APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

<u>}</u>						
	See	1 Total pages filed:				
2	CANDIDATE	MS/MRS/MR FIRST MI	OFFICE USE ONLY			
	NAME	MR JACK W	FilerID #			
		NICKNAME LAST SUFFIX	11134 15 11			
		BRANDES	eceive VED			
		BRANDES				
3	CANDIDATE	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE	NOV 07 2023			
	MAILING ADDRESS	8655 HILLBOLDT RD., CAT SPRING, TX. 78933	USTIN COUNTY			
			Date Fland-delivered or Postmarked			
4	CANDIDATE	AREA CODE PHONE NUMBER EXTENSION .	Receipt# Amount \$			
	PHONE	(979) 627-5022	Date Processed			
		(313)021-3022	Dale Piocessed			
5	OFFICE	SHERIFF OF AUSTIN COUNTY	Date Imaged			
	HELD (if any)					
6	OFFICE SOUGHT	SHERIFF OF AUSTIN COUNTY				
	(if known)					
7	CAMPAIGN	MS/MRS/MR FIRST MI NICKNAME	LAST SUFFIX			
	TREASURER NAME	MRS SHARON S BRANDES				
8	CAMPAIGN	STREET ADDRESS; APT / SUITE #; CITY;	STATE; ZIP CODE			
0	TREASURER	8655 HILLBOLDT RD., CAT SPRING, TX. 78933				
	STREET ADDRESS					
(residence or business)					
9	CAMPAIGN TREASURER	AREA CODE PHONE NUMBER EXTENSION				
	PHONE	(713) 417-5542				
10	CANDIDATE					
	SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te	xas Government Code.			
	I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.					
		I am aware of the restrictions in title 15 of the Election C	ode on contributions			
		from corporations and labor organizations.				
		Vanb W/Derend	-07-2023			
		Signature of Candidate	Date Signed			
			V			
	GO TO PAGE 2					

1	CANDIDATE NAME	JACK W BRANDES
F	MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
		•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
		•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
		•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
		I do not intend to accept more than \$1,010 in political contributions or make more than \$1,010 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
		Year of election(s) or election cycle to which declaration applies Year of election(s) or election cycle to Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us

or mail to Texas Ethics Commission P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php

The C/OH Instruction Guide explains how to complete this form.			1 Filer ID (Ethics Commission Filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR MR	FIRST JACK	MI W	OFFICE USE ONLY
NAME	NICKNAME	BRANDES	SUFFIX	Parcel VED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 8655 HILLBO	DLDT RD, CAT SP	•	USTIN COUNTY ELECTIONS
Change of Address			· · · · · · · · · · · · · · · · · · ·	
6 CANDIDATE/ OFFICEHOLDER PHONE	(979)	PHONE NUMBER 625-5022	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR	FIRST SHARON	MI	Receipt # Amount \$
NAME	MRS	LAST	R	Date Processed
		BRANDES	33.17%	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		(NO PO BOX PLEASE); APT / SI OLDT RD., CAT SF	OITY: PRING, TEXAS 78933	STATE; ZIP CODE
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXTENSION	
TREASURER PHONE	(713)	417-5542		
9 REPORT TYPE	January 15	30th day before e	lection Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 15	8th day before ele	ction Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day Year 24	THROUGH O1	Day Year 24
11 ELECTION	ELECTION DA	TE .	ELECTION TYPE	
	Month Day	Year Primary	Runoff Other Description	
	03 / 05	/ 24 General	Special	
12 OFFICE	OFFICE HELD (if any) SHERIFF		13 OFFICE SOUGHT (If known SHERIFF)
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURES	MAY HAVE BEEN MADE WITHOUT THE CANE	ADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR HEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
	GENERAL	COMMITTEE ADDRESS		
Additional Pages	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME	VANCED THE TOTAL OF THE TOTAL O
j	QFEOIFIG .			
	}	COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	
GO TO PAGE 2				

5 C/OH NAME JACK W BRANDES		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	N \$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	ST DAY \$ 250.0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	OF THE \$
	wear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	ue and correct and includes all informat
	SMS.	9 1 <i>Unch</i> l
	Signature of Ca	andidate or Officeholder
	Please complete either option belov	w:
(1) Affidavit	RIKKI VACEK Notary Public, State of Texas	
	Comm. Expires 09-06-2027 Notary ID 128729919	
NOTARY STAMP/SEA		
Sworn to and subscribed	before me by Jack W. Brandl) this the	8 day of January
20 24 to certify	which, witness my hand and seal of office.	·
(Jall	Marie Volume	- 1812 retouc
Signature of officer administe	-	Title of officer administering oa
(2) Hannan Dodonti	OR	
(2) Unsworn Declaration	on	
My name is	, and my date of birth is	\$
My address is		
	* **	(state) (zip code) (country)
∌xecuted in	County, State of , on the day of (month	th) , 20
	Signature of Candid	idate/Officeholder (Declarant)

1				T		
The C/OH Instruction G	uide explains how t	to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER NAME	MS/MRS/MR MR	FIRST JACK	мі W	OFFICE USE ONLY		
IAVIAIT	NICKNAME	BRANDES	SUFFIX	PAECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 8655 HILLBO	APT / SUITE #; DLDT RD, CAT SI	CITY; STATE; ZIP CODE PRING, TX 78933	JAN 08 2024 AUSTIN COUNTY		
6 CANDIDATE/ OFFICEHOLDER PHONE	(97.9)	PHONE NUMBER 627-5022	NOISHETKE	Date Hand-delivered of Base Postmarked Receipt # Amount \$		
6 CAMPAIGN TREASURER	MS/MRS/MR MRS	FIRST SHARON	мі S	Date Processed		
NAME	NICKNAME	LAST BRANDES	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	,	NO PO BOX PLEASE); APT / DLDT RD., CAT S	SUITE #; CITY; SPRING, TX 78933	STATE; ZIP CODE		
8 CAMPAIGN TREASURER PHONE	AREA CODE (713)	рноме number 417-5542	EXTENSION			
9 REPORT TYPE	January 15	30th day before	[0.40000]	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before e	Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 11	Day Year 23	THROUGH 12	31 Year 23		
11 ELECTION	Month Day 05	Year Primary 24 Genera	Description			
12 OFFICE	OFFICE HELD (if any) SHERIFF		13 OFFICE SOUGHT (If know SHERIFF	n)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITUR	ES MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRESS			
GO TO PAGE 2						

6 C/OH NAME JACK W. BRANDES		16 Filer	ID (Ethics Co	mmission Filers)		
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)		\$	00		
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)		\$	1000.00		
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.		\$	0		
	4. TOTAL POLITICAL EXPENDITURES		\$	750.00		
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	ST DAY	\$	250.00		
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	FTHE	\$	0		
	wear, or affirm, under penalty of perjury, that the accompanying report is true uired to be reported by me under Tille 15, Election Code.	e and cor	rect and inclu	ides all information		
]]] 2004	W			
	Signature of Ca	indidate o	or Officeholds	er .		
<i>)</i>	·					
	Please complete either option below:					
(1) Affidavit NOTARY STAMP/SEAI	RIKKI VACEK Notary Public, State of Texas Comm. Expires 09-06-2027 Notary ID 128729919					
Sworn to and subscribed	before me by Jackew Brando this the	<u>B</u>	day of <u>J</u>	anury.		
20 24 to certify	which, witness my hand and seal of office.		Notar	4		
Signature of officer administe			Title of officer	alministering oath		
OR						
(2) Unsworn Declaration						
My name is	, and my date of birth is					
My address is		,				
		• •	zip code)			
xecuted in	County, State of , on the day of (month	1)	_, 20 <u></u>			
	Signature of Candid	date/Office	eholder (Deck	erant)		

SUBTOTALS - C/OH

	19 FILER NAME JACK W BRANDES 20 Filer ID (Ethics Committee of the commit				
	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			1000.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	0	
4.	SCHEDULE E: LOANS			0	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			750.00	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS			0	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS			0	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD			0	
9,	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS			0	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH			0	
) 11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS			0	
12,	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

T-74.00							
The	Instruction Guide explains how to complete this	1 Total pages Schedule A1:					
2 FILER NAME Jack W Bra	ndes	3 Filer ID (Ethics Commission Filers)					
4 Date	Full name of contributor out-of-state PAG Nathaniel G. Tippit	C (ID#:)	7 Amount of contribution (\$)				
		State; Zip Code					
8 Principal occu DOS	pation / Job title (See Instructions)	9 Employer (See Instruct	iions)				
Date	Full name of contributor out-of-state PAG	C (ID#)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Date Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)				
	Contributor address; City;	State: Zip Code					
Principal occup	ation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occup	ions)						
<u> </u>							
	ATTACH ADDITIONAL COPIES of the contributor is out-of-state PAC, please see Instructional Contributor is out-of-state pack, please see Instructional Copies (Instructional Copies (Ins						
			D-MANA-174002-2770-200				

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/Officehokler/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

Candidate/Officeholder/Politica Credit Card Payment		Expense Wages/Contract Labor complete this form	Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:			3 Filer ID (Ethics Commission Filers)
4 Date 11/14/23	Payee name Austin County Republican Party		
6 Amount (\$) 750.00	7 Payee address;	City;	State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Party Filing Fee	es
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$)	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	Check if travel outside of Texas. Complete Schedule T.	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
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
\	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NEEL	DED

Forms provided by Texas Ethics Com

Reset Form

cs.s

Reset Page

Revised 8/17/2020

CANDIDAT CAMPAIGI	FORM C/OH COVER SHEET PG 1			
The C/OH Instruction G	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR	FIRST JACK	мі W	OFFICE USE ONLY
	NICKNAME LAST SUFFIX BRANDES			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 8655 HILLBO	OLDT RD, CAT SP	city; state; zip code PRING, TX. 78933	FEB 05 2024
Change of Address				AUSTIN CO. TAX
5 CANDIDATE! OFFICEHOLDER PHONE	(979)	PHONE NUMBER 627-5022	extension AS	Receipt # Amount \$
6 CAMPAIGN	MS/MRS/MR	FIRST	MI	Vecelht a Minoriti a
TREASURER NAME	MRS	SHARON	S	Date Processed
	NICKNAME	BRANDES	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS	1	NO PO BOX PLEASE); APT / S DLDT RD, CAT SF		STATE; ZIP CODE
(Residence or Business)				
8 CAMPAIGN TREASURER PHONE	713)	PHONE NUMBER 417-5542	EXTENSION	
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)
	July 16	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Atlach C/OH - FR)
10 PERIOD COVERED	Month O1	Day Year 16 24	THROUGH 01	Day Year 25 24
11 ELECTION	ELECTION DA	TE Year Primery	ELECTION TYPE	
	03 / 05	/ 24 General	Description	
12 OFFICE	OFFICE HELD (IF any) SHERIFF		13 OFFICE SOUGHT (If known SHERIFF	1)
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. THESE EXPENDITURE	S MAY HAVE BEEN MADE WITHOUT THE CAN	MADE BY POLITICAL COMMITTEES TO SUPPORT DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME		
Additional Pages COMMITTEE ADDRESS				
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TR	EASURER ADDRESS	
GO TO PAGE 2				

Forms provided by Texas Ethics Com

Reset Form

Reset Page

Revised 1/1/2024

Forms provided by Texas Ethics Comm

Reset Form

FORM C/OH COVER SHEET PG 2

Revised 1/1/2024

15 C/OH NAME JACK W BRANDES		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 250.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$
B .	wear, or affirm, under penalty of perjury, that the accompanying report is true juired to be reported by me under Title 15, Election Code.	and correct and includes all information
	2,690	Bu as
	Signature of Ca	ndidate or Officeholder
	Please complete either option below	<i>:</i> :
(1) Affidavit	RIKKI VACEK Notary Public, State of Texas Comm. Expires 09-06-2027 Notary ID 128729919	
NOTARY STAMP/SEAL		
Sworn to and subscribed	before me by Jack w. Brancles this the	2 day of February.
20 24 to certify:	which, witness my hand and seal of office.	
Signature of officer administe	ring oath Printed name of officer administering oath	No tary Vublic Title of officer administering oath
	OR	
(2) Unsworn Declaration	On .	, , , , , , , , , , , , , , , , , , , ,
My name is	, and my date of birth is	•
My address is		1
	• • • • • • • • • • • • • • • • • • • •	tate) (zip code) (country)
Executed in	County, State of, on the day of (month	, 20 (year)
	Signature of Candid	ate/Officeholder (Declarant)

Reset Page

CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT **COVER SHEET PG 1** 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR FIRST 3 CANDIDATE/ М OFFICE USE ONLY **OFFICEHOLDER** MR JACK W NAME NICKNAME LAST SUFFIX BRANDES 4 CANDIDATE / ADDRESS / PO BOX; APT / SUITE #, ZIP CODE FEB 26 2024 **OFFICEHOLDER** 8655 HILLBOLDT RD, CAT SPRING, TX, 78933 MAILING **ADDRESS** USTIN COUNTY Change of Address ELECTIONS AREA CODE PHONE NUMBER **6 CANDIDATE/** EXTENSION Date Hand-delivered or Date Postmarked **OFFICEHOLDER** 7979 627-5022 PHONE Receipt # Amount \$ MS / MRS / MR FIRST 6 CAMPAIGN Μī **TREASURER** MRS SHARON S Date Processed NAME NICKNAME SUFFIX Date Imaged **BRANDES** STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN STATE: ZIP CODE **TREASURER** 8655 HILLBOLDT RD, CAT SPRING, TX 78933 ADDRESS (Residence or Business) CAMPAIGN AREA CODE PHONE NUMBER EXTENSION **TREASURER** 417-5542 PHONE 9 REPORT TYPE 30th day before election 15th day after campaign Runoff January 15 treasurer appointment (Officeholder Only) Exceeded Modified July 15 8th day before election Final Report (Attach C/OH - FR) Reporting Limit 10 PERIOD Month COVERED 02 24 24 01 26 24 THROUGH 11 ELECTION **ELECTION DATE ELECTION TYPE** Primary Other Description Day 03 / 05 24 Special OFFICE HELD (if any) 12 OFFICE 13 OFFICE SOUGHT (if known) SHERIFF SHERIFF THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATE'S AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES. 14 NOTICE FROM **POLITICAL** COMMITTEE(S) COMMITTEE NAME COMMITTEE TYPE COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

Forms provided by Texas Ethics Com-

Reset Form

Reset Page

GO TO PAGE 2

Revised 1/1/2024

15 C/OH NAME JACK W BRANDES		16 Filer ID (Ethics Commission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0				
	TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0				
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0				
	4. TOTAL POLITICAL EXPENDITURES	\$ 0				
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	\$ 250.00				
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	* THE \$ 0				
l .	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	e and correct and includes all information				
	Signature of Ca	ndidate or Officeholder				
	,	,				
	Diago comulate either enties below					
	Please complete either option below	/ .				
(1) Affidavit						
NOTARY STAMP/SEA	L					
Sworn to and subscribed	•	day of				
20, to certify	which, witness my hand and seal of office.					
Signature of officer administe	ring oath Printed name of officer administering oath	Title of officer administering oath				
OR						
(2) Unsworn Declarati	1 . 0 1					
My name is OCO	wandes and my date of birth is	05/05/1953 To page 4.11				
My address is	(city) (street)	state) (zip code) (country)				
Executed in	County, State of TX., on the 26 day of Fe	6. , 20 <u>24</u> . (yeal)				
	Signature of Candie	iate/Officeholdex (Declarant)				
	Signature of Santak	Haddalan (Basinin)				