

# / OFF CEHOLDER CAMPAIGN F NA CE REPORT

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

1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 12

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	<b>OFFICE USE ONLY</b>  Date Received
	NICKNAME	LAST	SUFFIX	
	Mrs.	Brittany		
		Hendrickson		

<b>4</b> CANDIDATE /	ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE
OFFICEHOLDER MAILING ADDRESS	6841 Virginia Parkway Suite 103-114 McKinney, TX 75071				

Change of Address

PHONE NUMBER	PHONE NUMBER	PHONE NUMBER	EXTENSION

OFFICEHOLDER PHONE	( 214 )	668-5186	Receipt #	Amount \$
<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	M	Date Processed
	NICKNAME	LAST	SUFFIX	Date Imaged
	Mrs.	Hendrickson		

STATE	ZIP CODE



# SUBTOTALS - C/O

## FORM C/OH COVER SHEET PG 3

19 FILER NAME

**Brittany Hendrickson**

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1 SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 610.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 9,143.03
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$ 3,250.00
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 5,063.18
6 SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7 SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11 SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

1 Total pages Schedule A1

2 Filer ID (States, Commonwealths, Districts)

out-of-state PAC (I

Chris Grant

4/11/23

7000 Old Look Rd McKin TX

\$100.00

Date

out-of-state PAC

2 FILER NAME

Brittany Hendrickson

3104 Hicko Bend Trail McKin TX

25.00

4 Date

5 Full name of contributor

7 Amount of contribution (\$)

6 Contributor address;

City; out-of-state PAC

State; Zip Code

Wins Job S

8/17/23

Occupation / Job title (See

City;

9 Employer (See Instructions)

25.00

Full name of contributor

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code

Date

RET

out-of-state PAC (ID#:

Date

44 James Full name of contributor

Amount of contribution (\$)

Contributor address;

State; Zip Code

2708

Date

/ Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

Amount of contribution (\$)

Contributor address;

City;

State; Zip Code



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

3 Filer ID (Ethics Commission Filers)

out-of-state PAC (I

\$50.00

out-of-state PAC (ID#:

out-of-state PAC (ID#:

1 Total Schedule A1

The Instruction Guide explains how to complete this form.

2 FILER NAME

4 Date 5 Full of contributor

7 Amount of contribution (\$)

4/24/23

6 Contributor address; City; State; Zip Code out-of-state PAC

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Full name of contributor Amount of contribution (\$)

Contributor address; City; State; Zip Code

Employer (See Instructions)

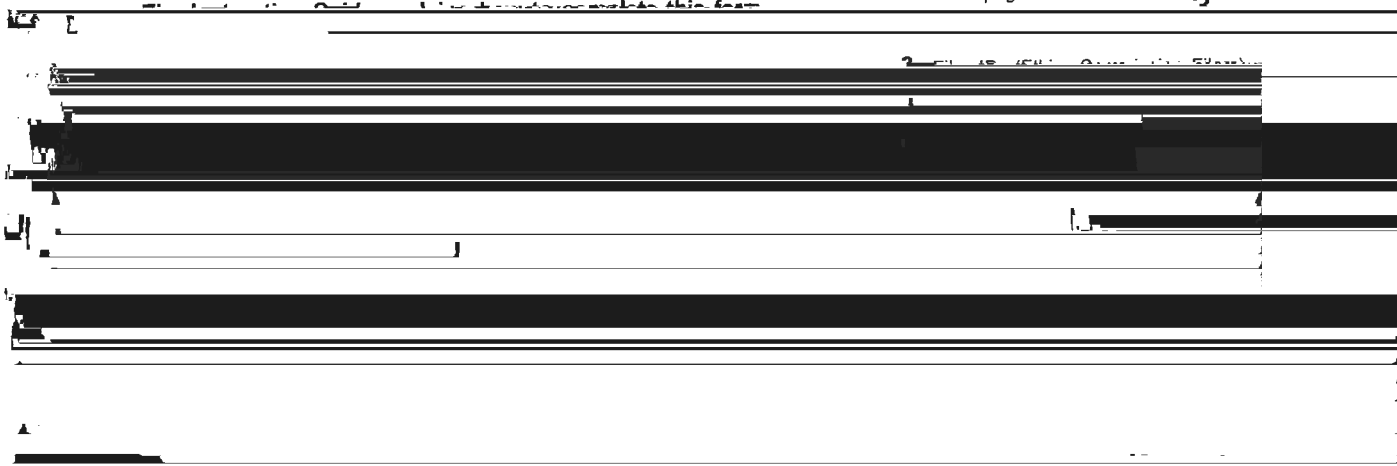


# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

## SCHEDULE A2

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

1 Total pages Schedule A2: 2



FILER NAME

Brittany Henderson

ckin

7507

Adverti

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ 1075.57

5 Date      6 Full name of contributor       out-of-state PAC      8 Amount of Contribution \$      9 In-kind contribution description

3/29/23

City;

ots  
State; Zip Code

1075.57

5

Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL)(See I

11 Employer (FOR NON-JUDICIAL)(See Instructions)

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL)(See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

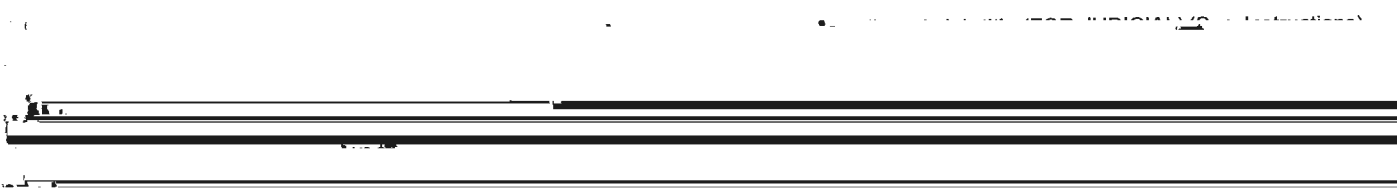
Amount of Contribution \$      In-kind contribution description

Contributor address;      City      State;      Zip Code

Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)

Employer (FOR NON-JUDICIAL)(See Instructions)







**LOANS**

**SCHEDULE E**

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 E: 1

2 FILER NAME

Filer ID (Ethics Commission Filers)

Brittany Hendrickson

4 TOTAL OF UNITEMIZED LOANS

\$ 00

9 Loan Amount (\$)

00

out-of-state PAC

47

8008 Juliette Dr. McKi

date

es

6 Is lender a financial institution

00

.....  
e; Zip Code

10 Interest rate

11

Y

12 Forfeiture (See instructions)

end

19

750.00

800<sup>CD</sup> Juliette Dr. McKinney, TX

NO

14 Description of Collateral

15

Check if personal funds were deposited into political account (See instructions)



# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

- Advertising Expense
- Event Expense
- Solicitation/Fundraising Expense
- Accounting/Banking
- Food/Beverage Expense
- Printing Expense
- Transportation/Equipment & Related Expense
- Contributions/Donations Made By Candidate/Officeholder/Political Committee
- Gift/Awards/Memorials Expense
- Salaries/Wages/Contract Labor
- Travel Out Of District
- Credit Card Payment
- Legal Services
- Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

4 Date (\$)  
 5 name  
 6 490.73  
 7 Payee address: Loma Vista Heath, TX 75040  
 State: TX Zip Code: 75040

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

8 PURPOSE OF EXPENDITURE: EXENSE  
 (b) Description: SI

9 Complete ONLY if direct expenditure to benefit C/OH (c)  
 \$120.41  
 Candidate / Officeholder name: [blank] Office sought: [blank] Office held: [blank]

Date: 11 23  
 Payee name: The UPS Store  
 City: [blank]

Amount (\$): 4  
 Payee address: [blank] Pkw McKin State: TX Zip Code: 75091

Category (See listed at the top schedule): Other PO

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense.

PURPOSE OF EXPENDITURE: S

4 12  
 Candidate / Officeholder name: [blank] Office sought: [blank] Office held: [blank]

Date: 12/11/11  
 Payee name: [blank] W.L.M. n 980

Amount (\$): [blank] Payee address: [blank] City: [blank] State: [blank] Zip Code: [blank]

# 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      Event Expense      Loan Repayment/Reimbursement      Solicitation/Fundraising Expense  
Office Overhead/Rental Expense      Transportation Equipment & Related Expense

The Instruction Guide explains how to complete this form.

1 F1 2 FILER NAME  
Brittany Hendrickson

4 Date      5 name

7 Payee      City      State;      Zip Code

\$49.00

8 (b) Description

PURPOSE OF EXPENDITURE  
Advertising Expense

(c)  
Candidate / Officeholder name      Office sought      Office held

Payee name

Amount      Payee address:      City      State;      Zip Code

PURPOSE OF EXPENDITURE

Candidate / Officeholder name      Office sought      Office held

Payee name

PURPOSE OF EXPENDITURE

Candidate / Officeholder name      Office sought      Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED