

M I I

CA P A G N F NANCE REPORT

COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers) 2 Total pages filed: 7

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR

FIRST

M

OFFICE USE ONLY

NICKNAME

SUFFIX

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

8008 Juliette Dr

CA D DATE / OFF CEHOLDER
CA PA GN F NANCE REPORT

15 C/OH NAME

Ha H 1CK50

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION
TOTALS

1 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

\$ 118694
TX

CONTRIBUTION.

MAINTAINED AS OF THE LAST DAY

\$ 3309.00

OUTSTANDING
LOAN TOTALS

6 TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

itha

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SU
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$
2	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 5541.4
3	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4	SCHEDULE E: LOANS	\$
5	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
6	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

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

FILER NAME

Brittany Hendrickson

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC	8 Amount of Contribution \$	9 In-kind contribution description
4/27/2023- 6/30/2023	Michael Mc	\$5,241.47	Advertisement

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

If the reported information is not to be included in this schedule, check the appropriate box in the instructions.

Advertising Expense
Accounting/Banking
Consulting Expense

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

Contributions/Donations Made By

Travel Out Of District

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense
Fees
Food/Beverage Expense
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense

Legal Services
Salaries/Wages/Contract Labor

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 **2** 2 FILER NAME **Britta Hendri n** 3 Filer ID (Ethics Commission Filers)

4 Date **04/27/2023** 5 Payee name **TWILIO**

6 Amount (\$) **40.00** 7 Payee address; City; State; Zip Code

8 (b) Description

PURPOSE OF EXPENDITURE **Advertising Expense** **Text Campaign**

(c)

9 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name Office sought Office held

Date Payee name

04/20/2023

Amount (\$) Payee City; State; Zip Code

105.00

Description

PURPOSE **Advertising Expense** **Shirts**

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTR BUTIONS

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
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	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)

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

Advertising

4 Date 5 Payee name

06/20/2023

TWILIO

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

6 Amount (\$) 7 Payee address; City; State; Zip Code

27.78

(b) Description

PURPOSE

Text Campaign

City;

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

Advertising Expense

EXPENDITURE

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

For the month of 06/20/2023

Office sought

Office held

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

Loan Repayment

**CAND DATE / OFF CEHOLDER REPORT:
DES GNAT ON OF F NAL REPORT**

FORM C/OH - FR

The Instruction Guide explains how to complete this form.

•• Complete only if "Report Type" on page 1 is marked "Final Report" ••

[Redacted area]

3

I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment file

Signature of Candidate / Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

•• Complete A & B below *only* if you are not an officeholder.

A. CAMPAIGN FUNDS

only one:

I do not have unexpended contributions or unexpended interest or income earned from political contributions.

[Redacted area]