,500.00							
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$							
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$							
4.	SCHEDULE E: LOANS		\$							
5. X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	16,168.88						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$							
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$							
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$							
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS FOR FILER	RETURNED	\$							

	MONETARY POLITICAL CONTRIBUTIONS	SCHE	SCHEDULE A1	
	The Instruction Guide explains how to complete this form.	1 Total pages Schedule Sch: 1/1 Rpt: 4/14	A1:	
2	FILER NAME Bailey, Brad	3 Filer ID		
4	Date 03/06/2024  5 Full name of contributor out-of-state PAC (ID#:	7 Amount of Contribution	\$5,000.00	
8	ANALISM CANADA (ANALAS ANALAS ANA	yer (See Instructions) pe Empire Electric		
	Date O4/05/2024  Perry, Will  Contributor address; City; State; Zip Code  Magnolia, TX 77354	Amount of Contribution	\$7,500.00	
		yer (See Instructions) pe Empire Electric		

#### SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe Legal Services	Office Over Polling Ex ense Printing Ex	rhea pens open	
			The Instruction Guide	explains how to co	mpl	plete this form.
1	Total pages Schedule F1:	2 FILE	R NAME			3 Filer ID
	Sch: 1/10 Rpt: 5/14	Bail	ey, Brad			
4	Date	5 Paye	ee name			
	05/15/2024	7 11				
6	Amount (\$) \$9,893.00	101	ee address; City; 00 Research Forest Woodlands, TX 77382	State; Zip Co	de	
8	PURPOSE	(a) Cate	gory (See Categories listed at the top	o of this schedule)	(b)	D) Description
	OF EXPENDITURE		nt Expense	,		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Supplies
9	Complete ONLY if direct expenditure to benefit C/O		date/Officeholder name	Office sou	ght	office held
Г	Date	Paye	e name			
	05/03/2024	Ace	Parking			
	Amount (\$) \$25.00	160:	ee address; City; L Lake Robbins Woodlands, TX 77382	State; Zip Co	de	
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the top nt Expense	o of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Parking
	Complete ONLY if direct expenditure to benefit C/O		date/Officeholder name	Office sou	ght	office held
	Date	Paye	e name			
	03/25/2024	Blac	k Walnut			
	Amount (\$) \$54.93		e address; City; O new trails	State; Zip Co	de	
		The	Woodlands, TX 77382			
	PURPOSE OF EXPENDITURE		gory (See Categories listed at the top d/Beverage Expense	o of this schedule)	(b)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Team Meal/Drinks
	Complete ONLY if direct expenditure to benefit C/OI		date/Officeholder name	Office sou	ght	t Office held

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense Loan Repayment/Reimbursement Advertising Expense Accounting/Banking Solicitation/Fundraising Expense Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By -Polling Expense Travel in District Printing Expense Travel Out of District Candidate/Officeholder/Political Committee Salaries/Wages/Contract Labor OTHER (enter a category not listed above) Legal Services Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: FILER NAME 3 Filer ID Sch: 2/10 Rpt: 6/14 Bailey, Brad 4 Date Payee name 04/17/2024 Black Walnut 6 Amount (\$) Payee address; City: State: Zip Code \$29.58 9000 new trails The Woodlands, TX 77382 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Team Meal/Drinks Office sought Candidate/Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 05/31/2024 Black Walnut Amount (\$) Payee address; City; State; Zip Code \$27.66 9000 new trails The Woodlands, TX 77382 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas, Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Team Meal/Drinks Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 06/13/2024 Black Walnut

EXPENDITURE	Food/Beverage Expense		Check if Austin, TX, officeholder living expense Team Meal/Drinks			
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate/Officeholder name	Office sought	Office held			
		Office sought	Office held			

State; Zip Code

(b) Description

\$141.75

Amount (\$)

**PURPOSE** 

OF

Payee address;

9000 new trails

The Woodlands, TX 77382

City;

(a) Category (See Categories listed at the top of this schedule)

## SCHEDULE F1

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		ee Le	ees ood/Beverage Exper ift/Awards/Memorials egal Services The Instruction G	Expense	Polling Exp Printing Ex Salaries/W	pens pens ages	se s/Contract Labor	1	ransportation Equipment & Related Expense ravel in District ravel Out of District DTHER (enter a category not listed above)	
1	Total pages Schedule F1:	2 EII	ER NAME	ne motraction o	arae explaine	11011 10 001				iler ID	_
ľ	Sch: 3/10 Rpt: 7/14	7285	iley, Brad					ا			
4	Date										
ľ	03/26/2024		yee name sscat								
Ļ				City	Ctata	i Zin Co	do				
6	Amount (\$) \$327.37	2000	yee address 95 Six Pine	20 (20)	State	e; Zip Co	ue				
ı		Th	e Woodlan	ds, TX 77380							
8	PURPOSE OF EXPENDITURE	1000		Categories listed at t ge Expense	the top of this sch	hedule)	(b)		X, of	of Texas. Complete Schedule T. ficeholder living expense	
9	Complete ONLY if direct expenditure to benefit C/O		didate/Office	holder name	(	Office souç	ght			Office held	
Г	Date	Pay	ee name								_
	03/12/2024	Ch	aparro								
Г	Amount (\$)	Pay	ee address	; City;	State	; Zip Coo	de				
	\$301.13			ch Forest Dr S ds, TX 77382	Suite 200						
	PURPOSE OF EXPENDITURE			Categories listed at t ge Expense	he top of this sch	nedule)	(b)		X, of	of Texas. Complete Schedule T. ficeholder living expense	
	Complete ONLY if direct expenditure to benefit C/OF		lidate/Office	holder name	(	Office soug	ht			Office held	
Г	Date	Pay	ee name								
	03/21/2024	Cir	cle K								
Т	Amount (\$)	Pay	ee address	; City;	State	; Zip Coo	le				
	\$74.00	810	)1 woodlar	nds parkway							
		The	Woodlan	ds, TX 77382							
	PURPOSE OF EXPENDITURE		egory <sub>(See (</sub> ent Expens	Categories listed at t	he top of this sch	nedule)	(b)		X, off	of Texas. Complete Schedule T. ficeholder living expense	
	Complete ONLY if direct expenditure to benefit C/Oh		idate/Office	holder name	(	Office soug	ht			Office held	

## SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Office Overl Food/Beverage Expense Polling Expe y - Gift/Awards/Memorials Expense Printing Exp	
Credit Card Payment	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID
Sch: 4/10 Rpt: 8/14	Bailey, Brad	
4 Date	5 Payee name	
05/10/2024	Cwoods Pavilion	
6 Amount (\$) \$756.00	7 Payee address; City; State; Zip Cod 2005 Lake Robbins Dr The Woodlands, TX 77382	e
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Event Sponsorship
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
06/30/2024	Frost	
Amount (\$) \$60.00	Payee address; City; State; Zip Cod PO Box 1315  Houston, TX 77251	e
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Fees	b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Banking Fees
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soug	ht Office held
Date	Payee name	
06/03/2024	HEB	
Amount (\$) \$92.23	Payee address; City; State; Zip Cod 9595 Six Pines Dr	е
	The Woodlands, TX 77380	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Event Expense	b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Event Supplies

## SCHEDULE F1

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica Credit Card Payment		Fees Food/Beverage Expense Gift/Awards/Memorials Expen Legal Services  The Instruction Guide e	Office Of Polling E se Printing I Salaries/	verhea xpens Expen Wage	ise es/Contract Labor	Transportation Equipment & Related Exp Travel in District Travel Out of District OTHER (enter a category not listed abov	
1	Total pages Schedule F1:	12		Apianis now to c	Jilipi		Filer ID	
ľ	Sch: 5/10 Rpt: 9/14	_	Bailey, Brad			١	File ID	
Ļ		-	Victoria (N. A.					
ľ	Date 03/28/2024	٦	Payee name Honey Farms					
Ļ		-		Ctata: 7ia C	1 -			
ľ	Amount (\$) \$121.83	ľ	Payee address; City; 10190 woodlands parkway	State; Zip C	oae			
l	<b>\$121.00</b>		10100 Woodiands parkway					
ı			The Woodlands, TX 77382					
8	PURPOSE	(0)			(6)	B darks		
l°	OF	(a,	Category (See Categories listed at the top of Food/Beverage Expense	of this schedule)	(6)	Description  Check if travel outs	side of Texas. Complete Schedule T.	
ı	EXPENDITURE		1 ood/Deverage Expense		l		K, officeholder living expense	
ı					l	Team Meal/Drir	nks	
			6					
9	Complete ONLY if direct		Candidate/Officeholder name	Office so	ught		Office held	
L	expenditure to benefit C/O							
Г	Date	Г	Payee name	P				
l	04/12/2024		Interfaith					
Г	Amount (\$)	Г	Payee address; City;	State; Zip C	ode			
ı	\$52.00	l	4242 Interfaith Way					
ı								
ı			Spring, TX 77381					
Г	PURPOSE	(a)	Category (See Categories listed at the top of	of this schedule)	(b)	Description		
ı	OF EXPENDITURE		Event Expense				side of Texas. Complete Schedule T.	
ı						Donation	K, officeholder living expense	
						Donation		
⊢	Complete ONLY if direct		Candidate/Officeholder name	Office sou	aht		Office held	Na 11
	expenditure to benefit C/OI			0.11100	9		Sillos Hold	
⊨	Date	Г	Payee name					-
	04/25/2024		Marriott Banquest					
H	Amount (\$)	┝	Payee address; City;	State; Zip Co	nde			
	\$68.37		1601 Lake Robbins	State, Zip Ci	Jue			
	Ψ00.07		1001 Lake Nobbilis					
			The Woodlands, TX 77382					
⊢	PURPOSE	(0)			(b)	Description		
	OF	(a)	Category (See Categories listed at the top of Food/Beverage Expense	f this schedule)	(0)	Description  Check if travel outs	side of Texas. Complete Schedule T.	
	EXPENDITURE		Tood/Beverage Expense				, officeholder living expense	
						Team Meal/Drin	nks	
L								
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Officeholder name	Office sou	ight		Office held	
L	experiditure to belieff C/Of	1						

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Event Expense

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

Solicitation/Fundraising Expense Travel Out of District

Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services Transportation Equipment & Related Expense Travel in District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 6/10 Rpt: 10/14 Bailey, Brad 4 Date Payee name Marriott Banquet 04/12/2024 6 Amount (\$) Payee address; City; State; Zip Code \$362.00 1601 Lake Robbins The Woodlands, TX 77382 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Team Meal/Drinks Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 04/22/2024 Marriott Banquet Payee address; City; Amount (\$) State; Zip Code \$1,166.00 1601 Lake Robbins The Woodlands, TX 77382 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense EXPENDITURE Check if Austin, TX, officeholder living expense Team Meal/Drinks Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/20/2024 Monarca Payee address; Amount (\$) City; State; Zip Code \$116.19 26400 Kuykendahl Rd Suite 100 The Woodlands, TX 77375 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Team Meal/Drinks Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

#### SCHEDULE F1

	Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment	<i>i</i> -	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Polling Expe Printing Exp		Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L	Credit Card Payment		The Instruction Guide ex	plains how to com	plete this form.	
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID
ı	Sch: 7/10 Rpt: 11/14	Bailey, Brad				
4	Date	5 Payee name				
l	05/16/2024	Montgomery	County Republican	Women		
6	Amount (\$) \$30.00	7 Payee addres 17039 Shy I Conroe, TX	_eaf Ct	State; Zip Code	e	
8	PURPOSE OF EXPENDITURE	(a) Category (See Fees	e Categories listed at the top of	this schedule)		sside of Texas. Complete Schedule T. X, officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Office	ceholder name	Office sough	nt	Office held
	Date	Payee name				
	04/22/2024	Montgomery	County Republican	Vomen		
	Amount (\$) \$30.00	Payee addres 17039 Shy l Conroe, TX	eaf Ct	State; Zip Code		
	PURPOSE OF EXPENDITURE	(a) Category (Se Fees	e Categories listed at the top of	(this schedule)		side of Texas. Complete Schedule T. X, officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sough	nt	Office held
	Date	Payee name				
	01/31/2024	NRG Conse	ssions			
	Amount (\$) \$168.23	Payee addres 3 NRG Pkwy	LED 425-04-05-05-05-05-05-05-05-05-05-05-05-05-05-	State; Zip Code	3	
		Houston, TX	77054			
	PURPOSE OF EXPENDITURE		e Categories listed at the top of age Expense	this schedule) (k		side of Texas. Complete Schedule T. x, officeholder living expense nks
	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Offic	eholder name	Office sough	it	Office held

#### SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B: Candidate/Officeholder/Politica Credit Card Payment		Fees Food/E Gift/Av mmittee Legal :	Expense Beverage Expense wards/Memorials Expense Services	Office Overh Polling Expe Printing Exp Salaries/Wa	ense ges/Contract Labor		Solicitation/Eundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L				nstruction Guide explains l	how to com	plete this form.		
1	Total pages Schedule F1:	2					3	Filer ID
L	Sch: 8/10 Rpt: 12/14	L	Bailey, Brad				L	
4	Date	5	Payee name					
	03/12/2024		Performing Arts	Center				
6	Amount (\$) \$610.00	7	Payee address; 1544 Sawdust R The Woodlands,	d Suite 407	Zip Cod	е		
8	PURPOSE OF EXPENDITURE	(a)	Category (See Cate Event Expense	gories listed at the top of this sche	edule) (I			de of Texas. Complete Schedule T. officeholder living expense
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officehol	der name O	Office sough	nt		Office held
Г	Date	Г	Payee name					
ı	06/30/2024		Raise the Money	/				
	Amount (\$) \$368.00		Payee address; PO Box 26646 Little Rock, AR 7		Zip Code			
	PURPOSE OF EXPENDITURE	(a)	Category (See Cate Fees	gories listed at the top of this sche	edule) (I		, TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Officeholo	der name O	office sough	nt		Office held
	Date		Payee name					
	04/22/2024		Shell					
	Amount (\$) \$125.00		Payee address; 4655 Research F		Zip Code	2		
			The Woodlands,	TX 77382				
	PURPOSE OF EXPENDITURE	(a)	Category (See Cate Event Expense	gories listed at the top of this sche	edule) (k		TX,	de of Texas. Complete Schedule T. officeholder living expense
	Complete ONLY if direct expenditure to benefit C/OF		Candidate/Officehold	der name O	office sough	nt		Office held

## SCHEDULE F1

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politici Credit Card Payment		Fees Food/Beverage Expen Gift/Awards/Memorials begin Services	se P Expense P	office Overhead folling Expension			Solicitation/-undraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
L		_	The Instruction G	uide explains ho	w to comp	lete this form.	_	
1		2					3	Filer ID
L	Sch: 9/10 Rpt: 13/14	L	Bailey, Brad					
4		5						
	02/28/2024	L	The Ranch					
6	Amount (\$)	7	Payee address; City;	State; Z	Zip Code			
ı	\$270.15	l	3 NRG Pkwy, Houston					
ı		l						
			Houston, TX 77054					
8	PURPOSE	(a	Category (See Categories listed at t	he top of this schedu	le) (b)	Description		
ı	OF EXPENDITURE	l	Food/Beverage Expense					de of Texas. Complete Schedule T. officeholder living expense
l		l				Team Meal/D		
ı		l						
9	Complete ONLY if direct	_	Candidate/Officeholder name	Offic	ce sought			Office held
	expenditure to benefit C/O	Н			8			
H	Date	Т	Payee name					
ı	04/16/2024	l	The Woodlands Republicar	Women				
⊢	Amount (\$)	┢	Payee address; City;	State; Z	Zip Code			
	\$60.00		PO Box 4294	0:	50			
		l						
l		l	The Woodlands, TX 77382					
⊢	PURPOSE	(a	Category (See Categories listed at the	he top of this schedul	(b)	Description		
ı	OF EXPENDITURE	`	Fees	ne top or this serieud	,		outsi	de of Texas. Complete Schedule T.
ı	EXPENDITORE				- 1		, TX,	officeholder living expense
ı						Membershiip		
L	Commissio ONII V if disease	L	Candidata/Officabaldar nama	Offic	ce sought			Office held
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Officeholder name	Ollic	ce sought			Office field
-	D-1-	_						
	Date 04/25/2024		Payee name					
_		L	Trulucks	2	r: 0 !			
	Amount (\$)		Payee address; City;	State; Z	ip Code			
	\$278.15		1900 Hughes Landing Blvd	Suite 600				
			The Weedlands TV 77202					
L			The Woodlands, TX 77382		Las	7 7000 100 100 100		
	PURPOSE OF	(a)	Category (See Categories listed at the	ne top of this schedul	le) (b)	Description	nutei	de of Texas. Complete Schedule T.
	EXPENDITURE		Food/Beverage Expense					officeholder living expense
						Team Meal/D	rin	ks
	Complete ONLY if direct		Candidate/Officeholder name	Offic	ce sought			Office held
L	expenditure to benefit C/OI	Н						

#### SCHEDULE F1

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

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Event Expense Solicitation/Fundraising Expense Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services Transportation Equipment & Related Expense Travel in District Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Travel Out of District
OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME 3 Filer ID Sch: 10/10 Rpt: 14/14 Bailey, Brad 4 Date Payee name 04/10/2024 Tx New Community 6 Amount (\$) Payee address; City; State; Zip Code \$309.00 15 regent square Spring, TX 77382 **PURPOSE** (b) Description (a) Category (See Categories listed at the top of this schedule) OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Event Sponsorship** Candidate/Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Date Payee name 04/10/2024 Woodlands Palmer Payee address; Amount (\$) State; Zip Code \$205.64 100 Grand Fairway, The Woodlands, TX 77381 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense **Event Admissions** Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/31/2024 Woodlands Trails Payee address; State; Zip Code Amount (\$) City; \$45.67 2311 N Millbend Dr The Woodlands, TX 77382 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. **Event Expense EXPENDITURE** Check if Austin, TX, officeholder living expense Admission Complete ONLY if direct Candidate/Officeholder name Office held Office sought expenditure to benefit C/OH