CANDIDA' CAMPAIG	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:						
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR Mr	FIRST Brad	М	OFFICE USE ONLY		
NAME	NICKNAME	LAST Bailey	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	The Woodla	APT / SHITE #	CITY STATE; ZIP CODE	RCVD JUL14 2025 PM03:19:202025		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	Date Hand-delivered or Date-Postmarked  Tuyl 1, 2015 (Ca)  Recluict #   Amount S		
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST Sallie	MI			
NAME	NICKNAME	LAST Rainer	SUFFIX	Date Processed  Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	42 Tender V	(NO PO BOX PLEASE); APT / S liolet Place nds, TX 77381	CITY;	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	( 936 )	718-3089	EXTENSION			
9 REPORT TYPE	January 15  July 15	30th day before el	person.	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year  1 / 1 / 25 THROUGH 6 / 30 / 25					
11 ELECTION	Month Day	Year Primary	Runoff Other Description Special			
12 OFFICE	The Woodland	ds Township Dir., Pla	13 OFFICE SOUGHT (if known	n)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDINATES OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
OOMMITTEE(O)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
COMMITTEE CAMPAIGN TREASURER ADDRESS						
GO TO PAGE 2						

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# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

	THE THE TENT	OVER ONLE PG 2				
15 C/OH NAME Brad Bailey	16 F	Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$				
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$				
	4. TOTAL POLITICAL EXPENDITURES	\$ 1,491.31				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 109.37				
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00				
18 SIGNATURE I s	Wear, or affirm, under penalty of periusy that the accompanies :					
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 of Candidate or Officeholder						
Please complete either option below:						
(1) Affidavit  NOTARY STAMP/SEAL	CYNTHIA ARMATYS  My Notary ID # 124603866  Expires June 26, 2027					
Sworn to and subscribed before me by Brad Balley this the 14th day of Tulus						
20 25 , to certify v	which, witness my hand and seal of office.	O				
CAMUA CEN	matip Cynthia Armatys Ever As	st laptary Public				
Signature of officer administer	Printed name of officer administering oath	Title of officer administering oath				
	OA OA					
(2) Unsworn Declaratio	n					
My name is	, and my date of birth is	4				
My address is						
	(street) (city) (state)	(zip code) (country)				
Executed in		20 (year)				
	Signature of Candidate/Offi	ceholder (Declarant)				

...... -1L:\_\_ -4\_4\_ A....

## **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

D-. :-- - 4 4/4/000F

	19 FILER NAME 20 Filer ID (Ethics Co			
Br	ad Bailey			
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$		
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS	\$		
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONT	\$	1,491.31	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CO	\$		
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$		
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUND	\$		
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A B	\$		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CON	TRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTION TO FILER	ONS RETURNED	\$	
	TOFILER			

### 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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services	Gifl/Awards/Memonats Expense Legal Services  Printing Expense Salaries/Wages/Contract Labor		Travel In District Travel Out Of District Other (enter a category not listed above)		
Credit Card Fayment	The Instruction Guide explains	s how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Brad Bailey		3 Filer ID (Ethics	Commission Filers)		
4 Date 01/14/2025	5 Payee name The Houston Chronicle					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
19.96	4747 Southwest Fwy.	Houston	TX	77027		
8	(a) Category (See Categories listed at the top of this s	chedule) (b) Description				
PURPOSE	Fees	Subscription				
OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living exper					
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
01/21/2025	Starbucks					
Amount (\$)	Payee address;	City;	State;	Zip Code		
19.94	3000 Research Forest Drive	Spring	TX	77381		
Category (See Categories listed at the top of this schedule)  PURPOSE  Category (See Categories listed at the top of this schedule)  Description  Constituent Coffee			offee			
OF EXPENDITURE						
	Check if travel outside of Texas. Complete So	chedule T. Check if Aust	Check if Austin, TX, officeholder living exp			
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
01/31/2025	Dosey Doe Coffee					
Amount (\$)	Payee address;	City;	State;	Zip Code		
19.03	8021 Research Forest Drive	The Woodland	s TX	77382		
	Category (See Categories listed at the top of this s	chedule) Description		2010050		
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Constituent Consti	offee			
	Check if travel outside of Texas. Complete S	chedule T. Check if Aus	tin, TX, officeholder living	g expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EDED			
				D 4/4/000		

#### 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 Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Transportation Equipment & Related Expense Travel In District Polling Expense Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Printing Expense Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) **Brad Bailey** 4 Date 5 Payee name 01/31/2025 Frost Bank 6 Amount (\$) 7 Payee address; City: State; Zip Code 10767 Kuykendahl Road The Woodlands TX 77382 5.00 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Accounting/Banking Bank Fees **PURPOSE** OF EXPENDITURE (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name 02/07/2025 Montgomery County Republican Women Amount (\$) Payee address; City; State: Zip Code P.O. Box 1766 Conroe TX 77305 62.00 Category (See Categories listed at the top of this schedule) Description Fees Membership PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 02/11/2025 The Houston Chronicle Amount (\$) Pavee address: City; State; Zip Code 4747 Southwest Fwy Houston TX 77027 19.96 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Fees Subscription EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Manes/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica	,	Legal Services	Salaries/Wa	ges/Contract Labor	Other (enter a cate)	gory not listed above)		
Credit Card Payment		The Instruction Guide explain	s how to co	mplete this form.				
1 Total pages Schedule F1:	2 FILER N. Brad Baile		-		3 Filer ID (Ethic	cs Commission Filers)		
4 Date 02/19/2025	5 Payee na The UP							
6 Amount (\$)	7 Payee ac	ldress;		City;	State;	Zip Code		
348.00	6700 W	oodlands Pkwy, Ste 23	30	Spring	TX	77382		
8	(a) Categor	y (See Categories listed at the top of this s	schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Rental	Expense		Post Office Bo	×			
	(c)	Check if travel outside of Texas. Complete So	chedule T.	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OI		ate / Officeholder name		Office sought		Office held		
Date	Payee na	me						
02/28/2025	Frost Ba	nnk						
Amount (\$)	Payee ac	ldress;	***************************************	City;	State;	Zip Code		
15.00	10767 K	uykendahl Road	2	The Woodland	ls TX	77382		
		(See Categories listed at the top of this so	chedule)	Description				
PURPOSE OF EXPENDITURE	Accour	iting/Banking		Bank Fees				
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/Oh		ate / Officeholder name		Office sought		Office held		
Date	Payee na	ame						
03/11/2025	The Hou	uston Chronicle						
Amount (\$)	Payee ac			City;	State;	Zip Code		
19.96	4/4/ So	uthwest Fwy		Houston	TX	77027		
	Category	(See Categories listed at the top of this so	chedule)	Description				
PURPOSE OF EXPENDITURE	Fees			Subscription				
		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct		ate / Officeholder name		Office sought	THE STATE OF THE S	Office held		
expenditure to benefit C/Oh	Η							
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED								

#### 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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Polling Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Printing Expense Travel Out Of District 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 FILER NAME 3 Filer ID (Ethics Commission Filers) **Brad Bailey** 4 Date 5 Payee name 03/20/2025 Montgomery County Republican Women 6 Amount (\$) 7 Payee address; City; State: Zip Code P.O. Box 1766 Conroe TX 77305 33.01 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Food/Beverage Expense Meeting Meal Cost **PURPOSE EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 03/31/2025 Frost Bank Amount (\$) Payee address; City; State; Zip Code 10767 Kuykendahl Road 77382 The Woodlands TX 10.00 Description Category (See Categories listed at the top of this schedule) Accounting/Banking Bank Fees PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Pavee name Date 04/08/2025 The Houston Chronicle Amount (\$) Pavee address: City: State: Zip Code 4747 Southwest Fwy Houston TX 77027 19.96 Category (See Categories listed at the top of this schedule) Description PURPOSE Fees Subscription EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Office sought Candidate / Officeholder name Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED 

#### 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 **Event Expense** Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Food/Beverage Expense Gift/Awards/Memorials Expense Polling Expense Contributions/Donations Made By Travel Out Of District Other (enter a category not listed above) Printing Expense Salaries/Wages/Contract Labor Candidate/Officeholder/Political Committee Legal Services Credit Card Payment The instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAMÉ 3 Filer ID (Ethics Commission Filers) **Brad Bailey** 4 Date 5 Payee name 04/09/2025 Sawyer Park Icehouse 6 Amount (\$) 7 Payee address; City: State; Zip Code 314 Pruitt Road Spring TX 77380 541.25 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Food/Beverage Expense Campaign Staff/Team Meeting PURPOSE **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name 9 Complete ONLY if direct Office sought Office held expenditure to benefit C/OH Payee name Date 04/30/2025 Frost Bank Amount (\$) Payee address; City; State; Zip Code 10767 Kuykendahl Road The Woodlands TX 77382 10.00 Description Category (See Categories listed at the top of this schedule) Accounting/Banking Bank Fees PURPOSE OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 05/05/2025 The Houston Chronicle Amount (\$) Payee address: City: State: Zip Code Houston 4747 Southwest Fwy TX 77027 19.96 Category (See Categories listed at the top of this schedule) Description PURPOSE Fees Subscription EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### SCHEDULE F1

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#### **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Food/Beverage Expense Travel In District Polling Expense Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services Other (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 1 Total pages Schedule F1: 2 FILER NAME **Brad Bailey** 4 Date 5 Payee name 05/13/2025 The Toasted Yolk 6 Amount (\$) 7 Payee address; City; Zip Code State: 207 E. Shore Drive #100 Spring 77380 TX 39.18 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Food/Beverage Expense Constituent Coffee **PURPOSE** OF EXPENDITURE Check if travel outside of Texas, Corrolete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name George's Coffee Club 05/22/2025 City: State; Amount (\$) Payee address; Zip Code The Woodlands 77381 44 Falling Star Court TX 125.00 Description Category (See Categories listed at the top of this schedule) Fees Membership PURPOSE EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Complete ONLY if direct Office held expenditure to benefit C/OH Date 05/22/2025 Montgomery County Republican Women Payee address; Amount (\$) City: State: Zip Code P.O. Box 1766 TX 77305 Conroe 33.01 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Food/Beverage Expense Meeting Meal Cost OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

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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 Solicitation/Fundraising Expense Transportation Equipment & Related Expense Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Travel In District Contributions/Donations Made By Printing Expense Salaries/Wages/Contract Labor Travel Out Of District Candidate/Officeholder/Political Committee Legal Services 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 FILER NAME 3 Filer ID (Ethics Commission Filers) **Brad Bailey** 8 5 Payee name 4 Date 05/23/2025 **Dosey Doe Coffee** 6 Amount (\$) 7 Payee address; City: State: Zip Code 8021 Research Forest Drive Unit F The Woodlands TX 77382 42.30 (a) Category (See Categories listed at the top of this schedule) (b) Description 8 Constituent Coffee Food/Beverage Expense PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held 9 Complete ONLY if direct expenditure to benefit C/OH Payee name Date Frost Bank 05/30/2025 Amount (\$) Payee address; City; State; Zip Code The Woodlands 77382 10767 Kuykendahl Road TX 10.00 Category (See Categories listed at the top of this schedule) Description Accounting/Banking Bank Fees PURPOSE EXPENDITURE Check if travel outside of Texas, Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 06/03/2025 The Houston Chronicle Payee address: Amount (\$) City: Zip Code State: 4747 Southwest Fwy Houston TX 77027 19.96 Description Category (See Categories listed at the top of this schedule) **PURPOSE** Fees Subscription **EXPENDITURE** Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

#### 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 Event Expense Fees Food/Beverage Expense Gitl/Awards/Memorials Expense Legal Services Loan Repayment/Roimbursement 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 (renter a real-poppy and listed above)

Credit Card Payment  The Instruction Guide explains how to complete this form.						
1 Total pages Schedule F1:	2 FILER NAME Brad Bailey	3 Filer ID (Ethics Commission Filers)				
4 Date 06/25/2025	5 Payee name Del Frisco's Grill					
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code		
40.83	1900 Hughes Landing Blvd., Ste 500	Spring	TX	77380		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE	Food/Beverage Expense	Team Meal				
OF EXPENDITURE						
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH				Office held		
Date	Payee name					
06/26/2025	Dosey Doe Coffee					
Amount (\$)	Payee address;	City;	State;	Zip Code		
18.00	8021 Research Forest Drive Unit F	The Woodlan	ds TX	77382		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE	Food/Beverage Expense	Constituent Co	offee			
OF EXPENDITURE		2				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	ock if Austin, TX, officeholder living expense			
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
Amount (\$)	Payee address;	City;	State;	Zip Code		
-						
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF						
EXPENDITURE	7,11					
	Check if travel outside of Texas, Complete Schedule T.	Check if Austin	n, TX, officeholder livir	ig expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held		
	ATTACH ADDITIONAL CODICS OF THIS	SCHEMII E AS NES	-DED			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						