# APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

<i></i>	See	1 Total pages filed:					
2	CANDIDATE	MS / MRS / MR FIRST MI	OFFICE USE ONLY				
	NAME	MR JACK W	Filer ID #				
		NICKNAME LAST SUFFIX	EccivE VED				
		BRANDES					
3	CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  8655 HILLBOLDT RD., CAT SPRING, TX. 78933	NOV 07 2023				
			Date Hand-delivered or Postmarked				
4	CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION *	Receipt # Amount \$				
		( 979 ) 627-5022	Date Processed				
5	OFFICE HELD (if any)	SHERIFF OF AUSTIN COUNTY	Date Imaged				
6	OFFICE SOUGHT (if known)	SHERIFF OF AUSTIN COUNTY					
7	CAMPAIGN TREASURER NAME	MS/MRS/MR FIRST MI NICKNAME MRS SHARON S BRANDES	LAST SUFFIX				
8	CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS; APT / SUITE #; CITY; 8655 HILLBOLDT RD., CAT SPRING, TX. 78933	STATE; ZIP CODE				
9	CAMPAIGN	AREA CODE PHONE NUMBER EXTENSION					
	TREASURER 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 the Election Code.	required by title 15 of				
		I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.					
		Signature of Candidate	-07-2023 Date Signed				

111	CANDIDATE NAME	JACK W BRANDES
12	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  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 <a href="mailto:treasappoint@ethics.state.tx.us">treasappoint@ethics.state.tx.us</a>

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

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE/ OFFICEHOLDER	MS / MRS / MR MR	FIRST JACK	мі <b>W</b>	OFFICE USE ONLY		
NAME	NICKNAME	BRANDES	SUFFIX	RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 8655 HILLBC		CITY; STATE; ZIP CODE PRING, TX. 78933	USTIN COUNTY ELECTIONS		
Change of Address	AREA CODE	PHONE NUMBER	EXTENSION			
6 CANDIDATE/ OFFICEHOLDER PHONE	(979)	625-5022	EATENGION	Date Hand-delivered or Date Postmarked  Receipt #   Amount \$		
6 CAMPAIGN	MS / MRS / MR	FIRST	МІ			
TREASURER NAME	MRS	SHARON	R	Date Processed		
	NICKNAME	BRANDES	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	,	NO PO BOX PLEASE); APT / S DLDT RD., CAT SI	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	election	15th day after campaign treasurer appointment (Officeholder Only)		
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month 01	Day Year <b>24</b>	THROUGH 01	15 Year 24		
11 ELECTION	ELECTION DA	TE	ELECTION TYPE	E		
	Month Day	Year Primary	Runoff Other Description			
	03 / 05	<b>24</b> General	Special			
12 OFFICE	OFFICE HELD (if any) SHERIFF		13 OFFICE SOUGHT (if know SHERIFF	m)		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFICE	EHOLDER. THESE EXPENDITURE	S 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.		
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS		A 100 A		
Additional Fages	SPECIFIC	COMMITTEE CAMPAIGN TRE	EASURER NAME			
		COMMITTEE CAMPAIGN TR	REASURER ADDRESS			
		CO TO	DACE 2			
1		GO 10	PAGE 2			

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

Revised 8/17/2020

5 C/OH NAME JACK W BRANDES		16 Filer II	D (Ethics Co	mmission Filers)				
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	ı	\$	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	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY							
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS O LAST DAY OF THE REPORTING PERIOD	F THE	\$	0				
j	wear, or affirm, under penalty of perjury, that the accompanying report is tru quired to be reported by me under Title 15, Election Code.	e and corr	ect and inclu	ides all information				
		, [[A <del>o</del> A]	9					
	Signature of Ca	andidate o	r Officeholde	PF				
	Please complete either option below	v:						
(1) Affidavit	RIKKI VACEK Notary Public, State of Texas Comm. Expires 09-06-2027							
NOTARY STAMP/SEA	Notary ID 128729919							
Sworn to and subscribed	before me by Jack W Brandl) this the	8	day of <u>J</u>	aneary,				
20 24 , to certify	which, witness my hand and seal of office.	11	Lotay F	Leblic				
Signature of officer administe	ring oath Printed name of officer administering oath	·	Title of officer	administering oath				
	OR							
(2) Unsworn Declarati	on							
My name is	, and my date of birth is	s		•				
My address is				·				
L	,	, ,	zip code)	,				
xecuted in	County, State of , on the day of (mont	h)	_, 20 (year)					
	Signature of Candi	date/Office	holder (Decl	arant)				

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#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST JACK	MI <b>W</b>	OFFICE USE ONLY	
NAME	NICKNAME	BRANDES	RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	8655 HILLBC	OLDT RD, CAT SP	eity; state; zip code RING, TX 78933	JAN 08 2024 AUSTIN COUNTY	
Change of Address			EXTENSION		
5 CANDIDATE/ OFFICEHOLDER PHONE	( 97.9 )	PHONE NUMBER 627-5022		Date Hand-delivered of base Postmarked  . Receipt # Amount \$	
6 CAMPAIGN	MS / MRS / MR	FIRST	MI		
TREASURER NAME	MRS	SHARON	S	Date Processed	
1 17 117755	NICKNAME	LAST	SUFFIX	Date Imaged	
		BRANDES		Date illiaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	1	NO PO BOX PLEASE); APT / S DLDT RD., CAT SI	CITY; PRING, TX 78933	STATE; ZIP CODE	
	AREA CODE	PHONE NUMBER	EXTENSION		
8 CAMPAIGN TREASURER PHONE	( 713 )	417-5542	EXTENSION		
9 REPORT TYPE	January 15	30th day before e	election Runoff	15th day after campaign treasurer appointment (Officeholder Only)	
	July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year / <b>23</b>	Month 12	Day Year / 31 / 23	
	'' /	/ 0, / 20	THROUGH	/ /	
11 ELECTION	ELECTION DA	TE	ELECTION TYPE		
	Month Day	Year Primary			
	03 / 05	<b>}</b>	Description Special		
12 OFFICE	OFFICE HELD (if any) SHERIFF		13 OFFICE SOUGHT (if know SHERIFF	m)	
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	EUOLDER THESE EXPENDITURE	ES MAY HAVE REEN MADE WITHOUT THE CAI	MADE BY POLITICAL COMMITTEES TO SUPPORT IDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR THEY RECEIVE NOTICE OF SUCH EXPENDITURES.	
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
		COMMITTEE ADDRESS			
Additional Pages	GENERAL	OOMMITTEE NEETLES			
-	SPECIFIC	COMMITTEE CAMPAIGN TR	EASURER NAME		
		COMMITTEE CAMPAIGN TF	REASURER ADDRESS		
	l	GO TO	PAGE 2		

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### FORM C/OH COVER SHEET PG 2

Revised 8/17/2020

5 C/OH NAME JACK W. BRANDES			16 Filer ID (Ethics Commission Fil	ers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL PLEDGES, LOANS, OR GUARAN CONTRIBUTIONS MADE ELECTR	TEES OF LOANS, OR	\$	00
	2. TOTAL POLITICAL CONTRIBU (OTHER THAN PLEDGES, LOANS			0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL I	EXPENDITURE.	\$	0
	4. TOTAL POLITICAL EXPENDIT	URES	\$ 75	0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIO OF REPORTING PERIOD	NS MAINTAINED AS OF THE LA	ST DAY \$	0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING I		OF THE \$	0
l .	wear, or affirm, under penalty of perjury, that quired to be reported by me under Title 15, Elec		ue and correct and includes all info	rmation
			Sumál	
		Signature of C	andidate or Officeholder	
		5.9.14.14.16 57 5	andrade of Chiconolaci	
	Please comple	te either option belo	N:	
	RIKKI VACEK	7		
(1) Affidavit	Notary Public, State of Texa Comm. Expires 09-06-2027			
	Notary ID 128729919			
NOTARY STAMP/SEA	L	<b>9</b>		
Sworn to and subscribed	before me by Jacker Brand	this the	B day of January	<del>}</del> ,
20 24, to certify	Which, witness my hand and seal of office.			,
( soule	2 Rikkeyte	ek	Notary	
Signature of officer administe	ering oath Printed name of office	r administering oath	Title of officer administeri	ng oath
	C	DR		
(2) Unsworn Declarati	on			
My name is		, and my date of birth	s	·
	(street)		(state) (zip code) (country)	
xecuted in	County, State of	, on the day of	, 20	
		(mor	th) (year)	
		Signature of Cano	lidate/Officeholder (Declarant)	_

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### SUBTOTALS - C/OH

#### FORM C/OH **COVER SHEET PG 3**

	9 FILER NAME  JACK W BRANDES  20 Filer ID (Ethics Comm					
21	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			

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#### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

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

The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1:				
2 FILER NAME Jack W Bra		3 Filer ID (Ethics Commission Filers)					
4 Date	Full name of contributor out-of-state PAC Nathaniel G. Tippit  6 Contributor address; City; 8405 Burkhart Rd. Houston,	7 Amount of contribution (\$) 1000.00					
8 Principal occu DOS	upation / Job title (See Instructions)	• Employer (See Instruct	ions)				
Date		C (ID#)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)				
Date		C (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)				
Date	Full name of contributor out-of-state PAG	C (ID#:)	Amount of contribution (\$)				
	Contributor address; City;	State; Zip Code					
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED  If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.							

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Revised 8/17/2020

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE F1

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

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

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

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

Credit Card Payment	The Instruction Guide explains how to c	complete this form.	Other (enter a category normated above)			
1 Total pages Schedule F1:	2 FILER NAME Jack W. Brandes		3 Filer ID (Ethics Commission Filers)			
4 Date 11/14/23	Payee name     Austin County Republican Party					
6 Amount (\$) 750.00	<b>7</b> 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 Fe	ees			
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder living expense			
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name I	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 Austi	in, 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 Austi	n, TX, officeholder living expense			
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						

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Revised 8/17/2020

CANDIDAT CAMPAIGI	FORM C/OH COVER SHEET PG 1					
The C/OH Instruction G	uide explains how t	o complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR	FIRST JACK	MI W	OFFICE USE ONLY		
IVAIVIL	NICKNAME	BRANDES	SUFFIX	RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; 8655 HILLBO	DLDT RD, CAT SE	CITY; STATE; ZIP CODE PRING, TX. 78933	FEB 05 2024		
Change of Address			Δ	AUSTIN CO. TAX		
5 CANDIDATE/ OFFICEHOLDER PHONE	( 979 )	PHONE NUMBER 627-5022	EXTENSION	Spare Hand delivered Data Esima (R)		
6 CAMPAIGN	MS / MRS / MR	FIRST	MI	Receipt # Amount \$		
TREASURER NAME	MRS	SHARON	S	Date Processed		
	NICKNAME	BRANDES	SUFFIX	Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	1	NO PO BOX PLEASE); APT / OLDT RD, CAT SI	SUITE#; CITY; PRING, TX 78933	STATE; ZIP CODE		
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	713 )	PHONE NUMBER 417-5542	EXTENSION			
9 REPORT TYPE	January 15	30th day before	Cusaded Meditied	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)		
	July 15	8th day before e	Reporting Limit	Researce of the Control of the Contr		
10 PERIOD COVERED	Month O1	Day Year 16 / 24	THROUGH 01	25 Year 24		
11 ELECTION	ELECTION DA  Month Day	TE Year Primary	ELECTION TYP  Runoff Other Description	E		
	03 / 05	Z4 Genera	processors:			
12 OFFICE	OFFICE HELD (If any) SHERIFF	1	13 OFFICE SOUGHT (If know	wn)		
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFICE	CHOLDER. THESE EXPENDITUR	RES MAY HAVE BEEN MADE WITHOUT THE CA	MADE BY POLITICAL COMMITTEES TO SUPPORT NOIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR FTHEY RECEIVE NOTICE OF SUCH EXPENDITURES.		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TR	REASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRESS			
GO TO PAGE 2						

# **CANDIDATE / OFFICEHOLDER**

### FORM C/OH

CAMPAIGN	N FINANCE REPORT	COVE	ER SHEET PG 2
15 C/OH NAME JACK W BRANDES		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (C     PLEDGES, LOANS, OR GUARANTEES OF LOANS, OF     CONTRIBUTIONS MADE ELECTRONICALLY)	1 0	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 REPORTING PERIOD	OF THE LAST DAY \$	250.00
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING L     LAST DAY OF THE REPORTING PERIOD	OANS AS OF THE \$	0
red	quired to be reported by me under Title 15, Election Code.	nature of Candidate or C	Officeholder
	Please complete either option	on below:	
(1) Affidavit	RIKKI VACEK Notary Public, State of Texas Comm. Expires 09-06-2027 Notary ID 128729919		
NOTARY STAMP/SEA		0	
Sworn to and subscribed	before me by <u>Jack w Brandes</u>	this the $2$ d	ay of rebrucy,
100	R. Kki Varde	N	stary Public
Signature of officer administe	ering oath Printed name of officer administering oath	Titl	e of officer administering oath
	OR		
(2) Unsworn Declarati	ion		
My name is	, and my da	te of birth is	
My address is			
	(street) (city)		, , , , , , , , , , , , , , , , , , , ,
Executed in	County, State of , on the da	y of, 2 (month)	20 (year)
	Signatı	ure of Candidate/Officeho	lder (Declarant)

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT						FORM C/OH COVER SHEET PG 1		
The C/OH Instruction G	uide explains how t	o complet	e this form.	1 File	r ID (Ethics Con	nmission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER						MI W		USEONLY
NAME	NICKNAME					SUFFIX R	Date Received	VED
4 CANDIDATE / OFFICEHOLDER MAILING	ADDRESS / PO BOX; 8655 HILLBC			PRING,	TX. 789		FEB 26	
ADDRESS  Change of Address						P	USTIN CO	OUNTY ONS
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 979 )		NUMBER 5022		EXTENSIO	N	Date Hand-delivere	d or Date Postmarked
6 CAMPAIGN TREASURER	MS/MRS/MR MRS		FIRST HARON			MI S	Receipt #	Amount \$
NAME	NICKNAME		LAST	••••••		SUFFIX	Date Processed	
		ВІ	RANDES				Date Imaged	
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (I		**		TX 7893	33	STATE;	ZIP CODE
(Residence or Business)								
8 CAMPAIGN TREASURER PHONE	( 713 )		NUMBER -5542		EXTENSIO	N		
9 REPORT TYPE	January 15	pro-Missolitors	30th day before	election	Runo	ff		after campaign appointment der Only)
	July 15		8th day before el	ection	ı	ded Modified ting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 01	Day 26	Year 24	ТН	ROUGH	Month 02	Day Yea 24 24	
11 ELECTION	ELECTION DA	TE	B Primary	Toolselve T	Runoff	ELECTION TYPE		
	Month Day 05	Year <b>24</b>	Primary	harant.	Special	Other Description		
12 OFFICE	OFFICE HELD (If any) SHERIFF				13 OFFICE SC SHERIFF		n)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	EHOLDER. T	HESE EXPENDITURE	S MAY HAV	BEEN MADE W	THOUT THE CAN	DIDATE'S OR OFFICEHO	DMMITTEES TO SUPPORT DLDER'S KNOWLEDGE OR DF SUCH EXPENDITURES.
COMMITTEL(G)	COMMITTEE TYPE	COMMITT	EE NAME					
Additional Pages	GENERAL	GENERAL COMMITTEE ADDRESS						
SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME								
		COMMITT	EE CAMPAIGN TE	REASURER	ADDRESS			
			GO TO	PAGE	2 /			

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Revised 1/1/2024

#### CANDIDATE / OFFICEHOLDER FORM C/OH **COVER SHEET PG 2 CAMPAIGN FINANCE REPORT** 15 C/OH NAME 16 Filer ID (Ethics Commission Filers) JACK W BRANDES 17 CONTRIBUTION TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN 1. 0 \$ **TOTALS** PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 0 TOTAL POLITICAL CONTRIBUTIONS \$ (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) **EXPENDITURE** 0 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. \$ **TOTALS** 0 **TOTAL POLITICAL EXPENDITURES** \$ CONTRIBUTION 250.00 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY BALANCE OF REPORTING PERIOD 0 OUTSTANDING TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE 6. \$ LOAN TOTALS LAST DAY OF THE REPORTING PERIOD I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information 18 SIGNATURE required to be reported by me under Title 15, Election Code. Please complete either option below: (1) Affidavit NOTARY STAMP/SEAL Sworn to and subscribed before me by \_\_\_\_\_ this the \_\_\_\_ \_ day of \_ , to certify which, witness my hand and seal of office. Signature of officer administering oath Title of officer administering oath Printed name of officer administering oath (2) Unsworn Declaration (zip code) (country) Signature of Candidate/Officeholdek (Declarant)

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Revised 1/1/2024

### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	uide explains how to	complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:		
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST JACK	MI W	OFFICE USE ONLY		
NAME	NICKNAME	BRANDES	SUFFIX	RECEIVED		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 8655 HILLBOLDT RD, CAT SPRING, TX 78933			JUN 11 2024 AUSTIN COUNTY ELECTIONS		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE ( 979 )	PHONE NUMBER 627-5022	EXTENSION	Date Hand-delivered or Date Postmarked  Receipt # Amount \$		
6 CAMPAIGN TREASURER	MS / MRS / MR MRS	FIRST SHARON	мі S	Date Processed		
NAME	NICKNAME LAST SUFFIX BRANDES			Date Imaged		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 8655 HILLBOLDT RD., CAT SPRING, TX 78933					
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	( 713 )	PHONE NUMBER 417-5542	EXTENSION			
9 REPORT TYPE	January 15	30th day before	Eveneded Modified	15th day after campaign treasurer appointment (Officeholder Only)  Final Report (Attach C/OH - FR)		
	July 15	8th day before e	Reporting Limit	and the second s		
10 PERIOD COVERED	Month 02	Day Year / 25 / 24	THROUGH Month	30 Year 24		
11 ELECTION	Month Day	Year Primary  24 Genera	Description	<u> </u>		
12 OFFICE	OFFICE HELD (if any) SHERIFF		13 OFFICE SOUGHT (if know SHERIFF	n)		
14 NOTICE FROM POLITICAL	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(S)	COMMITTEE TYPE COMMITTEE NAME					
Additional Pages	GENERAL COMMITTEE ADDRESS					
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
	COMMITTEE CAMPAIGN TREASURER ADDRESS					
GO TO PAGE 2						

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Forms provided by Texas Ethics Comm

### FORM C/OH COVER SHEET PG 2

Revised 1/1/2024

15 C/OH NAME JACK W BRANDES			16 File	r ID (Ethics Com	mission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL (     PLEDGES, LOANS, OR GUARANT     CONTRIBUTIONS MADE ELECTR	EES OF LOANS, OR	AN	\$	0
	2. TOTAL POLITICAL CONTRIBUT (OTHER THAN PLEDGES, LOANS,		S)	\$	0
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL E	EXPENDITURE.		\$	0
	4. TOTAL POLITICAL EXPENDITU	JRES		\$	250
CONTRIBUTION BALANCE	N . 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD			\$	0
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF A LAST DAY OF THE REPORTING F		OF THE	\$	0
	wear, or affirm, under penalty of perjury, that		rue and c	orrect and inclu	des all information
red	quired to be reported by me under Title 15, Elec	ction Code.			
			11.56/1	1	
		Signature of	Candidate	or Officeholde	Γ
		•			
	Please comple	te either option belo	ow:		
		_			
(1) Affidavit	RIKKI VACEK				
	Notary Public, State of Text. Comm. Expires 09-06-20	27			
NOTARY STAMP/SEA	Notary ID 128729919				
Sworn to and subscribed	before me by <u>Jack W. Bro</u>	andes this the	ne <u>10</u>	day of	une
20 24 to certify	which, witness my hand and seal of office.				
(82,00	L Rikki Vac	ek		Notan	
Signature of officer administ	-	-		Title of officer	administering oath
		OR .			
(2) Unsworn Declarat	ion				
My name is		, and my date of birth	n is		•
My address is					•
	(street)	(city)	, ,	(zip code)	(country)
Executed in	County, State of	, on the day of (mo	onth)	, 20 (year)	
		Signature of Ca	ndidate/Off	iceholder (Decla	arant)

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**Reset Form** 

**Reset Page** 

### **SUBTOTALS - C/OH**

### FORM C/OH COVER SHEET PG 3

	FILER NAME ACK W BRANDES	20 Filer ID (Ethics Con	nmission	Filers)	
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			0	
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 CO	NTRIBUTIONS	\$	0	
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			250	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER			0	

## NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

#### SCHEDULE |

Revised 1/1/2024

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

	The Instruction Guide explains how to complete this form.						
1 Total pages Schedule I:	2 FILER NAME JACK W BRANDES		3 Filer ID	(Ethics Co	mmission Filers)		
4 Date 05/30/24	5 Payee name MEALS ON WHEELS						
6 Amount (\$) 250	7 Payee address; 915 FRYDEK RD., SEALY, TX 77474	City		State	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)  DONATION	(b) Description (See instructions regarding type of information required.) PURCHASE FOOD FOR NEEDY CITIZENS OF Austin County					
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Ser	e instructions rega	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions rega	rding type of	information		
Date	Payee name						
Amount (\$)	Payee address;	City		State	Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (Se required.)	e instructions rega	ording type of	information		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED							

Reset Form Reset Page