FORM SPAC SPECIFIC-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The SPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 113 00058241 3 COMMITTEE NAME **OFFICE USE ONLY** Friends of Brandon Creighton Date Received **ELECTRONICALLY FILED** 01/16/2024 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 2257 N. Loop 336, Ste. 140-366 Date Hand-delivered or Date Postmarked Change of Address Conroe, TX 77304 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Dr. Johnny J. NAME NICKNAME LAST **SUFFIX** Peet STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 17350 St. Luke's Way STREET **ADDRESS** Suite 390 (Residence or Business) The Woodlands, TX 77384 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 2257 N. Loop 336, Ste. 140-366 MAILING **ADDRESS** Conroe, TX 77304 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (936) 499-9390 PHONE REPORT X January 15 30th day before election Exceeded modified reporting limit **TYPE** Dissolution (Attach PAC-DR) 8th day before election July 15 Runoff 10th day after campaign treasurer termination 10 PERIOD Year Month Day Month Day COVERED **THROUGH** 12/31/2023 07/01/2023 11 ELECTION **ELECTION DATE ELECTION TYPE** χ Primary Month Day Year Other Runoff 03/05/2024 General Special

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC COVER SHEET PG 2

12 COMMITTEE NAME		1	3 Filer ID	(Ethics Commission Filers)
Friends of Brandon Cre	ighton		00058241	
14 COMMITTEE PURPOSE		CANDIDATE / OFFICEHOLDER NAME		
PURPUSE		Sen. Brandon Creighton		
(Attach lists on plain paper to complete this	Candidate			
report if necessary.)	X Officeholder	OFFICE SOUGHT (candidate) / OFFICE HELD	(officeholder)	1
	A Chilectione	State Senator	(omocrioidor)	,
SUPPORT				
(Candidate or Measure)		BALLOT IDENTIFICATION / #		ION DATE
OPPOSE			Month	Day Year
(Candidate or Measure)	l <u> </u>			
X ASSIST	Measure			
(Officeholder)		DESCRIPTION		
15 CONTRIBUTION TOTALS		NTRIBUTIONS OF \$50 OR LESS (OTHER THAN EES OF LOANS, OR CONTRIBUTIONS MADE	PLEDGES,	\$ \$0.00
1017120	ELECTRONICALLY), U			\$0.00
	2. TOTAL POLITICAL (CONTRIBUTIONS		
	(OTHER THAN PLEDG	ES, LOANS, OR GUARANTEES OF LOANS)		\$ \$323,480.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED P	OLITICAL EXPENDITURES		\$ \$13,421.81
				\$13,421.61
	4. TOTAL POLITICAL I	EXPENDITURES		
				\$ \$214,007.78
	F TOTAL POLITICAL COL	NITRIBUTIONS MAINTAINED AS OF THE LAST B	AV OF THE	
CONTRIBUTION BALANCE	REPORTING PERIOD	NTRIBUTIONS MAINTAINED AS OF THE LAST D	AY OF THE	\$ \$1,494,014.68
				\$ \$2,101,021.00
OUTSTANDING		OUNT OF ALL OUTSTANDING LOANS AS OF TH	HE LAST	
LOAN TOTALS	DAY OF THE REPORT	ING PERIOD		\$ \$0.00
16 AFFIDAVIT		Lower or offirm under penalty of periu	n, that the ac-	companying report is true
		I swear, or affirm, under penalty of perjuand correct and includes all information		
		Title 15, Election Code.		
		Dr. Johnn	y J. Peet	
AFFIX NOTARY	STAMP / SEAL ABOVE	Signature of Cam	paign Treasur	rer
7.117.110.17.11.1	OTTIVITY OFFICE ABOVE			
Sworn to and subscribed	before me, by the said	, thi	s the	day
of	_, 20, to certify whi	ch, witness my hand and seal of office.		
Signature of officer ad	ministering oath Pri	nted name of officer administering oath	Title of offic	er administering oath

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

					3 of 113
		EE NAME Brandon Creighton	18 Filer ID 00058241	(Ethics Commission	on Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAL A	AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	323,480.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		\$			
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	TION OR	\$	
6.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR C	ORGANIZATION	\$	
7.		SCHEDULE E: LOANS		\$	
8.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	214,007.78
9.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
10.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
11.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
12.		SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS (OF C/OH	\$	
13.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
14.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$	
				•	

	MONEI	NETARY POLITICAL CONTRIBUTIONS				SCHEDUI	E A1	
	The Instruc	ction Guide explains hov	to complete this f	orm.	1	Total pages Schedule A1: Sch: 1/22 Rpt: 4/113		
2	FILER NAME Friends of Br	randon Creighton			3	Filer ID (Ethics Commission 00058241	on Filers)	
4	Date 12/20/2023	5 Full name of contributor Akbari, Chris6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$1,000.00	
8	Principal occu CEO	Houston , TX 77025 pation / Job title (See Instructions	s)	9 Employer (See Instructions ITEX	 5)			
	Date 08/31/2023	Full name of contributor Allison, David Contributor address; City; S Spring , TX 77386	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00	
	retired retired			Employer (See Instructions retired	<u>l</u> 6)			
	Date 08/22/2023	Full name of contributor)		Amount of Contribution (\$)	\$500.00	
	District	Conroe, TX 77384		Facelouse (One leaders the one				
	Head of Sch	pation / Job title (See Instructions ool	5)		Employer (See Instructions) The Woodlands Christian Academy			
08/25/2023 Atkinson, Steve Contributor address; City; State;		out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$50.00		
	Principal occu Logistics Ma	Houston , TX 77041 pation / Job title (See Instructions nager	s)	Employer (See Instructions Mattress Firm	<u>l</u> s)			
	Date 10/11/2023	Full name of contributor Bayless, Jeffrey Contributor address; City; S Humble, TX 77346	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$200.00	
	Principal occu Retired	pation / Job title (See Instructions	5)	Employer (See Instructions Retired	s)			

	MONEI	ARY POLITICAL CO	NIRIBUTION	NS		SCHEDULE A1
	The Instru	ction Guide explains how to	o complete this for	m.	ı	Total pages Schedule A1: Sch: 2/22 Rpt: 5/113
2	FILER NAME Friends of B	randon Creighton			ı	Filer ID (Ethics Commission Filers) 00058241
4	Date 09/25/2023	5 Full name of contributor Beardsley, Brett6 Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code		7	Amount of Contribution (\$) \$1,000.00
Q	Principal occu	Austin, TX 78746 pation / Job title (See Instructions)	ام	Employer (See Instructions	·/	
Ü	Real Estate		ľ	Charter Development Pa		ers, Inc.
	Date 12/19/2023	Full name of contributor Beckerman, Mathew Contributor address; City; State	out-of-state PAC (ID#:			Amount of Contribution (\$) \$15,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s) 	
	Filmmaker	pation 7 305 title (See Histractions)		Self	"	
	Date 09/25/2023	Full name of contributor Bieber, Albert Contributor address; City; State	out-of-state PAC (ID#: ;; Zip Code		•	Amount of Contribution (\$) \$200.00
		China, TX 77613				
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)	
	Date 10/02/2023	Full name of contributor Bleyl, John Contributor address; City; State Conroe, TX 77384	out-of-state PAC (ID#: ; Zip Code			Amount of Contribution (\$) \$500.00
	Principal occu Civil Engine	pation / Job title (See Instructions) er		Employer (See Instructions Bleyl Engineering	5)	
	Date 11/01/2023	Full name of contributor Blocker, Trey Contributor address; City; State Fredericksburg, TX 78624	out-of-state PAC (ID#:			Amount of Contribution (\$) \$2,500.00
	Principal occu Founder	pation / Job title (See Instructions)		Employer (See Instructions Stalwart Strategies	5)	
			·			

	MONET	ARY POLITICAL CO	IS		SCHEDUI	E A1	
	The Instruc	ction Guide explains how t	o complete this for	m.	1	Total pages Schedule A1: Sch: 3/22 Rpt: 6/113	
2	FILER NAME Friends of Br	andon Creighton			3	Filer ID (Ethics Commission 00058241	on Filers)
4	Date 10/11/2023	5 Full name of contributor Bowers, Mary6 Contributor address; City; Stat	out-of-state PAC (ID#:e; Zip Code)	7	Amount of Contribution (\$)	\$50.00
8	Dringinal occu	Conroe, TX 77304 pation / Job title (See Instructions)	اه	Employer (See Instructions			
•	Retired	pation / Job tille (See Instructions)	9	Retired	')		
	Date 10/11/2023	Full name of contributor Brady, Scott Contributor address; City; Stat)		Amount of Contribution (\$)	\$250.00
	Principal occu Retired	Humble, TX 77346 pation / Job title (See Instructions)		Employer (See Instructions Retired	5)		
	Date 10/05/2023	Full name of contributor Brigham, Ben Contributor address; City; Stat)		Amount of Contribution (\$)	\$15,000.00
		Austin, TX 78746 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
Date Full name of contributor out-of-state PAC (ID#:_ 12/28/2023 Broaddus, James Contributor address; City; State; Zip Code Austin , TX 78746			Anthem Ventures		Amount of Contribution (\$)	\$5,000.00	
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Broaddus Companies	()		
	Date 10/11/2023	Full name of contributor Butler Snow PAC Contributor address; City; Stat Rigeland, MS 39158	out-of-state PAC (ID#: COC)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		
			L				

	MONEI	ARY POLITICAL CONTRIBUTION	15		SCHEDUL	E A1	
	The Instru	ction Guide explains how to complete this fo	or	m.	1	Total pages Schedule A1: Sch: 4/22 Rpt: 7/113	
2	FILER NAME	ander Oriekter			3	Filer ID (Ethics Commissio	n Filers)
		randon Creighton				00058241	
4	Date 08/31/2023	5 Full name of contributor out-of-state PAC (ID#:_ Caillouet, Charles)	7	Amount of Contribution (\$)	\$25.00
		6 Contributor address; City; State; Zip Code Montgomery, TX 77356					
_	Delegate at a con-	Montgomery, TX 77356	_	Frankrije (Osa kastrijeti sa	<u></u>		
8	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	5)		
	Date	Full name of contributor				Amount of Contribution (\$)	
	11/21/2023	Cantella, Chad					\$5,000.00
	Contributor address; City; State; Zip Code						
Austin, TX 78733							
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Principal			Texas Star Alliance			
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/11/2023	Caywood, Chris					\$1,500.00
	Contributor address; City; State; Zip Code						
		Conroe, TX 77305					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Owner			Automatic L.P. Gas			
	Date	Full name of contributor X out-of-state PAC (ID#: C	C0(0660027		Amount of Contribution (\$)	
	11/01/2023	Conn Appliances, Inc. Employees PAC					\$7,500.00
		Contributor address; City; State; Zip Code					
		Woodlands, TX 77381					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date	Full name of contributor out-of-state PAC (ID#:_)		Amount of Contribution (\$)	
	10/11/2023	Copley, Valerie					\$200.00
	Contributor address; City; State; Zip Code						
	Crosby, TX 77532						
	Principal occupation / Job title (See Instructions) Employer (See Instructions				5)		
	Retired			Retired			

	MONET	ARY POLITICAL CONTRIBUT	IS		SCHEDULE A1	
	The Instruc	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 5/22 Rpt: 8/113
2	FILER NAME Friends of Br	randon Creighton			3	Filer ID (Ethics Commission Filers) 00058241
4	Date 11/01/2023	 Full name of contributor)	7	Amount of Contribution (\$) \$250.00
8	Dringing! goog	Woodlands, TX 77381 pation / Job title (See Instructions)	ام	Employer (See Instructions	<u>,,</u>	
•	Infrastructure			CMC II Consulting LLC	·)	
	Date 12/22/2023	Full name of contributor out-of-state PAC (I Crow, Harlan Contributor address; City; State; Zip Code				Amount of Contribution (\$) \$25,000.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions	?) 	
	Investor	pation / vob title (eee motidetions)		Crow Holdings	"	
	Date 09/25/2023	Full name of contributor	D#:)		Amount of Contribution (\$) \$100.00
	Principal occu	The Woodlands, TX 77382 pation / Job title (See Instructions)		Employer (See Instructions	;)	
	Retired	pation / cos tillo (coo molidotono)		Retired	<i>,</i> ,	
	Date 09/25/2023	Full name of contributor out-of-state PAC (IDarcy, Karen Contributor address; City; State; Zip Code Montgomery, TX 77356)		Amount of Contribution (\$) \$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)	
	Date 08/31/2023	Full name of contributor out-of-state PAC (I Eckstrum, John Contributor address; City; State; Zip Code Montgomery, TX 77356			•	Amount of Contribution (\$) \$200.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)	
			•			

	MONET	ARY POLITICAL (NS		SCHEDU	LE A1	
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 6/22 Rpt: 9/113	
2	FILER NAME Friends of B	randon Creighton			3	Filer ID (Ethics Commission 00058241	on Filers)
4	Date 07/14/2023	5 Full name of contributorFamily Empowerment Co6 Contributor address; City; S			7	Amount of Contribution (\$)	\$15,000.00
_	5	Austin, TX 78734	, I		Ĺ		
8	Principal occu	pation / Job title (See Instructions	;) 	9 Employer (See Instructions	5)		
	Date 09/25/2023	Full name of contributor Fawn, Kenn Contributor address; City; S				Amount of Contribution (\$)	\$250.00
	Principal occu	Magnolia, TX 77354 pation / Job title (See Instructions	<u>.</u>)	Employer (See Instructions	<u>:)</u>		
	Retired	panon / cob ano (coc mondono	,	Retired	-,		
	Date 08/31/2023	Full name of contributor out-of-state PAC (ID#:) Foxworth, Walter Contributor address; City; State; Zip Code		•	Amount of Contribution (\$)	\$1,500.00	
		Dallas, TX 75248					
	Principal occu Chairman	pation / Job title (See Instructions	s) 	Employer (See Instructions Foxworth-Galbraith Lun		r	
	Date 12/29/2023	Full name of contributor Friends Of The University Contributor address; City; S Austin, TX 78763)	•	Amount of Contribution (\$)	\$5,000.00
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	5)		
	Date 11/21/2023	Full name of contributor Fuljenz, Michael Contributor address; City; S Beaumont, TX 77706			•	Amount of Contribution (\$)	\$2,000.00
	Principal occu President	pation / Job title (See Instructions	s)	Employer (See Instructions Universal Coin & Bullior			

	MONET	NETARY POLITICAL CONTRIBUTIONS					SCHEDU	LE A1
	The Instruc	ction Guide explains how	to complete this for	rm		1	Total pages Schedule A1: Sch: 7/22 Rpt: 10/113	
2	FILER NAME Friends of Br	randon Creighton				3	Filer ID (Ethics Commissi 00058241	on Filers)
4	Date 08/31/2023	5 Full name of contributor George, Anthony6 Contributor address; City; St	out-of-state PAC (ID#:			7	Amount of Contribution (\$)	\$10,000.00
8	Principal occur	Spring, TX 77382 pation / Job title (See Instructions	(3)	9 F	Employer (See Instructions	<u> </u>		
	CEO/Founde				-ueltrax	,		
	Date 11/21/2023	Full name of contributor Giglio, Charles Contributor address; City; Si					Amount of Contribution (\$)	\$1,500.00
		Beaumont, TX 77707						
	Principal occu Owner	pation / Job title (See Instructions	s) 		Employer (See Instructions Giglio Distributing)		
	Date 08/31/2023					Amount of Contribution (\$)	\$7,000.00	
		The Woodlands, TX 7738						
	Principal occu President	pation / Job title (See Instructions	s) 		Employer (See Instructions Gonzalez & Associates			
	Date 12/20/2023	Full name of contributor Goodman, Barry Contributor address; City; Si Austin , TX 78732					Amount of Contribution (\$)	\$1,500.00
	Principal occu Professional	pation / Job title (See Instructions	5)		Employer (See Instructions The Goodman Corporati			
	Date 09/25/2023	Full name of contributor Graffagnino, Joyce Contributor address; City; Si Nederland, TX 77527	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$35.00
	Principal occu Retired	pation / Job title (See Instructions	(3)		Employer (See Instructions Retired)		
			-					

	MONET	ARY POLITICAL CONTRI	S		SCHEDUI	LE A1	
	The Instruc	ction Guide explains how to comple	ete this forn	n.	1	Total pages Schedule A1: Sch: 8/22 Rpt: 11/113	
2	FILER NAME Friends of Br	andon Creighton			3	Filer ID (Ethics Commission 00058241	on Filers)
4	Date 12/22/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Houston, TX 77055 pation / Job title (See Instructions)	9	Employer (See Instructions)		
•	Retired	outen your track (coo menusions)		Retired	,		
	Date 09/25/2023	Grayson, Linda Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$100.00
	Principal occu	Magnolia, TX 77352 pation / Job title (See Instructions)	<u> </u>	Employer (See Instructions)		
	Retired	,		Retired	,		
	Date 11/01/2023	Full name of contributor out-of-state Hance Scarborough Law Pac Contributor address; City; State; Zip Code	PAC (ID#:			Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78701					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 11/01/2023	Hance, Kent)		Amount of Contribution (\$)	\$1,000.00
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Hance Scarborough)		
	Date 09/25/2023	Full name of contributor out-of-state Hankamer, Emerson Contributor address; City; State; Zip Code Houston, TX 77057				Amount of Contribution (\$)	\$10,000.00
	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Vactions To Go)		
			l				

	MONET	ARY POLITICAL CONTR	S		SCHEDUI	LE A1	
	The Instruc	ction Guide explains how to comp	olete this form	n.	1	Total pages Schedule A1: Sch: 9/22 Rpt: 12/113	
2	FILER NAME Friends of Bi	randon Creighton			3	Filer ID (Ethics Commission 00058241	on Filers)
4	Date 11/21/2023	 Full name of contributor out-of-st Harper, Alan Contributor address; City; State; Zip Cod)	7	Amount of Contribution (\$)	\$2,000.00
		Arlington, TX 76016					
8	Principal occu CEO	pation / Job title (See Instructions)		Employer (See Instructions Harper Aviation)		
	Date 10/11/2023	Harris, Jeff	tate PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	Spring, TX 77381 pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 08/31/2023	Heathcott, Donald Contributor address; City; State; Zip Cod	tate PAC (ID#:			Amount of Contribution (\$)	\$250.00
		Montgomery, TX 77356 pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 08/31/2023	Hetland, Arden		Retired		Amount of Contribution (\$)	\$1,000.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 08/09/2023	Holmes, Ned	tate PAC (ID#:)		Amount of Contribution (\$)	\$5,000.00
	Principal occu Investor	pation / Job title (See Instructions)		Employer (See Instructions Holmes Investments INC			
			•				

	MONET	ARY POLITICAL C	NS		SCHEDUI	LE A1	
	The Instruc	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 10/22 Rpt: 13/113	
2	FILER NAME Friends of Br	andon Creighton			3	Filer ID (Ethics Commission 00058241	on Filers)
4	Date 11/21/2023	5 Full name of contributor Hruska, Everett6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code		7	Amount of Contribution (\$)	\$100.00
8	Principal occu Retired	Woodlands, TX 77381 pation / Job title (See Instructions)	9	Employer (See Instructions Retired	<u> </u> S)		
	Date 12/22/2023	Full name of contributor JES Holdings LLC - Texas Contributor address; City; Sta			•	Amount of Contribution (\$)	\$2,500.00
	Principal occu	Columbia, MO 65203 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	Date 09/25/2023	Full name of contributor Jenkins, John Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$1,000.00
		Hankamer, TX 77560 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u> s)		
	09/25/2023 Kelley, Trent)		Amount of Contribution (\$)	\$7,000.00
	Principal occu Vice Preside	Houston, TX 77027 pation / Job title (See Instructions) nt		Employer (See Instructions Texas Aromatics	<u> </u> S)		
	Date 08/29/2023	Full name of contributor Kopecky , Johnny Contributor address; City; Sta			•	Amount of Contribution (\$)	\$100.00
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		

	MONET	ARY POLITICAL (CONTRIBUTIO	N	S		SCHEDUI	E A1
	The Instru	ction Guide explains hov	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 11/22 Rpt: 14/113	
2	FILER NAME Friends of B	randon Creighton				3	Filer ID (Ethics Commission 00058241	on Filers)
4	Date 09/25/2023	5 Full name of contributor Kress, Alexander6 Contributor address; City; S	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$500.00
0	Dringing Lagge	Austin, TX 78703			Employer (Co.) Instructions			
8	Consultant	pation / Job title (See Instructions	5)		Employer (See Instructions Akin)		
	Date 12/04/2023	Full name of contributor Lacy, Kevin Contributor address; City; S					Amount of Contribution (\$)	\$2,500.00
	Dringing oggu	Conroe, TX 77304	s) [Employer (See Instructions			
	Retired	pation / Job title (See Instructions	b)		Employer (See Instructions Retired	•)		
	Date 10/11/2023	Full name of contributor Lin, Lisa Contributor address; City; S	out-of-state PAC (ID#:)		Amount of Contribution (\$)	\$1,000.00
		Austin, TX 78759						
	Principal occu CEO	pation / Job title (See Instructions	s) 		Employer (See Instructions Society of Traditonal Me	′	ine and Art	
	Date 11/21/2023	Full name of contributor Linebarger Goggan Blair Contributor address; City; S Austin, TX 78760					Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	()		
	Date 08/14/2023	Full name of contributor Locke Lord LLP Contributor address; City; S Dallas, TX 75201	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions	5)		Employer (See Instructions	<u>,</u>		
			1					

	MONET	ARY POLITICAL CON	ITRIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to c	omplete this form	n.	1	Total pages Schedule A1: Sch: 12/22 Rpt: 15/113	
2	FILER NAME Friends of Br	andon Creighton			3	Filer ID (Ethics Commission 00058241	n Filers)
4	Date 08/31/2023	Mackintosh, Alcy	ut-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	The Woodlands, TX 77381 pation / Job title (See Instructions)	9	Employer (See Instructions)		
	Retired			Retired			
	Date 11/21/2023	Full name of contributor	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$750.00
		Beaumont, TX 77706					
		pation / Job title (See Instructions)		Employer (See Instructions			
	Manager			Wright's Scrap & Recycl	ıng		
	Date 10/11/2023	Full name of contributor on Manor, Mittag Contributor address; City; State; Zi	ut-of-state PAC (ID#: ip Code)		Amount of Contribution (\$)	\$100.00
		Humble, TX 77338					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 09/25/2023	Full name of contributor on Marinelli, Debra Contributor address; City; State; Zi Magnolia, TX 77355	it-of-state PAC (ID#: ip Code			Amount of Contribution (\$)	\$20.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 09/25/2023	Mathews, Mary	ut-of-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
			,				

	MONET	ARY POLITICAL (CONTRIBUTIO	Ν	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how	to complete this fo	rr	n.	1	Total pages Schedule A1: Sch: 13/22 Rpt: 16/113	
2	FILER NAME Friends of Br	randon Creighton				3	Filer ID (Ethics Commission 00058241	n Filers)
4	Date 09/01/2023	5 Full name of contributor Matthews , Tom6 Contributor address; City; St	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$1,000.00
	Dringing Loon	Conroe, TX 77304	. T	_	Employer (Con Instructions			
8	retired	pation / Job title (See Instructions	5)	9	Employer (See Instructions retired	•)		
	Date 09/20/2023	Full name of contributor McCormick, J Phillp Contributor address; City; St)		Amount of Contribution (\$)	\$250.00
	Principal occu	Houston, TX 77025 pation / Job title (See Instructions	;)		Employer (See Instructions	<u> </u>		
	retired	`	,		retired	,		
	Date 12/22/2023	Full name of contributor McGuire, Michael Contributor address; City; St	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$2,000.00
		Dallas, TX 75205						
	Principal occu CEO	pation / Job title (See Instructions	5)		Employer (See Instructions Andrews Distributing C	′	pany	
	Date 09/25/2023	Full name of contributor McMillan, Suzanne Contributor address; City; St Montgomery, TX 77316	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$300.00
	Principal occu Retired	pation / Job title (See Instructions	5)		Employer (See Instructions Retired)		
	Date 08/31/2023	Full name of contributor Moody, Denman Contributor address; City; St Houston, TX 77057	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$50.00
	Principal occu Retired	pation / Job title (See Instructions	s)		Employer (See Instructions Retired)		

	MONET	ARY POLITICAL CONTRIBU	ITION	IS		SCHEDUI	LE A1
	The Instruc	ction Guide explains how to complete t	his for	m.	1	Total pages Schedule A1: Sch: 14/22 Rpt: 17/113	
2	FILER NAME Friends of Br	andon Creighton			3	Filer ID (Ethics Commission 00058241	on Filers)
4	Date 08/31/2023	 Full name of contributor	C (ID#:)	7	Amount of Contribution (\$)	\$100.00
8	Principal occu	Spring, TX 77386	la	Employer (See Instructions	·/		
0	Retired	pation / Job title (See Instructions)	9	Employer (See Instructions Retired	·)		
	Date 11/29/2023	Full name of contributor out-of-state PAC Nash, Jerry Contributor address; City; State; Zip Code)		Amount of Contribution (\$)	\$500.00
	Dringing! goog	Montgomery, TX 77316		Employer (See Instructions	<u></u>		
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	·)		
	Date 12/22/2023	Full name of contributor out-of-state PAC National Cutting Horse Association Texas Contributor address; City; State; Zip Code	Event P			Amount of Contribution (\$)	\$2,500.00
		Fort Worth, TX 76107					
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	s)		
	Date 08/25/2023	Full name of contributor out-of-state PAC Nutkis, Daniel Contributor address; City; State; Zip Code Dallas , TX 75248				Amount of Contribution (\$)	\$5,000.00
	Principal occu Founder/ CE	pation / Job title (See Instructions) O		Employer (See Instructions Hitrust	<u>I</u> 5)		
	Date 12/22/2023	Full name of contributor out-of-state PAC Olverson, Raymond Contributor address; City; State; Zip Code The Woodlands, TX 77382	C (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	s)		
			1				

	MONET	ARY POLITICAL C	ONTRIBUTION	S		SCHEDUI	E A1
	The Instruc	ction Guide explains how	to complete this form	n.	1	Total pages Schedule A1: Sch: 15/22 Rpt: 18/113	
2	FILER NAME Friends of Br	randon Creighton			3	Filer ID (Ethics Commission 00058241	on Filers)
4	Date 11/21/2023	5 Full name of contributor [Pack, Sam6 Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Carrollton, TX 75011 pation / Job title (See Instructions)	lo.	Employer (See Instructions	_		
0	President President	pation / 300 title (See Instructions)	3	Pack Automotive Group			
	Date 08/31/2023	Full name of contributor [Parada, Charles Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Montgomery, TX 77356 pation / Job title (See Instructions)		Employer (See Instructions	<u> </u>		
	Retired			Retired			
	Date 12/22/2023	Full name of contributor [Patel, Kevin Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$5,000.00
		Conroe, TX 77301					
	Principal occu Partner	pation / Job title (See Instructions)		Employer (See Instructions Elite Hospitality Inc.	5)		
	Date 09/25/2023	Full name of contributor Payne, Richard Contributor address; City; Sta Porter, TX 77365	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	()		
	Date 09/25/2023	Full name of contributor Perkins, Kenneth Contributor address; City; Sta Conroe, TX 77305	out-of-state PAC (ID#:te; Zip Code)		Amount of Contribution (\$)	\$150.00
	Principal occu Chiropractor	pation / Job title (See Instructions)		Employer (See Instructions Kenneth M. Perkins DC	5)		
	301.40.01						

	MONET	ARY POLITICAL	CONTRIBUTIO	N	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	v to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 16/22 Rpt: 19/113	
2	FILER NAME Friends of B	randon Creighton				3	Filer ID (Ethics Commission 00058241	on Filers)
4	Date 09/25/2023	5 Full name of contributor Polasek, Theo6 Contributor address; City; S	out-of-state PAC (ID#:_)	7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Montgomery, TX 77356 pation / Job title (See Instruction	s)	9	Employer (See Instructions	 - s)		
	Retired				Retired			
	Date 08/21/2023	Full name of contributor Popolo, Joe Contributor address; City; S					Amount of Contribution (\$)	\$7,500.00
		Dallas , TX 75225						
	Principal occu CEO	pation / Job title (See Instruction	s)		Employer (See Instructions Charles & Potomac Cap		ILLC	
	Date 09/25/2023	Full name of contributor Prater, Penny Contributor address; City; S)	•	Amount of Contribution (\$)	\$100.00
		Tomball, TX 77375				L		
	Attorney (Se	pation / Job title (See Instruction lf)	S)		Employer (See Instructions Chevron (Retired)	S)		
	Date 07/14/2023	Full name of contributor Public Blueprint LLC Contributor address; City; S Austin, TX 78701)		Amount of Contribution (\$)	\$3,000.00
	Principal occu	pation / Job title (See Instruction	s)		Employer (See Instructions	5)		
	Date 11/01/2023	Full name of contributor Roberson, Evan Contributor address; City; S Huntsville, TX 77340	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$250.00
	Principal occu Director	pation / Job title (See Instruction	s)		Employer (See Instructions Tri-County Behavioral H		Ithcare	

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDULE A1
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 17/22 Rpt: 20/113
2	FILER NAME Friends of Br	randon Creighton			3	Filer ID (Ethics Commission Filers) 00058241
4	Date 11/01/2023	5 Full name of contributor Rodriguez, Marc6 Contributor address; City; State	out-of-state PAC (ID#:; Zip Code)	7	Amount of Contribution (\$) \$2,500.00
_	Deirectional	Austin, TX 78701	To To	Farabasa (Ossabastas tisas		
8	Government	pation / Job title (See Instructions) Relations		Employer (See Instructions The Offices of Marc Rog		uez
	Date 12/29/2023	Full name of contributor Rowling, Robert Contributor address; City; State				Amount of Contribution (\$) \$10,000.00
	Principal occu	Dallas, TX 75219 pation / Job title (See Instructions)		Employer (See Instructions	 ;)	
	CEO			TRT Holdings, Inc.		
	Date 08/31/2023	Full name of contributor Schatte, Andrew Contributor address; City; State	out-of-state PAC (ID#: ; Zip Code)		Amount of Contribution (\$) \$5,000.00
	Principal occu	Houston, TX 77005 pation / Job title (See Instructions)		Employer (See Instructions	;) 	
	Managing Pa			Americus Holdings, LTD	′	
	Date 08/31/2023	Full name of contributor Senac, Rusty Contributor address; City; State Beach City, TX 77523	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$) \$100.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)	
	Date 08/31/2023	Full name of contributor Starcke, Charles Contributor address; City; State Beaumont, TX 77706	out-of-state PAC (ID#:; Zip Code)		Amount of Contribution (\$) \$50.00
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired	5)	

	MONET	ARY POLITICAL CONTRIE	BUTION	S		SCHEDULE A1
	The Instruc	ction Guide explains how to complet	te this forr	n.	1	Total pages Schedule A1: Sch: 18/22 Rpt: 21/113
2	FILER NAME Friends of Br	andon Creighton			3	Filer ID (Ethics Commission Filers) 00058241
4	Date 11/02/2023	 Full name of contributor out-of-state Stedman, Stuart Contributor address; City; State; Zip Code 	-)	7	Amount of Contribution (\$) \$25,000.00
8	Principal occu	Houston, TX 77019 pation / Job title (See Instructions)	9	Employer (See Instructions	;)	
_	Investor/Pres			Stedman West Interests		nc.
	Date 08/30/2023	Full name of contributor out-of-state Stodghill, Steven Contributor address; City; State; Zip Code)		Amount of Contribution (\$) \$15,000.00
	Dringinal occur	Dallas , TX 75229 pation / Job title (See Instructions)		Employer (See Instructions	·/	
	Community L			N/A	·)	
	Date 08/31/2023	Full name of contributor	PAC (ID#:)		Amount of Contribution (\$) \$2,500.00
		Dallas, TX 75220			L	
	CEO/Chairm	pation / Job title (See Instructions) an		Employer (See Instructions Susser Bank	5)	
	Date 11/29/2023	Full name of contributor out-of-state Texas Dental Association PAC Contributor address; City; State; Zip Code Austin, TX 78704	-)		Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
	Date 08/14/2023	Full name of contributor out-of-state Texas Lobby Partners LLP Contributor address; City; State; Zip Code Austin, TX 78701	PAC (ID#:			Amount of Contribution (\$) \$2,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)	
			'			

	MONET	ARY POLITICAL C	ONTRIBUTIO	NS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 19/22 Rpt: 22/113	
2	FILER NAME Friends of B	randon Creighton			3	Filer ID (Ethics Commission 00058241	on Filers)
4	Date 12/22/2023	5 Full name of contributor [The Chickasaw Nation6 Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2,500.00
_		Ada, OK 74820					
8	Principal occu	pation / Job title (See Instructions)		9 Employer (See Instructions	;)		
	Date 12/22/2023	Full name of contributor The Williams Companies, I Contributor address; City; Sta Tulsa, OK 74172)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	5)		
	Date 08/31/2023	Full name of contributor [Trapp, Robert Contributor address; City; Sta	out-of-state PAC (ID#:_			Amount of Contribution (\$)	\$500.00
		The Woodlands, TX 77382					
	Principal occu Judge	pation / Job title (See Instructions)		Employer (See Instructions Second Aministrative Ju	•	al Region State of Texas	
	Date 10/11/2023	Full name of contributor Ullrich, James Contributor address; City; Sta Conroe, TX 77301				Amount of Contribution (\$)	\$250.00
	Principal occu Lawyer	pation / Job title (See Instructions)		Employer (See Instructions Self	·)		
	Date 12/04/2023	Full name of contributor Union Pacific Corporation I Contributor address; City; Sta Washington, DC 20005				Amount of Contribution (\$)	\$1,500.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions	()		

	MONET	ARY POLITICAL CONTRIBUTION	ONS	SCHEDULE	A1
	The Instruc	ction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: Sch: 20/22 Rpt: 23/113	
2	FILER NAME Friends of Br	andon Creighton		3 Filer ID (Ethics Commission F 00058241	ilers)
4	Date 10/11/2023	 Full name of contributor	000274431)	7 Amount of Contribution (\$) \$2	2,000.00
		Washington, DC 20004			
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions	ns)	
	Date 09/25/2023	Full name of contributor out-of-state PAC (ID#:_ Verron, Jacques Contributor address; City; State; Zip Code		Amount of Contribution (\$)	\$100.00
	Principal occu	Porter, TX 77365 pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Owner	padotty oob title (ooc matacaons)	Javco Mini Storage Con		
	Date 12/22/2023	Full name of contributor X out-of-state PAC (ID#: C Walmart PAC Contributor address; City; State; Zip Code	00093054	Amount of Contribution (\$) \$2	,500.00
		Bentonville, AR 72716			
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	
	Date 07/14/2023	Full name of contributor out-of-state PAC (ID#:_ Weekley, Richard Contributor address; City; State; Zip Code Houston, TX 77027)		,000.00
	Principal occu Chairman/Cl	pation / Job title (See Instructions)	Employer (See Instructions Texans for Lawsuit Refo		
	Date 11/21/2023	Full name of contributor out-of-state PAC (ID#:_ Wholesale Beer Distributors of Texas PAC Contributor address; City; State; Zip Code Austin, TX 78701		Amount of Contribution (\$)	.,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions	ns)	

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDU	LE A1
	The Instru	ction Guide explains how to	complete this forn	n.	1	Total pages Schedule A1: Sch: 21/22 Rpt: 24/113	
2	FILER NAME Friends of B	andon Creighton			3	Filer ID (Ethics Commissi 00058241	on Filers)
4	Date 12/04/2023	 Full name of contributor			7	Amount of Contribution (\$)	\$20,000.00
ρ	Principal occu	Beaumont, TX 77705 pation / Job title (See Instructions)	la la	Employer (See Instructions			
_	Date 09/25/2023		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$100.00
		Contributor address; City; State; 2 Montgomery, TX 77356					
	Principal occu Retired	pation / Job title (See Instructions)		Employer (See Instructions Retired)		
	Date 08/31/2023	Full name of contributor	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$500.00
	Drincinal occu	Beaumont, TX 77706 pation / Job title (See Instructions)		Employer (See Instructions			
	Retired	pation 7 300 title (See Instituctions)		Retired	,		
	Date 11/21/2023	Full name of contributor)		Amount of Contribution (\$)	\$1,500.00
	Principal occu President	pation / Job title (See Instructions)		Employer (See Instructions Wright's Scrap & Recycl		 	
	Date 09/25/2023	Full name of contributor Zahar, Kieth Contributor address; City; State; Z	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00
	Principal occu Owner	pation / Job title (See Instructions)		Employer (See Instructions The Big Store)		
			,				

09/25/2023 Zollers, Max 6 Contributor address; City; State; Zip Code Groves, TX 77619	SCHEDULE A1
Friends of Brandon Creighton 4 Date	1 Total pages Schedule A1: Sch: 22/22 Rpt: 25/113
09/25/2023 Zollers, Max 6 Contributor address; City; State; Zip Code Groves, TX 77619 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	3 Filer ID (Ethics Commission Filers) 00058241
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instru	_) 7 Amount of Contribution (\$) \$50.0
Relife Relife	octions)

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica 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)
	Sch: 1/87 Rpt: 26/113	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	08/15/2023	AT&T
6	Amount (\$) \$206.28	7 Payee address; City; State; Zip Code 2952 IH 45 N
	Ψ200.20	2002 111 40 10
		Conroe, TX 77304
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign phone bill.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
		·
	Date	Payee name
	07/17/2023	AT&T
	Amount (\$)	Payee address; City; State; Zip Code
	\$206.90	2952 IH 45 N
		Conroe, TX 77304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign phone bill.
		Campaign phone bill.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davida marea
	Date 10/16/2023	Payee name AT&T
		- 1 × 1 × 1 × 1
	Amount (\$)	Payee address; City; State; Zip Code
	\$216.31	2952 IH 45 N
		Conroe, TX 77304
	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Campaign phone bill.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Gift/ mittee Lega	Awards/Memorials Exp Services Instruction Guide			oens ages	se s/Contract Labor		Travel Out of Dis OTHER (enter a	
1	Total pages Cabadula F1:	12 -	FILER NAME	- mstruction Guide	e explains ii	low to con	ipic	ste tills form.	3	Filor ID	(Ethics Commission Filers)
_	Total pages Schedule F1: Sch: 2/87 Rpt: 27/113	l		don Creighton					•	Filer ID 00058241	(Ethics Commission Filers)
_	·	_								00030241	
4	Date	l .	Payee name								
	09/15/2023		4T&T								
6	Amount (\$)	l	Payee address;	City;	State;	Zip Coo	de				
	\$216.31	2	2952 IH 45 N								
			Conroe, TX 77	304							
8	PURPOSE	(a) (Category (See Ca	tegories listed at the to	op of this sche	edule)	(b)	Description			
	OF EXPENDITURE	0	Office Overhea	d/Rental Exper	nse			_			plete Schedule T.
	EXI ENDITORE							ш		, officeholder living	g expense
								Campaign ph	1011	e bili.	
_											
9	Complete ONLY if direct expenditure to benefit C/O		andidate/Officeh	older name	Ot	office soug	jht			Office he	eld
	Date	F	Payee name								
	12/15/2023	4	AT&T								
	Amount (\$)	F	Payee address;	City;	State;	Zip Cod	de				
	\$216.45	2	2952 IH 45 N								
		C	Conroe, TX 77	304							
	PURPOSE OF	(a) (Category (See Ca	tegories listed at the to	op of this sche	edule)	(b)	Description			
	EXPENDITURE		Office Overhea	d/Rental Exper	nse			=		ide of Texas. Com , officeholder living	plete Schedule T.
								Campaign ph			g expense
								Campaign pi	1011	C Dill.	
	Complete ONLY if direct		andidate/Officeh	older name	01	office soug	tht			Office he	ald
	expenditure to benefit C/Ol		andidate/Officer	Jidel Hame	O	mice soug	,,,,			Office fit	ciu
_	Date		Davias nama								
	11/15/2023	l .	Payee name AT&T								
				Cit- ··	Ctst-	7: 0:	16				
	Amount (\$)	l	Payee address;	City;	State;	Zip Cod	ıе				
	\$216.45	2	2952 IH 45 N								
		L (Conroe, TX 77	3U4							
	PURPOSE OF			tegories listed at the to		edule)	(b)	Description			
	EXPENDITURE	(Office Overhea	d/Rental Exper	nse					ide of Texas. Com , officeholder living	plete Schedule T.
								Campaign ph			g expense
								Sampaign pr	.011	C Dill.	
	Complete ONLY if direct		andidate/Officeh	older name	<u></u>	office soug	ıh+			Office he	ald
	expenditure to benefit C/O		andidate/OfficeH	Jiuci Haille	O	mice Soul	jiit			Onice He	ziu .

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (order a category pet listed above)

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries/		OTHER (enter a category not listed above)				
1	Total pages Schedule F1:	2 FILER NAM	<u> </u>				3	Filer ID	(Ethics Commission Filers)	
	Sch: 3/87 Rpt: 28/113	Friends of	Brandon Creighton					00058241		
4	Date	5 Payee name								
	12/06/2023	Amazon								
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$400.00	434 Terry <i>A</i>	Avenue North							
		Seattle, W	A 98109							
8	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Gift/Awards	s/Memorials Expens	se		_		de of Texas. Com officeholder living	plete Schedule T.	
						Senate staff (
								9		
9	Complete ONLY if direct		iceholder name	Office so	<u>I</u> ught			Office he	eld	
	expenditure to benefit C/OI	H 								
	Date	Payee name								
	08/29/2023	Amazon								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$219.03	434 Terry A	Avenue North							
		Seattle, W	N 98109							
	PURPOSE OF		ee Categories listed at the to		(b)	Description				
	EXPENDITURE	Office Over	head/Rental Expen	se		<u></u>		de of Texas. Com officeholder living	plete Schedule T. g expense	
						Supplies for A			,	
	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	ught			Office he	eld	
	expenditure to benefit C/OI	Н								
	Date	Payee name								
	08/30/2023	Amazon								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$65.00	434 Terry A	Avenue North							
		Seattle, W	N 98109							
	PURPOSE	(a) Category (S	ee Categories listed at the to	p of this schedule)	(b)	Description				
	OF EXPENDITURE	Office Over	head/Rental Expen	se		ш			plete Schedule T.	
						Supplies for A		officeholder living	g expense	
						Supplies for F	ıus	an onice.		
_	Complete ONLY if direct	Candidate/Off	iceholder name	Office so	<u>l</u> ught			Office he	eld	
	expenditure to benefit C/OI									
_										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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 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)
	Sch: 4/87 Rpt: 29/113	Friends of Brandon Creighton	00058241
4	Date	5 Payee name	
	09/06/2023	Amazon	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$65.00	434 Terry Avenue North	
		Seattle, WA 98109	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXI ENDITORE		n, TX, officeholder living expense
		Supplies for	Austin office.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
9	Complete ONLY if direct expenditure to benefit C/OH		Office field
_			
	Date	Payee name	
	10/24/2023	Amazon	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$23.80	434 Terry Avenue North	
		Seattle, WA 98109	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overficad/Nertial Experise	outside of Texas. Complete Schedule T.
			n, TX, officeholder living expense Austin office.
		Зиррисэ ю	Additi office.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	· · · · · · · · · · · · · · · · · · ·	Chiec Hela
-	Date	Davisa nama	
	11/20/2023	Payee name Amazon	
	Amount (\$) \$145.74	Payee address; City; State; Zip Code 434 Terry Avenue North	
	φ145.74	454 Telly Avellue North	
		C	
		Seattle, WA 98109	
	PURPOSE OF	(a) Category (see Categories listed at the top of this schedule) (b) Description	outside of Texas. Complete Schedule T.
	EXPENDITURE	Onice Overneau/Nentai Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
			Austin office.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OF		

SCHEDULE F1

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/Wages/Contract Labor

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 5/87 Rpt: 30/113	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	12/06/2023	Amazon
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$86.16	434 Terry Avenue North
		Seattle, WA 98109
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for Austin office.
		Supplies for Austri office.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
H	Date	Payee name
	07/05/2023	Amli On 2nd
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,542.59	425 W 3rd St.
	Ψ4,542.55	425 W 31d 3t.
		Auctin TV 79701
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Officeholder Austin apartment.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	08/03/2023	Amli On 2nd
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,578.34	425 W 3rd St.
	, ,	
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPENDITORE	X Check if Austin, TX, officeholder living expense
		Officeholder Austin apartment.
	0 1 0 0 0 0 0 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		nmittee Leg	Awards/Memorials E al Services e Instruction Gui	•		ages.	/Contract Labor		Travel Out of Di OTHER (enter a	strict a category not listed a	above)
-	Total pages Cabadula 54:	12			- 1		,	1	2	Filor ID	(Ethios Commis	sion Filers)
1	Total pages Schedule F1:	ı		-d 0 - 1 - 1 - 1	_				3	Filer ID	(Ethics Commis	Sion Filers)
	Sch: 6/87 Rpt: 31/113		Friends of Brai	naon Creighto	n 					00058241		
4	Date	5	Payee name									
	09/06/2023		Amli On 2nd									
6	Amount (\$)	7	Payee address;	City;	State:	Zip Co	de					
	\$4,601.81	ı	425 W 3rd St.		•	·						
	+ .,002.02		0 0 0									
			Austin TV 707	01								
			Austin, TX 787	01								
8	PURPOSE		Category (See C			edule)	(b)	Description				
	OF EXPENDITURE		Office Overhea	d/Rental Exp	ense			=			plete Schedule T.	
								_		officeholder living		
								Officeholder A	าน	σωτ αματιπίθ	iit.	
Ļ												
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate/Officeh	older name	O	ffice sou	ght			Office h	eld	
	experientere to benefit over											
	Date		Payee name									
	10/03/2023		Amli On 2nd									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$4,620.37		425 W 3rd St.									
	. ,											
			Auctin TV 707	01								
		├	Austin, TX 787			1						
	PURPOSE OF		Category (See C			edule)	(b)	Description				
	EXPENDITURE		Office Overhea	nd/Rental Exp	ense			Check if travel of X Check if Austin,			plete Schedule T.	
								Officeholder A				
								JIIIOCHOIGEI A	ius	apartine		
\vdash	Complete ONLY if direct		Candidate/Office	oldor nomo		effice com	abt			Office h	old	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Officeh	oluei Haille	O	ffice sou	ynt			Onice n	c iu	
		_										
	Date	ı	Payee name									
	11/03/2023		Amli On 2nd									
	Amount (\$)		Payee address;	City;	State;	Zip Co	de					
	\$2,156.78		425 W 3rd St.									
			Austin, TX 787	01								
	PURPOSE	 					(h)	Doccription				
	OF		Category (See C Office Overhea			edule)	(U)	Description Check if travel of	outsi	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		Onice Overnea	ıu/πεπιαι Εχβί	EI ISC			ш		officeholder living		
								Officeholder A				
										•		
-	Complete ONLY if direct		Candidate/Officeh	older name	O:	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O						J					

SCHEDULE F1

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 (Contract Labor,

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 7/87 Rpt: 32/113	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	11/13/2023	Amli On 2nd
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$224.13	425 W 3rd St.
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Officeholder Austin apartment.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiditure to benefit C/Oi	1
	Date	Payee name
	12/05/2023	Amli On 2nd
	Amount (\$)	Payee address; City; State; Zip Code
	\$4,031.63	425 W 3rd St.
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. X Check if Austin, TX, officeholder living expense
		Officeholder Austin apartment.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	expenditure to benefit Groi	<u>'</u>
	Date	Payee name
	07/01/2023	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$3,903.10	1920 McKinney Ave.
		7th Floor
		Dallas, TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Online fees (7/1/23- 12/31/23)
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experiorure to berient C/OI	1

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (output a category not listed above)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
-	Total pages Cabadula 54:	· · · · · · · · · · · · · · · · · · ·
1	Total pages Schedule F1: Sch: 8/87 Rpt: 33/113	2 FILER NAME Friends of Brandon Creighton 3 Filer ID (Ethics Commission Filers) 00058241
4	Date	5 Payee name
	08/14/2023	Apple Inc.
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,297.92	1201 Lake Woodlands Dr
		The Woodlands, TX 77381
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign phone replacement.
<u> </u>	0 1. 5	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/09/2023	Apricity Foundation
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	2257 N. Loop 336
		Ste. 140
		Conroe, TX 77304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation for organization event.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/25/2023	Baradaran, Shiva
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.00	1835 Woodland Field Crossing
		Apt. 495
		The Woodlands, TX 77380
	PURPOSE	In.
	OF	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Mileage reimbursement for 80 miles @ \$0.50 per
		mile not reimbursed by the state.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Servi				/ages	ete this form.			Out of Dis R (enter a	strict a category not listed above)	
_	Total nagge Celestric Ed	1-	Ell ED MANA			- 0.0101110			1	_	File - 1	<u> </u>	(Ethios Commission Files)	_
	Total pages Schedule F1:				0					3			(Ethics Commission Filers)	
	Sch: 9/87 Rpt: 34/113	L	Friends of E	srandon	Creighton						0005	8241		
4	Date	5	Payee name											
	09/08/2023		Baradaran,	Shiva										
6	Amount (\$)	7	Payee addre	ss; C	ity;	State	; Zip Co	de						
	\$183.00		1835 Wood	•	•		•							
			Apt. 495			_								
			•	ndo TV	77200									
L		_	The Woodla											
8	PURPOSE OF	(a)	Category (S		es listed at the t	top of this sch	nedule)	(b)	Description					
	EXPENDITURE		Travel In Di	strict					=				plete Schedule T.	
									Check if Austin				366 miles @ \$.50 per	
									mile not reim					
_	Complete ONLY if direct	Ц	Candidate /Off	ookold	nomo		Office com	ab+						
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	cenoider	name	(Office sou	ynt			C	office he	eıu	
L		_												
	Date		Payee name											
	11/02/2023		Baradaran,	Shiva										
	Amount (\$)		Payee addre	ss; C	ity;	State	; Zip Co	de						
	\$102.00		1835 Wood	land Fie	ld Crossin	g								
			Apt. 495											
			The Woodla	ands TY	77320									
	DUDDOCE	(-)						/L\						
	PURPOSE OF	(a)	Category (S		es listed at the t	top of this sch	nedule)	(a)	Description	outo:	do of To	vac Co	anloto Schodulo T	
	EXPENDITURE		Travel In Di	strict					Check if Austin				nplete Schedule T. g expense	
									_				204 miles @ \$0.50 per	
									mile not reim					
	Complete ONLY if direct		Candidate/Offi	ceholder	name	(Office sou	ght			C	Office he	eld	
	expenditure to benefit C/OI	П												
	Date		Payee name											
	11/02/2023		Baradaran,	Shiva										
	Amount (\$)	H	Payee addre	ss; C	ity;	State	; Zip Co	de						
	\$179.00		1835 Wood					-						
	+ 2.0.00		Apt. 495			5								
			•	ando TY	77200									
			The Woodla											
	PURPOSE OF	(a)	Category (S		es listed at the t	top of this sch	nedule)	(b)	Description					
	EXPENDITURE		Travel In Di	strict					Check if travel of Check if Austin				plete Schedule T.	
									_				358 miles @ \$.50 per	
									mile not reim					
	Complete ONLY if direct	Ц	Candidate/Offi	coholder	name		Office sou	ab+				Office he	-	
	expenditure to benefit C/OI		oanuluale/OIII	cenoluer	name	(Jilice Sou	ynı			C	nnce ne	ciu	
	•													
_														

SCHEDULE F1

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		nmittee	Food/Beverage Expense Gift/Awards/Memorials Ex Legal Services The Instruction Guid			xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)
L	Sch: 10/87 Rpt:		Friends of E	Brandon Creighton	1				L	00058241	
4	Date	5	Payee name								
	12/11/2023		Baradaran,	Shiva							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	ode				
	\$216.50		1835 Wood	land Field Crossin	ng						
			Apt. 495								
			The Woodla	ands, TX 77380							
8	PURPOSE	(a)	Category (Se	ee Categories listed at the	ton of this sche	edule)	(b)	Description			
	OF EXPENDITURE	` '	Travel In Di		top or this some	sudic)			outsi	de of Texas. Com	plete Schedule T.
	EXPENDITORE							_		officeholder living	
								mile not reimi			133 miles @ \$0.50 per
<u>_</u>	Operation ONE V. C. F.	<u> </u>	Name all all all all all all all all all al			vec:					
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name		office sou	ıght			Office he	eld
	Date		Payee name								
	10/23/2023		Bartlett's								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	ode				
	\$222.88		2408 W And	derson Ln.							
			Austin, TX 7	78757							
	PURPOSE	(a)	Category (Se	ee Categories listed at the	top of this sche	edule)	(b)	Description			
	OF EXPENDITURE			age Expense				=		de of Texas. Com	
	ZA ZABITORZ							_		officeholder living	
								Meeting to us	SCu	133 01116611010	der/candidate issues.
_	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name		Office sou	laht			Office he	ald.
	expenditure to benefit C/O		za. raradio/OIII	os.loidoi ildiilo			-9·11			Omoc ne	
⊨	Date		Dayoo nama								
	08/09/2023		Payee name	& Associates							
		_			Ctata	7in O	nd c				
	Amount (\$) \$2,500.00		Payee addres	•	Siale;	Zip Co	Jue				
	φ2,500.00		1 Greenway	η Γιαζα							
			Houston, T	K 77007							
	PURPOSE OF	(a)		ee Categories listed at the	top of this sche	edule)	(b)	Description			
	EXPENDITURE		Consulting I	Expense						de of Texas. Com officeholder living	
								Political camp			, одрение
										,	
	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	ıght			Office he	eld
	expenditure to benefit C/OI						J				

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (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 complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 11/87 Rpt:	Friends of Brandon Creighton 00058241							
4	Date	5 Payee name							
	09/05/2023	Blakemore & Associates							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2,500.00	1 Greenway Plaza							
		Houston, TX 77007							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense							
		Political campaign services.							
_	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held							
9	Complete ONLY if direct expenditure to benefit C/OI								
	Date	Payee name							
	09/05/2023	Blakemore & Associates							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$5,000.00	1 Greenway Plaza							
		Houston, TX 77007							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.							
		Check if Austin, TX, officeholder living expense Political campaign services.							
		Folitical campaign services.							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								
	Data								
	Date 11/06/2023	Payee name Blakemore & Associates							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2,500.00	1 Greenway Plaza							
		Houston, TX 77007							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
		Political campaign services.							
		. Sindan Sampangin So. 11885.							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:		ers)
_	Sch: 12/87 Rpt:	Friends of Brandon Creighton 3 Filer ID (Ethics Commission File of the Commission File of	
4	Date	5 Payee name	
	12/04/2023	Blakemore & Associates	
6	Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 1 Greenway Plaza	
		Houston, TX 77007	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Political campaign services.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	H	
	Date	Payee name	
	11/22/2023	Brett Ligon Campaign	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	P.O. Box 805	
		Montgomery, TX 77356	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Donation to organization annual	
		fundraiser.	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	08/17/2023	CVS	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$522.51	3890 Phelan Blvd	
		Beaumont, TX 77707	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Supplies for Austin office.	
		Supplies for Austin Office.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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		nmittee	Food/Beverage Expens Gift/Awards/Memorials Legal Services The Instruction Gu	Expense		xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	trict category not listed above)	
1	Total pages Schedule F1:	2							3	Filer ID	(Ethics Commission Filers)
	Sch: 13/87 Rpt:		Friends of E	randon Creighte	on ————					00058241		
4	Date	5	Payee name									
	08/23/2023		CVS									
6	Amount (\$)	7	Payee addres		State;	Zip Co	ode					
	\$279.00		3890 Phela	n Blvd								
			Beaumont,	TX 77707								
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Office Over	nead/Rental Exp	oense			=		de of Texas. Comp officeholder living		
								Supplies for A			expense	
9	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	<u>I</u> ight			Office he	eld	
_	5 .	_										
	Date 08/23/2023		Payee name	nn.								
			Canales, Iva		01-1	7: 0-						
	Amount (\$) \$370.00		Payee addres	, ,,	State;	Zip Co	oae					
	Φ370.00			aik Di.								
			Apt. #6307	77204								
	DUDDOCE	(-)	Conroe, TX				(1-)					
	PURPOSE OF	(a)	Travel In Di	ee Categories listed at th	ne top of this sch	edule)	(D)	Description Check if travel of	outsio	de of Texas. Comp	olete Schedule T.	
	EXPENDITURE		Havel III DI	Strict						officeholder living		
								Mileage reimb mile not reimb			'40 miles @ \$0.50 pe tate.	r
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ight			Office he	eld	
	Date		Payee name									
	10/16/2023		Canales, Iva	an								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	ode					
	\$222.00		300 Town F	ark Dr.								
			Apt. #6307									
			Conroe, TX	77304								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Travel Out	of District						de of Texas. Comp		
								_		officeholder living sement for 4	expense 144 miles @ \$0.50 pe	r
								mile not reimb				'
_	Complete ONLY if direct		Candidate/Offi	ceholder name	C	Office sou	<u>l</u> ight			Office he	eld	
	expenditure to benefit C/O				_		J					

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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			nmittee	Food/Beverage Exper Gift/Awards/Memorials Legal Services The Instruction G	ls Expense		xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2	FILER NAME	<u> </u>					3	Filer ID	(Ethics Commission Filers)
	Sch: 14/87 Rpt:		Friends of E	Brandon Creigh	ton					00058241	
4	Date	5	Payee name								
	10/26/2023		Canales, Iv	an							
6	Amount (\$)	7	Payee addre	ess; City;	State	; Zip Co	de				
	\$306.00		300 Town F	Park Dr.							
			Apt. #6307								
			Conroe, TX	77304							
8	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Travel In Di					=		de of Texas. Comp	
								ш		officeholder living sement for 6	expense 612 miles @ \$0.50 per
								mile not reim			
9	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	iceholder name	(Office sou	ght			Office he	eld
H	Date	$\overline{\Box}$	Payee name				_		_		
	07/05/2023	1	Canales, Iv								
H	Amount (\$)	₩	Payee addre		State	; Zip Co	de				
	\$3,000.00	1	300 Town F			, 50	-				
	,	1	Apt. #6307								
		1	Conroe, TX	77304							
	PURPOSE	(a)	Category (Si	ee Categories listed at	the top of this sch	nedule)	(b)	Description	—		
	OF EXPENDITURE			ages/Contract L		,		Check if travel of		de of Texas. Comp	
								Check if Austin, Staff salary.	, TX,	officeholder living	expense
								Julia y.			
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	iceholder name	(Office sou	ght			Office he	eld
	Date	Γ	Payee name				_		_		
	12/18/2023		Capitol Gift	Shop			_		_		
	Amount (\$)	1	Payee addre	-	State	; Zip Co	de				
	\$27.06		1400 Congi	ress							
			Austin, TX	78704							
	PURPOSE	(a)	Category (S	ee Categories listed at	the top of this sch	nedule)	(b)	Description			
	OF EXPENDITURE		Gift/Awards	s/Memorials Exp	oense			ш		de of Texas. Comp officeholder living	
								Constituent g			опропос
								··· 9			
	Complete ONLY if direct expenditure to benefit C/Oh		Candidate/Offi	iceholder name	(Office sou	ght			Office he	eld

SCHEDULE F1

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 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
OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 15/87 Rpt:	FILER NAME Friends of Brandon Creighton	3 Filer ID (Ethics Commission Filers) 00058241
4	Date 12/18/2023	5 Payee name Capitol Gift Shop	<u>'</u>
6	Amount (\$) \$441.66	7 Payee address; City; State; Zip Code 1400 Congress	
8	PURPOSE OF EXPENDITURE	Austin, TX 78704 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Constituent gifts.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 07/13/2023	Payee name Capitol Grille	
	Amount (\$) \$494.03	Payee address; City; State; Zip Code 117 W 4th St. Austin, TX 78701	
	PURPOSE OF EXPENDITURE	T	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss officeholder/candidate issues.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 10/25/2023	Payee name Carve American Grille	
	Amount (\$) \$299.52	Payee address; City; State; Zip Code 2613 Perseverance Dr	
		Austin , TX 78731	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss officeholder/candidate issues.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Comm Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
-	Sch: 16/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	11/06/2023	Central Market
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$282.59	4001 N Lamar Blvd
		Austin , TX 78756
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		Supplies for Austin office.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/13/2023	Chambers County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$20.00	PO Box 519
	Ψ20.00	FO BOX 319
		Anahuac, TX 77514
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXI ENDITORE	Candidate/Officeholder/Political Committee
		Contribution for organization event.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experialitate to beliefit C/O	'
	Date	Payee name
	11/22/2023	Chambers County Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$460.00	PO Box 519
	*	
		Anahuac, TX 77514
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	EXPENDITORE	Candidate/Officeholder/Political Committee
		Donation to organization annual
L		fundraiser.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committ Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services		Salaries/W		e /Contract Labor		OTHER (enter	a category not listed	l above)
	Credit Card F dyment			The Instruction Gu	ıide explains ho	w to cor	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 17/87 Rpt:		Friends of B	randon Creight	on					00058241		
4	Date	5	Payee name									
	09/18/2023			s South America	an Grill							
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$326.48		1660 W Lak	e Houston Pkw	у,							
			Kingwood ,	TX 77339								
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE			age Expense	·			=			mplete Schedule T.	
	LAFENDITORE							—		officeholder livir		
								Meeting to dis	scu	iss officeho	lder/candidate	e issues.
_		L			- co					- m		
9	Complete ONLY if direct expenditure to benefit C/O		Jandidate/Offic	ceholder name	Offi	ice sou	ght			Office h	ieid	
	·	_										
	Date		Payee name									
	09/22/2023		Chuys									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$210.35		1728 Bartor	n Springs								
			Austin, TX 7	'8704								
	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne top of this schedu	ule)	(b)	Description				
	OF EXPENDITURE		Food/Bever	age Expense				=			mplete Schedule T.	
								Meeting to dis		officeholder livir		ın iccuoc
								Meeting to dis	Scu	iss dilicerio	idei/ campaig	jii issues.
	Complete ONLY if direct	<u> </u>	Candidate/Offi	ceholder name	Offi	ice sou	aht			Office h	neld	
	expenditure to benefit C/O		Janaraato, Om	ocholder hame	0	.00 004	9110			0111001	ioia	
_	Date	Г	Doves name									
	12/19/2023		Payee name Comcast									
				Cit ::	Ctata	Zin Co	al a					
	Amount (\$) \$175.66		Payee addres	•	State;	ZIP CO	ue					
	Φ175.00		1701 301111 F	Kennedy Blvd.								
			BUT INTO	DA 40400								
			Philadelphia									
	PURPOSE OF	(a)		ee Categories listed at th		ule)	(b)	Description	outoi.	do of Toyon Co	nplete Schedule T.	
	EXPENDITURE		Office Over	nead/Rental Exp	oense					officeholder livir		
								Cable for The				
	Complete ONLY if direct		Candidate/Offi	ceholder name	Offi	ice sou	ght			Office h	neld	
	expenditure to benefit C/O					·						
I												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 18/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	11/20/2023	Comcast
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$175.66	1701 John F Kennedy Blvd.
		Philadelphia, PA 19103
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Cable for The Woodlands District office.
		Gasie idi Tile Woodia ila Biolist Gillet
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	10/19/2023	Comcast
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.66	1701 John F Kennedy Blvd.
		Philadelphia, PA 19103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Cable for The Woodlands District office.
		Gasie iei The Weedianas Biolist emee.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	09/19/2023	Comcast
	Amount (\$)	Payee address; City; State; Zip Code
	\$175.66	1701 John F Kennedy Blvd.
	φ115.00	1701 30mm Refiniedy bivu.
		Philadelphia DA 10103
	BUDE 2 2 -	Philadelphia, PA 19103
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Cable for The Woodlands District office.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solarios (Contract Labor,

t Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a extension pat listed above)

Credit Card Payment	The Instruction Guide explains how to co	-	ete this form.
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 19/87 Rpt:	Friends of Brandon Creighton		00058241
4 Date	5 Payee name		•
08/21/2023	Comcast		
6 Amount (\$)	7 Payee address; City; State; Zip C	ode	
\$175.66	1701 John F Kennedy Blvd.		
	Philadelphia, PA 19103		
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
LAI LIIDITORE			Check if Austin, TX, officeholder living expense
			Cable for The Woodlands District office.
2 Octobrilete ONII V if diseast	Oscalidate (Office hedden a second		Office health
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soil	ugnt	Office held
·			
Date	Payee name		
07/19/2023	Comcast		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$175.66	1701 John F Kennedy Blvd.		
	Philadelphia, PA 19103		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Office Overhead/Rental Expense		Check if travel outside of Texas. Complete Schedule T.
LXI LINDITORL			Check if Austin, TX, officeholder living expense
			Cable for The Woodlands District office.
Operation ONLY if direct	Oscalidate (Office helder a series		Office held
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soil	ugnt	Office held
Date	Payee name		
10/11/2023	Elegant Le Fleur		
Amount (\$)	Payee address; City; State; Zip C	ode	
\$320.08	2443 FM 1488 Road		
	#805		
	Conroe, TX 77384		
PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
OF EXPENDITURE	Gift/Awards/Memorials Expense		Check if travel outside of Texas. Complete Schedule T.
LAFLINDITORL			Check if Austin, TX, officeholder living expense
			Constituent gifts.
Operated ONE YOUR	Operation of the second	1	0" 111
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office soi	ught	Office held

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 20/87 Rpt:	2 FILER NAME Friends of Brandon Creighton 3 Filer ID (Ethics Commission Filers) 00058241
4	Date 10/02/2023	5 Payee name Erben & Yarbrough
6	Amount (\$) \$600.00	7 Payee address; City; State; Zip Code 807 Brazos St. Austin , TX 78701
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign legal fees.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/31/2023	Payee name Facebook
	Amount (\$) \$100.00	Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online political advertising.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 10/31/2023	Payee name Facebook
	Amount (\$) \$82.85	Payee address; City; State; Zip Code 1601 Willow Road Menlo Park, CA 94025
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online political advertising.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 21/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	10/31/2023	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$130.00	1601 Willow Road
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online political advertising.
		Crimic political develusing.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	the state of the s
F	Date	Payee name
	07/03/2023	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$352.54	1601 Willow Road
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online political advertising.
		Offiline political advertising.
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	07/17/2023	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$900.00	1601 Willow Road
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Online political advertising.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 22/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	12/01/2023	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$669.96	1601 Willow Road
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online political advertising.
		Crimic political advertising.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
Г	Date	Payee name
	11/01/2023	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$28.87	1601 Willow Road
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online political advertising.
		Offiline political advertising.
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/01/2023	Facebook
	Amount (\$)	Payee address; City; State; Zip Code
	\$399.94	1601 Willow Road
		Menlo Park, CA 94025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Online political advertising.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
\vdash		

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to com	ple	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 23/87 Rpt:	Friends of Brandon Creighton		00058241
4	Date	5 Payee name		
	11/01/2023	Facebook		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$699.98	1601 Willow Road		
_		Menlo Park, CA 94025		
8	PURPOSE OF	,	b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense		Check if Austin, TX, officeholder living expense
				Online political advertising.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ht	Office held
	experientare to benefit 6/01	'		
	Date	Payee name		
	10/02/2023	Facebook		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$247.92	1601 Willow Road		
		Menlo Park, CA 94025		
	PURPOSE OF	,	b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Online political advertising.
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	08/01/2023	Facebook		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$471.64	1601 Willow Road		
		Menlo Park, CA 94025		
	PURPOSE OF	, , , , , , , , , , , , , , , , , , , ,	b)	Description
	EXPENDITURE	Advertising Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
				Online political advertising.
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/Ol	1		

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 24/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	10/18/2023	Facebook
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$900.00	1601 Willow Road
		Menlo Park, CA 94025
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online political advertising.
		Offilite political advertising.
_	0 1: 0 11 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2023	Fairmont Dallas
	Amount (\$)	Payee address; City; State; Zip Code
	\$311.37	1717 N Akard St
		Dallas , TX 75201
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Hotel expense for campaign meeting.
		Hotel expense for eampaign meeting.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/03/2023	Fedex
	Amount (\$)	Payee address; City; State; Zip Code
	\$35.47	1304 W. Davis St.
		Conroe, TX 77304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Campaign/ officeholder shipping expense.
	0 1. 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Oriana.o to borioni O/Oi	

SCHEDULE F1

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 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 OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comple	ete this form.
1	Total pages Schedule F1: Sch: 25/87 Rpt:	FILER NAME Friends of Brandon Creighton	3 Filer ID (Ethics Commission Filers) 00058241
4		5 Payee name Fedex	L
6	Amount (\$) \$35.94	7 Payee address; City; State; Zip Code 1304 W. Davis St.	
8	PURPOSE OF EXPENDITURE	Conroe, TX 77304 (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/ officeholder shipping expense.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/05/2023	Payee name Fedex	
	Amount (\$) \$36.55	Payee address; City; State; Zip Code 1304 W. Davis St. Conroe, TX 77304	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/ officeholder shipping expense.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	Date 09/08/2023	Payee name Fedex	
	Amount (\$) \$49.35	Payee address; City; State; Zip Code 1304 W. Davis St.	
		Conroe, TX 77304	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/ officeholder shipping expense.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
_	Sch: 26/87 Rpt:	
4	Date	5 Payee name
	09/29/2023	Fedex
6	Amount (\$) \$36.94	7 Payee address; City; State; Zip Code 1304 W. Davis St.
		Conroe, TX 77304
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/ officeholder shipping expense.
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/02/2023	Fedex
	Amount (\$)	Payee address; City; State; Zip Code
	\$30.17	1304 W. Davis St.
		Conroe, TX 77304
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/ officeholder shipping expense.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/27/2023	Fedex
	Amount (\$) \$29.79	Payee address; City; State; Zip Code 1304 W. Davis St.
		Conroe, TX 77304
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign/ officeholder shipping expense.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 27/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	12/18/2023	Fedex
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$29.67	1304 W. Davis St.
		Conroe, TX 77304
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign/ officeholder shipping expense.
		Campaign oncenduel shipping expense.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_	Data	
	Date	Payee name
	12/29/2023	Fedex
	Amount (\$)	Payee address; City; State; Zip Code
	\$39.89	1304 W. Davis St.
		Conroe, TX 77304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Compaign/ officeholder shipping expense
		Campaign/ officeholder shipping expense.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	
	Date 12/04/2023	Payee name
		Google
	Amount (\$)	Payee address; City; State; Zip Code
	\$153.50	1600 Amphitheatre Parkway Mountain
		View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Online political advertising.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

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.					
_	Total marca Cabadula E1.				
1	Total pages Schedule F1: Sch: 28/87 Rpt:	2 FILER NAME Friends of Brandon Creighton 3 Filer ID (Ethics Commission Filers) 00058241			
4	Date	5 Payee name			
	07/06/2023	Google			
6	Amount (\$) \$10.69	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain			
		View, CA 94043			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Online political advertising.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	08/07/2023	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$10.65	1600 Amphitheatre Parkway Mountain			
		View, CA 94043			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Online political advertising.			
		Crimic political devertibility.			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	08/23/2023	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$21.31	1600 Amphitheatre Parkway Mountain			
		View, CA 94043			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		Online political advertising.			
_	Complete ONLY if direct	Candidate/Officeholder name Office equals			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 29/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	09/06/2023	Google
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$10.65	1600 Amphitheatre Parkway Mountain
		View, CA 94043
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Online political advertising.
		o mino pontati da contonig.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	10/06/2023	Google
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$10.65	1600 Amphitheatre Parkway Mountain
		View, CA 94043
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online political advertising.
		Offinite pointed advertising.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	11/06/2023	Google
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$10.65	1600 Amphitheatre Parkway Mountain
	720.00	
		View, CA 94043
Н	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Online political advertising.
L	Operation ONE VIII II	Operation (Office health and a second
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
dash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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.					
_	Total marca Cabadula E1.				
1	Total pages Schedule F1: Sch: 30/87 Rpt:	2 FILER NAME Friends of Brandon Creighton 3 Filer ID (Ethics Commission Filers) 00058241			
4	Date	5 Payee name			
	12/06/2023	Google			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$10.65	1600 Amphitheatre Parkway Mountain			
		View, CA 94043			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense			
	LAI LINDITORE	Check if Austin, TX, officeholder living expense			
		Online political advertising.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	experientare to benefit Groi				
	Date	Payee name			
	07/03/2023	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$153.50	1600 Amphitheatre Parkway Mountain			
		View, CA 94043			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense Online political advertising.			
		Crimite political advertising.			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI				
	Date	Payee name			
	08/02/2023	Google			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$153.50	1600 Amphitheatre Parkway Mountain			
		View, CA 94043			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
	-	Check if Austin, TX, officeholder living expense			
		Online political advertising.			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/OI				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

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.					
_	T-+-1 C-l l-1 E1.				
1	Total pages Schedule F1: Sch: 31/87 Rpt:	2 FILER NAME Friends of Brandon Creighton 3 Filer ID (Ethics Commission Filers) 00058241			
4	Date	5 Payee name			
	11/02/2023	Google			
6	Amount (\$) \$153.50	7 Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain View, CA 94043			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online political advertising.			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	09/05/2023	Google			
	Amount (\$) \$153.50	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain			
		View, CA 94043			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online political advertising.			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	10/02/2023	Google			
	Amount (\$) \$153.50	Payee address; City; State; Zip Code 1600 Amphitheatre Parkway Mountain			
		View, CA 94043			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Online political advertising.			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense 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

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 32/87 Rpt: Friends of Brandon Creighton 00058241 4 Date Payee name 09/08/2023 Greater East Montgomery County Chamber 6 Amount (\$) Payee address; City; State; Zip Code \$40.00 21575 US-59 #100 New Caney, TX 77357 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution for organization event. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/05/2023 Greater East Montgomery County Chamber Amount (\$) Payee address; City; State; Zip Code \$40.00 21575 US-59 #100 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution for organization event. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/22/2023 Greater East Montgomery County Chamber Amount (\$) Payee address: City: State: Zip Code \$30.00 21575 US-59 #100 New Caney, TX 77357 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution for organization event. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense
Fees
Food/Beverage Expense
Git/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission File	ers)				
	Sch: 33/87 Rpt:	Friends of Brandon Creighton 00058241	,				
4	Date	5 Payee name					
	08/31/2023	Greater East Montgomery County Chamber					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$40.00	21575 US-59 #100					
		New Caney, TX 77357					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
	-	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense					
		Contribution for organization event.					
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held OH					
	Date	Payee name					
	09/26/2023	Greater East Montgomery County Chamber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$40.00	21575 US-59 #100					
	Ψ10.00						
		New Caney, TX 77357					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
LAFLINDITORL		Candidate/Officeholder/Political Committee					
		Contribution for organization event.					
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI	/n					
	Date	Payee name					
	10/27/2023	Greater East Montgomery County Chamber					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$40.00	21575 US-59 #100					
		New Caney , TX 77357					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.					
	-	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense					
		Contribution for organization event.					
L	Operation ONE VALUE	Out like to 10% on the later was a second of the country of the co					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	·						

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Cor Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment		Legal Services Salaries/Wages/Contract Labor				OTHER (enter a category not listed above)					
				The Instruction (Guide explains	s how to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commi	ssion Filers)
	Sch: 34/87 Rpt:		Friends of B	Brandon Creigh	nton					00058241		
4	Date	5	Payee name									
	12/04/2023		Greater Eas	t Montgomery	County Cha	amber						
6	Amount (\$)	7	Payee addres	ss; City;	State	e; Zip Co	de					
	\$40.00		21575 US-5	9 #100								
			New Caney	, TX 77357								
8	PURPOSE	(a)	Category (Se	ee Categories listed at	the top of this so	chedule)	(b)	Description				
	OF EXPENDITURE			s/Donations M				=			mplete Schedule T.	
			Candidate/C	Officeholder/Po	olitical Comr	nittee		—		officeholder livir		
								Contribution f	IUI	organizatio	ii eveiit.	
9	Complete ONLY if direct	<u> </u>	Candidato/Offi	ceholder name		Office sou	aht			Office h	old	
9	expenditure to benefit C/O		Januluale/Oni	centituel name		Office Sou	igni			Office i	ieiu	
_	Data	Г										
	Date 08/15/2023		Payee name HEB									
		L										
	Amount (\$)		Payee addres	•	State	e; Zip Co	ode					
	\$111.42		1000 E. 41s	st St.								
			Austin, TX 7	78751								
	PURPOSE OF	(a)		ee Categories listed at		chedule)	(b)	Description				
	EXPENDITURE		Office Overl	head/Rental E	xpense			=		de of Texas. Co officeholder livir	mplete Schedule T.	
								Purchase of s				
								T di di di do di c	Зар	p.100 101 7 to		
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	l aht			Office h	neld	
expenditure to benefit C/OH							3					
_	Date	Π	Payee name									
	09/27/2023		HEB									
	Amount (\$)	\vdash	Payee addres	ss; City;	State	e; Zip Co	nde					
	\$149.84		1000 E. 41s	•	Siait	ε, Ζip Cc	ue					
	Ψ1-0.0-		1000 L. 413	ot Ot.								
			Austin, TX 7	70751								
	DURROSE	(-)					<i>(</i> 1)					
	PURPOSE OF	(a) 		ee Categories listed a		chedule)	(a)	Description Check if travel (nutsi	de of Texas, Co	mplete Schedule T.	
	EXPENDITURE		Office Overi	head/Rental E	xperise					officeholder livir		
								Supplies for A				
	Complete ONLY if direct		Candidate/Offi	ceholder name		Office sou	ght			Office h	neld	
	expenditure to benefit C/O	Н										

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)			
l	Sch: 35/87 Rpt:	Friends of Brandon Creighton 00058241			
4	Date	5 Payee name			
	09/27/2023	HEB			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$98.31	1000 E. 41st St.			
		Austin, TX 78751			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense Supplies for Austin office.			
		Supplies for Austin office.			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/Ol				
⊨	Date	Payee name			
	10/12/2023	HEB			
┝	Amount (\$)	Payee address; City; State; Zip Code			
	\$61.98	1000 E. 41st St.			
	Ψ01.30	1000 E. 415t St.			
		Austin, TX 78751			
┝	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Check if Austin, TX, officeholder living expense			
		Supplies for Austin office.			
L					
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH					
L					
	Date	Payee name			
	08/23/2023	HEB			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$133.39	1000 E. 41st St.			
		Austin, TX 78751			
l	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Supplies for Austin office.			
Г	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/O	H			

SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 36/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	09/06/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$327.48	1000 E. 41st St.
		Austin, TX 78751
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for Austin office.
		Cappines for Additionings.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	10/06/2023	HEB
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$238.76	1000 E. 41st St.
	¥2000	
		Austin, TX 78751
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Supplies for Austin office.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	12/07/2023	HEB
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$75.66	1000 E. 41st St.
	, , , , ,	
		Austin, TX 78751
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Supplies for Austin office.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 37/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	10/26/2023	HEB
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$147.49	1000 E. 41st St.
		Austin, TX 78751
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Supplies for Austin office.
		Supplies for Austri office.
_	0 1: 0.11.7.7.1.	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/05/2023	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$69.95	10019 IH35 South
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Water for Capitol office.
		water for Capitor office.
	Opening the ONII Wife discort	On did to 10 ff as hald a grant Off as south
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2023	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.70	10019 IH35 South
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Water for Capitol office.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to beliefft 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 38/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	09/05/2023	Hill Country Springs
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$170.70	10019 IH35 South
		Austin, TX 78747
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Water for Capitol office.
		water for Capitor office.
_	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/04/2023	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.54	10019 IH35 South
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Water for Capitol office.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/02/2023	Hill Country Springs
	Amount (\$)	Payee address; City; State; Zip Code
	\$139.57	10019 IH35 South
		Austin, TX 78747
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense
		Water for Capitol office.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Superiorder to beliefft 6/01	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		above)
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commi	ssion Filers)
	Sch: 39/87 Rpt:	Friends of Brandon Creighton 00058241	
4	Date	5 Payee name	
	12/04/2023	Hill Country Springs	
6	Amount (\$) \$73.94	7 Payee address; City; State; Zip Code 10019 IH35 South Austin, TX 78747	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Water for Capitol office.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	12/19/2023	Iles, Karissa	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	11133 Interstate 45 S	
		Suite 110	
		Conroe, TX 77302	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Staff salary.	
		Gian Galary.	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	12/27/2023	Istorage Self Storage	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$312.00	1777 N Loop 336 W	
		Conroe, TX 77304	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense Campaign storage.	
		Sampaign storage.	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

sement Solicitation/Fundraising Expense

repense Transportation Equipment & Related Expense
Travel in District
Travel Out of District

OTUPE (Institute and Section 2014)

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schodula F1:		-
1	Total pages Schedule F1: Sch: 40/87 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Friends of Brandon Creighton 00058241	
Ļ	·		_
4	Date	5 Payee name	
L	07/03/2023	Istorage Self Storage	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$247.00	1777 N Loop 336 W	
		Convo. TV 77204	
		Conroe, TX 77304	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Campaign storage.	
L			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
H	Date	Payee name	=
	07/27/2023	Istorage Self Storage	
_			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$338.00	1777 N Loop 336 W	
		Conroe, TX 77304	
_	PURPOSE		_
	OF		
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Campaign storage.	
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_
	Date	Payee name	
	08/15/2023	Istorage Self Storage	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$293.00	1777 N Loop 336 W	
	Ψ200.00		ı
		0 TV 77004	
		Conroe, TX 77304	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	ı
	OF EXPENDITURE	Office Overhead/Rental Expense	
		Check if Austin, TX, officeholder living expense	
		Campaign storage.	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	H	
			_
			ı

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)
		The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 41/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	08/28/2023	Istorage Self Storage
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$312.00	1777 N Loop 336 W
		Conroe, TX 77304
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	ZA ZHOHOKZ	Check if Austin, TX, officeholder living expense
		Campaign storage.
_	Operation ONLY if allowed	Our did at 10% as hald a manual of the annual of the same of the s
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		
	Date	Payee name
	09/08/2023	Istorage Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$194.00	1777 N Loop 336 W
		Conroe, TX 77304
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Campaign storage.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date 09/27/2023	Payee name Istorage Self Storage
	Amount (\$)	Payee address; City; State; Zip Code
	\$312.00	1777 N Loop 336 W
		Conroe, TX 77304
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign storage.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/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
OTHER (enter a category not listed above)

orean cara r aymen	ıı	The Instruction Guid	e explains how to comp	lete this form.				
1 Total pages Sche	edule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)		
Sch: 42/87	Rpt:	Friends of Brandon Creighton			00058241			
4 Date		5 Payee name		I				
10/10/2023		Istorage Self Storage						
6 Amount (\$)		7 Payee address; City;	State; Zip Code					
	\$180.00	1777 N Loop 336 W	, р					
		'						
		Conroe, TX 77304						
8 PURPOSE			/b	A December 1				
OF		(a) Category (See Categories listed at the to Office Overhead/Rental Expe	' '	Description Check if travel outside	le of Texas. Con	nplete Schedule T.		
EXPENDITURE	Ē	Office Overflead/Nerital Expe	1130	Check if Austin, TX,				
				Campaign storag	je.			
9 Complete ONLY		Candidate/Officeholder name	Office sought		Office h	eld		
expenditure to be	enefit C/OF	<u> </u>						
Date		Payee name						
10/30/2023		Istorage Self Storage						
Amount (\$)		Payee address; City;	State; Zip Code					
\$	\$312.00	1777 N Loop 336 W						
		Conroe, TX 77304						
PURPOSE		(a) Category (See Categories listed at the	top of this schedule) (b	Description				
OF EXPENDITURE	_	Office Overhead/Rental Expe		Check if travel outsid	le of Texas. Con	nplete Schedule T.		
EXPENDITORE	=			Check if Austin, TX, officeholder living expense				
		Campaign storage.						
0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0			Office sought		0" 1			
Complete ONLY expenditure to be		Candidate/Officeholder name H		Office h	ela			
•								
Date		Payee name						
11/08/2023		Istorage Self Storage						
Amount (\$)		Payee address; City;	State; Zip Code					
9	\$180.00	1777 N Loop 336 W						
		Conroe, TX 77304						
PURPOSE		(a) Category (See Categories listed at the	top of this schedule) (b)	Description				
OF EXPENDITURE	<u> </u>	Office Overhead/Rental Expe	nse	Check if travel outside				
_				Campaign storag		g expense		
				Jampaigh Storag	, ···			
Complete ONLY	if direct	Candidate/Officeholder name	Office sought		Office h	old		
expenditure to be			Office Sough		Office II	uu		

SCHEDULE F1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries Wagnes/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:					
	Sch: 43/87 Rpt:	Friends of Brandon Creighton 00058241				
4	Date	5 Payee name				
	11/27/2023	Istorage Self Storage				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$312.00	1777 N Loop 336 W				
		Conroe, TX 77304				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Check if Austin, TX, officeholder living expense				
		Campaign storage.				
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held				
	experiulture to beriefft C/O					
	Date	Payee name				
	12/08/2023	Istorage Self Storage				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$204.00	1777 N Loop 336 W				
		Conroe, TX 77304				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.				
	LAFENDITORE	Check if Austin, TX, officeholder living expense				
	Campaign storage.					
	Commisto ONII V if diseast	Constitute / Office held as years Office accepts				
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H				
	-					
	Date	Payee name				
	07/17/2023	J Carvers				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$1,191.55	509 Rio Grande St				
		Austin , TX 78701				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense				
		Meeting to discuss officeholder/candidate issues.				
	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold				
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held H				

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 44/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	11/22/2023	Jefferson County Republican Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	3635 Calder Ave
		Beaumont, TX 77006
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Candidate/Officeholder/Political Committee
		Contribution to Embour (Cagan aimer 2020)
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	10/26/2023	Jefferson County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	3635 Calder Ave
		Beaumont, TX 77006
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution for Efficient (Cagair diffile 2023.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/26/2023	Juliet
	Amount (\$)	
	\$135.42	1500 Barton Springs Rd
		A
		Austin, TX 78704
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder/candidate issues.
		samg to allocate similarity samulate locates.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

SCHEDULE F1

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 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 OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 45/87 Rpt:	Friends of Brandon Creighton	00058241
4	Date	5 Payee name	
	10/19/2023	Juliet	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$143.08	1500 Barton Springs Rd	
	7_10.00		
		Austin, TX 78704	
Ļ	DUDDOOF		
8	PURPOSE OF	`	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			Meeting to discuss officeholder/candidate issues.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	11/14/2023	Juliet	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$239.86	1500 Barton Springs Rd	
	,		
		Austin, TX 78704	
_	DUDDOOF		
	PURPOSE OF	'	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense	Check if Austin, TX, officeholder living expense
			Meeting to discuss officeholder/candidate issues.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	10/10/2023	Juliet	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$228.36	1500 Barton Springs Rd	
		. 0	
		Austin, TX 78704	
	PURPOSE		2intinu
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Podu/beverage Expense	Check if Austin, TX, officeholder living expense
			Meeting to discuss officeholder/candidate issues.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/Opnations Made By Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment			mmittee	Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.						OTHER (enter a category not listed above)			
					uide explains h	low to col	mple	ete this form.	_				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission F	ilers)	
	Sch: 46/87 Rpt:		Friends of B	randon Creight	on					00058241			
4	Date	5	Payee name										
	09/28/2023		Kingwood T	EA Party									
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de						
	\$2,000.00		2261 Northp	ark Dr.									
			#109										
			Kingwood, T	X 77339									
8	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description					
	OF EXPENDITURE			s/Donations Ma				=			nplete Schedule T.		
	ZA ZHOHOKZ		Candidate/C	Officeholder/Pol	itical Commi	ttee		_		officeholder livin			
								Contribution f	or (organizatio	n event.		
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	ceholder name	0	ffice sou	ght			Office h	eld		
	Date		Payee name										
	09/28/2023		Kingwood T	EA Party									
	Amount (\$)		Payee addres	•	State;	Zip Co	de						
	\$2,000.00		2261 Northp	ark Dr.									
			#109										
			Kingwood, T	X 77339									
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description					
	OF EXPENDITURE			s/Donations Ma	,			=			nplete Schedule T.		
									Check if Austin, TX, officeholder living expense				
Contribution for organization event.						n event.							
	Complete ONLY if direct	Ļ	Candidate/Offic	ahaldar nama		ffice sou	abt			Office h	old		
	expenditure to benefit C/OI		Januluale/Onic	enoluei name	U	ilice sou	ynı			Office i	eiu		
	Data												
	Date		Payee name	EA Danta									
	12/06/2023		Kingwood T	ЕА Рапу									
	Amount (\$)		Payee addres		State;	Zip Co	de						
	\$3,500.00		2261 Northp	ark Dr.									
			#109										
			Kingwood, T	X 77339									
	PURPOSE	(a)	Category (Se	e Categories listed at t	he top of this sche	dule)	(b)	Description					
	OF EXPENDITURE			s/Donations Ma							nplete Schedule T.		
	LAI LINDITORE		Candidate/C	Officeholder/Pol	itical Commi	ttee				officeholder livin			
								Contribution t	0 0	organization	event.		
	Complete ONLY if direct	Ļ	Candidata/Offic	oholdor name		ffice sa:::	abt			Office	old		
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	lenoluer name	O	ffice sou	ynı			Office h	eiu		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Transportation Equipment & Related Expense Travel in District

Travel Out of District

Solicitation/Fundraising Expense

Legal Services Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 47/87 Rpt: Friends of Brandon Creighton 00058241 4 Date Payee name Lalo's Mexican Restaurant 07/24/2023 6 Amount (\$) Payee address; City; State; Zip Code \$202.14 102 S Elm St Madisonville, TX 77864 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Meeting to discuss officeholder/ campaign issues. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 08/23/2023 Leadership Montgomery County Amount (\$) Payee address; City; State; Zip Code \$1,500.00 6606 Farm to Market Rd 1488 Magnolia, TX 77354 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Contributions/Donations Made By **EXPENDITURE** Check if Austin, TX, officeholder living expense Candidate/Officeholder/Political Committee Contribution for organization. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 07/12/2023 Lilly & Company Amount (\$) Payee address; City: State; Zip Code \$2,500.00 1005 Congress Ave. Ste 400 Austin, TX 78701 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Consulting Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Political campaign services. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1: Sch: 48/87 Rpt:	2 FILER NAME3 Filer ID(Ethics Commission Filers)Friends of Brandon Creighton00058241
4 Date 07/12/2023	5 Payee name Lilly & Company
6 Amount (\$) \$2,500.00	7 Payee address; City; State; Zip Code 1005 Congress Ave. Ste 400 Austin , TX 78701
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political campaign services.
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
Date 08/03/2023	Payee name Lilly & Company
Amount (\$) \$7,944.78	Payee address; City; State; Zip Code 1005 Congress Ave. Ste 400 Austin , TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political campaign services.
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Date 08/03/2023	Payee name Lilly & Company
Amount (\$) \$11,957.80	Payee address; City; State; Zip Code 1005 Congress Ave. Ste 400 Austin , TX 78701
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Political campaign services.
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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/Political Committee Credit Card Payment				Food/Beverage Ex Gift/Awards/Memor Legal Services The Instruction			(pens (ages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME	<u> </u>					3	Filer ID	(Ethics Commission Filers)	
	Sch: 49/87 Rpt:		Friends of E	Brandon Creiç	ghton					00058241		
4	Date	5	Payee name									_
	08/18/2023		Lilly & Com	pany								
6	Amount (\$)	7	Payee addre	ss; City;	State	; Zip Co	de					_
	\$7,200.71		1005 Cong	ress Ave.								
			Ste 400									
			Austin , TX	78701								
8	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b)	Description				_
	OF EXPENDITURE		Consulting			,		=		de of Texas. Com		
	EXI ENDITORE							—		officeholder living	expense	
								Political camp	υαιί	gii seivices.		
9	Complete ONLY if direct		Candidate/Off	iceholder name	. (Office sou	aht			Office he	hld	_
	expenditure to benefit C/Ol		Zarididato/OII	Solioladi Haille		J.1100 30U	9111			Since he		
	Date	ı	Payee name									
	09/05/2023		Lilly & Com									
	Amount (\$)		Payee addre		State	; Zip Co	de					
	\$13,136.00		1005 Cong	ress Ave.								
			Ste 400									
			Austin , TX	78701								
	PURPOSE OF				at the top of this sch	nedule)	(b)	Description				
	EXPENDITURE	Consulting Expense Check if travel ou										
								Political camp				
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Off	iceholder name	· (Office sou	ght			Office he	eld	
	Date		Payee name									_
	10/16/2023		Lilly & Com	pany								
	Amount (\$)		Payee addre	ss; City;	State	; Zip Co	de					Π
	\$5,246.40		1005 Cong	ress Ave.								
			Ste 400									
			Austin , TX	78701								
	PURPOSE	(a)	Category (S	ee Categories listed	at the top of this sch	nedule)	(b)	Description				_
	OF EXPENDITURE		Consulting					ш		de of Texas. Com		
								Check if Austin, Political camp		officeholder living	expense	
								. omiour carry	Juil	, i ooi vides.		
	Complete ONLY if direct		Candidate/Off	iceholder name	. (Office sou	ght			Office he	eld	_
	expenditure to benefit C/O						-					
												_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services The Instruction	·		Vages	/Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers)	_
	Sch: 50/87 Rpt:	1		Brandon Creigl	nton					00058241		
4	Date	5	Payee name									
	12/04/2023		Lilly & Com	pany								
6	Amount (\$)	7	Payee addres	ss; City;	State;	; Zip Co	de					
	\$5,330.25		1005 Cong	ress Ave.								
			Ste 400									
			Austin , TX	78701								
8	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Consulting I	Expense				<u> </u>		de of Texas. Com		
								Political camp		officeholder living	expense	
								1 Ontical carry	Jui	gii scivices.		
9	Complete ONLY if direct		- Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
	expenditure to benefit C/OI	П										
	Date		Payee name									
	12/13/2023		Lilly & Com	pany								
	Amount (\$)		Payee addres	ss; City;	State;	; Zip Co	de					
	\$5,948.54		1005 Cong	ress Ave.								
			Ste 400									
			Austin , TX	78701								
	PURPOSE	(a)	Category (Se	ee Categories listed a	t the top of this sch	edule)	(b)	Description				
	OF EXPENDITURE		Consulting I	Expense				=		de of Texas. Com		
								Political camp		officeholder living	expense	
								1 Ontical carry	Jui	gii scivices.		
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Offi	ceholder name	C	Office sou	ght			Office he	eld	
-	Date	Г	Payee name									=
	07/12/2023		Local Foods	2								
		┢	Payee addres		Ctata	; Zip Co	do					_
	Amount (\$) \$30.19	1	454 W 2nd		Siale,	, Zip Cc	ue					
	Ψ50.19		454 W ZIIU	Si.								
			Austin , TX	78701								
	PURPOSE OF	(a)	Category (Se	ee Categories listed a	t the top of this sch	edule)	(b)	Description				
	EXPENDITURE		Food/Bever	age Expense				ш		de of Texas. Com officeholder living		
								ш		-	der/candidate issues.	
								coming to this	<i>-</i>	omocnon	30., 3d. ididato 133003.	
	Complete ONLY if direct		 Candidate/Offi	ceholder name	C	Office sou	<u> </u>			Office he	eld	_
	expenditure to benefit C/O	Н										
												_

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/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 OTHER (enter a category not listed above)

	Credit Cara r ayment	The Instruction Guide explains how to co	mple	ete this form.							
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)							
	Sch: 51/87 Rpt:	Friends of Brandon Creighton		00058241							
4	Date	5 Payee name									
	08/23/2023	Local Foods									
6	Amount (\$)	7 Payee address; City; State; Zip Co	de								
	\$179.99	454 W 2nd St									
		Austin , TX 78701									
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description							
	OF EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T.							
	LXI LINDITORE		Check if Austin, TX, officeholder living expense								
				Meeting to discuss officeholder/candidate issues.							
9	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held							
9	expenditure to benefit C/OI		igni	Office field							
L	<u> </u>										
	Date	Payee name									
	11/13/2023	Local Foods									
	Amount (\$)	Payee address; City; State; Zip Co	ode								
	\$60.99	454 W 2nd St									
		Austin , TX 78701									
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b)	Description							
	EXPENDITURE	Food/Beverage Expense		Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense							
				Meeting to discuss officeholder/candidate issues.							
				Ç							
_	Complete ONLY if direct	Candidate/Officeholder name Office sou	ght	Office held							
	expenditure to benefit C/OI	1									
_	Date	Payee name									
	10/26/2023	Mailboxes "N" More									
	Amount (\$)	Payee address; City; State; Zip Co	ode								
	\$261.96	2257 N Loop 336 West									
		Suite 140									
		Conroe, TX 77304									
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description							
	OF	Office Overhead/Rental Expense	(~)	Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE			Check if Austin, TX, officeholder living expense							
				Campaign mailbox.							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou	ght	Office held							
	experientare to benefit 6/01	•									

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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)
	Sch: 52/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	11/20/2023	Mailchimp
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$586.30	675 Ponce De Leon Ave
		Atlanta, GA 30308
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Campaign digital newsletter platform.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	10/19/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$586.30	675 Ponce De Leon Ave
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign digital newsletter platform.
		Campaign aighai newsicaer plationni.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	09/19/2023	Mailchimp
	Amount (\$)	Payee address; City; State; Zip Code
	\$586.30	675 Ponce De Leon Ave
		Atlanta, GA 30308
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE	Check if Austin, TX, officeholder living expense
		Campaign digital newsletter platform.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	

SCHEDULE F1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

sement Solicitation/Fundraising Expense
pense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
abor OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to comp	lete this form.
1	Total pages Schedule F1: Sch: 53/87 Rpt:	FILER NAME Friends of Brandon Creighton	3 Filer ID (Ethics Commission Filers) 00058241
4	Date 08/21/2023	5 Payee name Mailchimp	
6	Amount (\$) \$586.30	7 Payee address; City; State; Zip Code 675 Ponce De Leon Ave	
8	PURPOSE OF EXPENDITURE	Atlanta, GA 30308 (a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign digital newsletter platform.
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 07/19/2023	Payee name Mailchimp	
	Amount (\$) \$586.30	Payee address; City; State; Zip Code 675 Ponce De Leon Ave	
	PURPOSE OF EXPENDITURE	Atlanta, GA 30308 (a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign digital newsletter platform.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date 12/19/2023	Payee name Mailchimp	
	Amount (\$) \$671.58	Payee address; City; State; Zip Code 675 Ponce De Leon Ave	
		Atlanta, GA 30308	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign digital newsletter platform.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committe Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Legal Services			/ages	/Contract Labor		OTHER (enter	a category not lis	ted above)
	·			The Instruction G	uide explains ho	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Com	nmission Filers)
	Sch: 54/87 Rpt:		Friends of B	randon Creight	on					00058241	-	
4	Date	5	Payee name									
	08/07/2023		Marsala's Ita	alian Grill								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$396.76		100 Scarbo	rough Dr Ste 3								
				· ·								
			Conroe , TX	77304								
Ļ		_				-	4.					
8	PURPOSE OF	(a)		ee Categories listed at t	he top of this sched	ule)	(b)	Description		d4.T O-	Cabadala	-
	EXPENDITURE		Food/Bevera	age Expense				Check if travel of Check if Austin,			mplete Schedule	1.
								Meeting to dis				aian issues
								g				g
9	Complete ONLY if direct	<u> </u>		ceholder name	Off	fice sou	aht			Office	held	
	expenditure to benefit C/O		Janaidate/Onic	ceriolaer riame	Oil	iicc sou	grit			Office	iiciu	
_		_										
	Date		Payee name									
	08/29/2023		Masteros									
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$400.00		1650 W Loo	p S								
			Houston, TX	< 77027								
	PURPOSE	(a)	Category (sc	ee Categories listed at t	ho top of this school	ulo)	(b)	Description				
	OF	 `´		age Expense	ine top of this seried	uic)	` ,	_ ·	outsi	de of Texas. Co	mplete Schedule	Т.
	EXPENDITURE	1 ood/Beverage Expense					Check if Austin, TX, officeholder living expense					
								Meeting to dis	scu	ss officeho	older/candida	ate issues.
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice sou	ght			Office	held	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	07/26/2023		Matts El Rai	ncho								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$247.51		2613 S Lam	ıar Blvd,								
			Austin, TX 7	′870 4								
_	PURPOSE	(0)					(b)	Description				
	OF	(a)		ee Categories listed at t	he top of this sched	ule)	(D)	Description Check if travel of	outsi	de of Texas Co	mplete Schedule	т
	EXPENDITURE		F00u/Bever	age Expense				Check if Austin,			•	
								Meeting to dis				ate issues.
	Complete ONLY if direct		 Candidate/Offic	ceholder name	Off	fice sou	ght			Office	held	
	expenditure to benefit C/O											

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Reimbursement Solicitation/Fundraising Expense
ental Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
ontract Labor OTHER (enter a category not listed above)

Credit Card Payme	ent	The Instruction Gu	ide explains how to comp	olete this form.		
1 Total pages Scl	hedule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 55/87	7 Rpt:	Friends of Brandon Creighto	on		00058241	
4 Date		5 Payee name		-		
08/09/2023		Matts El Rancho				
6 Amount (\$)		7 Payee address; City;	State; Zip Code)		
	\$280.31	2613 S Lamar Blvd,				
		Austin, TX 78704				
8 PURPOSE		(a) Category (See Categories listed at th	ue top of this schedule) (h) Description		
OF EXPENDITUR)E	Food/Beverage Expense	o top of this constant)		side of Texas. Com	plete Schedule T.
EXPENDITOR	· L			_	X, officeholder living	
				Meeting to disc	cuss officenoi	der/candidate issues.
O Complete ONL	V if direct	Candidata/Officahaldar nama	Office sough	+	Office h	ald
9 Complete ONL' expenditure to I		Candidate/Officeholder name H	Office sough	ı	Office h	eia
		Т				
Date		Payee name				
09/13/2023		Melo Malfitano, Natalia				
Amount (\$)		Payee address; City;	State; Zip Code	2		
	\$100.00	22488 Brass Bell Dr.				
		Porter, TX 77339				
PURPOSE		(a) Category (See Categories listed at th	e top of this schedule) (b	Description		
OF EXPENDITUR	RE	Advertising Expense		—	side of Texas. Com X, officeholder living	
				Campaign phot		
				Campaign prior	iog.upy co.	
Complete ONL	Y if direct	Candidate/Officeholder name	Office sough	t	Office h	eld
expenditure to l						
Date		Payee name				
11/22/2023		Melo Malfitano, Natalia				
Amount (\$)		Payee address; City;	State; Zip Code	<u> </u>		
Amount (4)	\$200.00	22488 Brass Bell Dr.	State, Zip Code	•		
	Ψ200.00	22400 Brass Bell Br.				
		Dortor TV 77220				
		Porter, TX 77339				
PURPOSE OF		(a) Category (See Categories listed at th	e top of this schedule)	Description Check if travel out	side of Texas. Com	anloto Schodulo T
EXPENDITUR	RE	Advertising Expense			X, officeholder living	•
				Campaign phot		
Complete ONL		Candidate/Officeholder name	Office sough	t	Office h	eld
expenditure to l	benefit C/OI	Н				

SCHEDULE F1

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 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 OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 56/87 Rpt:	2 FILER NAME Friends of Brandon Creighton 3 Filer ID (Ethics Commission 00058241	າ Filers)
4	Date 08/10/2023	5 Payee name Mi Rancho	
6	Amount (\$) \$59.50	7 Payee address; City; State; Zip Code 19189 I-45	
8	PURPOSE OF EXPENDITURE	Shenandoah, TX 77385 (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss officeholder/ campaign iss	sues.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held DH	
	Date 09/05/2023	Payee name Mi Rancho	
	Amount (\$) \$106.93	Payee address; City; State; Zip Code 19189 I-45	
		Shenandoah, TX 77385	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss officeholder/ campaign iss	sues.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	
	Date 12/13/2023	Payee name Mi Rancho	
	Amount (\$) \$82.61	Payee address; City; State; Zip Code 19189 I-45	
		Shenandoah, TX 77385	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss officeholder/ campaign iss	sues.
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held OH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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)
	Sch: 57/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	10/26/2023	Michael's Craft Supplies
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$19.91	10225 Research Blvd
	l	Suite 2000
	l	Austin, TX 78759
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	=/	Check if Austin, TX, officeholder living expense Supplies for Austin office.
	l	Supplies for Austri Office.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/06/2023	Michael's Craft Supplies
\vdash	Amount (\$)	Payee address; City; State; Zip Code
	\$12.44	10225 Research Blvd
	I	Suite 2000
	I	Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	E/II EII EII E	Check if Austin, TX, officeholder living expense
	l	Supplies for Austin office.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	11/28/2023	Michael's Craft Supplies
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.44	10225 Research Blvd
	I	Suite 2000
	l	Austin, TX 78759
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
	EXPLINDITORL	Check if Austin, TX, officeholder living expense
	l	Supplies for Austin office.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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 Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (carbon a extension and listed above)

Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Credit Card Payment				Legal Services The Instruction Cu	Salar	OTHER (enter a category not listed above)							
		_		The Instruction Gu	ilue explains flow t	U COIII	piete tilis loilli						
1	Total pages Schedule F1:	ı						3	Filer ID	(Ethics Commission Filers)			
	Sch: 58/87 Rpt:		Friends of B	randon Creighto	on				00058241				
4	Date	5	Payee name										
	12/20/2023	ı		raft Supplies									
6	Amount (\$)	├	Payee addres		State; Zip	Code							
ľ	` '	'	•	-	State, Zip	Coue	-						
	\$12.44		10225 Rese	arch Bivu									
			Suite 2000										
			Austin, TX 7	'8759									
8	PURPOSE	(a)	Category (Se	ee Categories listed at th	ne ton of this schedule)	(k	Description	 1					
	OF			nead/Rental Exp		`			de of Texas. Con	nplete Schedule T.			
	EXPENDITURE		J				Check if A	Austin, TX,	officeholder living	g expense			
							Supplies	for Aus	tin office.				
9	Complete ONLY if direct		 Candidate/Offic	ceholder name	Office	sough	nt		Office h	eld			
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	11/30/2023		Michael's Ci	raft Supplies									
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	е						
	\$199.47		10225 Rese	arch Blvd									
			Suite 2000										
				70750									
		<u> </u>	Austin, TX 7										
	PURPOSE OF	(a)	Category (Se	ee Categories listed at th	ne top of this schedule)	(t	Description						
	EXPENDITURE		Office Overl	nead/Rental Exp	ense		<u> </u>			nplete Schedule T.			
								Check if Austin, TX, officeholder living expense Supplies for Austin office.					
							Supplies	ioi Aus	din onice.				
		<u> </u>				Щ.							
	Complete ONLY if direct expenditure to benefit C/O		Candidate/Office	ceholder name	Office	sough	nt		Office h	eld			
	experialitate to bettern over												
	Date		Payee name										
	08/01/2023		Mister Charl	les									
	Amount (\$)		Payee addres	ss; City;	State; Zip	Code	 e						
	\$393.67		3219 Knox S	-									
	4000.01		00	ot 000									
			Dallac TV	75205									
	DUDE CO-	-	Dallas , TX			1	· -						
	PURPOSE OF			ee Categories listed at th	ne top of this schedule)	(t	Description						
	EXPENDITURE		Food/Bevera	age Expense			ш		officeholder living	nplete Schedule T.			
										der/ campaign issues.			
							weening t	บ นเรเน	133 UIIILEI1UI	uen campaign issues.			
	Operation ON 11 V V V	<u> </u>			O.".		-+		O''' :	-1.4			
	Complete ONLY if direct expenditure to benefit C/OH		Jandidate/Offic	ceholder name	Office	sough	ιτ		Office h	eıa			
	experience to beliefit 6/01												
1													

SCHEDULE F1

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		ttee L	Good/Beverage Expenses Gift/Awards/Memorials Gegal Services The Instruction Gu	Expense		xpens Vages	se s/Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	l								Filer ID	(Ethics Commission Filers)
L	Sch: 59/87 Rpt:	Fri	iends of Br	andon Creight	on					00058241	
4	Date	5 Pa	ayee name								
L	10/20/2023	Mo	obilize Mor	ntgomery Coun	ty						
6	Amount (\$)	7 Pa	ayee address	s; City;	State;	; Zip Co	ode				
	\$500.00	PC	O box 472								
		М	ontgomery	, TX 77356							
8	PURPOSE	(a) Ca	ategory (See	Categories listed at t	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations Ma				_		de of Texas. Com	
		Ca	andidate/O	fficeholder/Poli	tical Comm	ıittee		Contribution f		officeholder living	
								Contribution	01 (organization	CVCIIC
9	Complete ONLY if direct	l Can	ndidate/Offic	eholder name	(Office sou	laht			Office he	eld
	expenditure to benefit C/OI		ididate/Offic			Jilicc 300	agrit.			Office fic	Jiu
	Date	l	ayee name								
	09/28/2023	М	ontgomery	County Repub	lican Party						
	Amount (\$)	Pa	ayee address	s; City;	State;	; Zip Co	ode				
	\$500.00	P.	O. Box 45								
		Co	onroe, TX	77305							
	PURPOSE	(a) Ca	ategory (See	Categories listed at t	ne top of this sch	edule)	(b)	Description			
	OF EXPENDITURE			s/Donations Ma						de of Texas. Com	
		Ca	andidate/O	fficeholder/Poli	tical Comm	littee		Contribution f		officeholder living	
								Containation	0	organization	. ovona
\vdash	Complete ONLY if direct	<u>I</u> Can	ndidate/Offic	eholder name	(Office sou	<u>I</u> ıght			Office he	eld
	expenditure to benefit C/O						_				
H	Date	Pa	ayee name								
	08/23/2023	l	orth Italia								
	Amount (\$)		ayee address	s; City;	State:	; Zip Co	ode				
	\$113.89	l	00 W 2nd S		2.5.60,	. , , , ,					
	, -100		L20								
			ustin, TX 78	R701							
	PURPOSE						(h)	Dogorintian			
	OF	ı		e Categories listed at the Categories listed at the Categories listed at the Categories are careful as the Categories listed at the Categories lis	ne top of this sch	edule)	(1)	Description Check if travel of	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE		Journeveld	igo Expense						officeholder living	
								Meeting to dis	scu	ss officehold	der/ campaign issues.
	Complete ONLY if direct		ndidate/Offic	eholder name		Office sou	ıght			Office he	eld
	expenditure to benefit C/O	П									

SCHEDULE F1

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 (Contract Labor

nbursement Solicitation/Fundraising Expense
al Expense Transportation Equipment & Related Expense
Travel in District
Travel Out of District
act 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:	· · · · · · · · · · · · · · · · · · ·
	Sch: 60/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	10/25/2023	North Italia
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$149.62	500 W 2nd St.
		#120
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder/ campaign issues.
_	0 1 0 0 1 1 1 1	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	<u> </u>	
	Date	Payee name
	11/07/2023	North Italia
	Amount (\$)	Payee address; City; State; Zip Code
	\$248.84	500 W 2nd St.
		#120
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	— /4: ————	Check if Austin, TX, officeholder living expense Meeting to discuss officeholder/ campaign issues.
		เพียนแท้ เป็นเองนอง ปีเเนตเป็นตา/ ผู้สามุณเล่า เองนอง.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Data	
	Date 11/30/2023	Payee name North Italia
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.75	500 W 2nd St.
		#120
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting to discuss officeholder/ campaign issues.
		integrating to disouse officers campaign results.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

ent Solicitation/Fundraising Expense
ee Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (enter a category not listed above)

	Credit Cara r ayment	The Instruction Guide explains how to con	nple	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 61/87 Rpt:	Friends of Brandon Creighton		00058241
4	Date	5 Payee name		<u> </u>
	08/21/2023	Omni Dallas		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$184.25	555 S. Lamar		
		Dallas, TX 75202		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Travel Out of District		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense Hotel Expense for officeholder campaign meetings.
				Tioter Expense for officeriolder earnpaign meetings.
9	Complete ONLY if direct	Candidate/Officeholder name Office souc	ht	Office held
ľ	expenditure to benefit C/O		J. 1.C	Cine inclu
H	Date	Dove nome		
	08/21/2023	Payee name Omni Dallas		
_			40	
	Amount (\$) \$334.31	Payee address; City; State; Zip Coo 555 S. Lamar	ле	
	Φ334.31	555 S. Lamai		
		Dallac TV 75202		
		Dallas, TX 75202		
	PURPOSE OF	, , ,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District		Check if Austin, TX, officeholder living expense
l				Hotel Expense for officeholder campaign meetings.
l				
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	10/16/2023	Omni Las Colinas		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$382.86	221 East Las Colinas Blvd.		
		Dallas, TX 75202		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE			Check if Austin, TX, officeholder living expense
				Hotel expense for 2023 TFRW convention.
_	Complete ONII V if direct	Condidate/Officeholder name	<u>.</u>	Office hald
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office soug	Jrit	Office held
	•			
l				

SCHEDULE F1

Advertising Expense Accounting/Banking

EXPENDITURE CATEGORIES FOR BOX 8(a) 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		mmittee	Food/Beverage Expense Gift/Awards/Memorials E Legal Services The Instruction Gui	Expense		pense ages/	e /Contract Labor		Travel in Disti Travel Out of OTHER (ente	Distri	ict ategory not listed above)
1	Total pages Schedule F1:	2								Filer ID		(Ethics Commission Filers)
	Sch: 62/87 Rpt:		Friends of E	Brandon Creighto	n					00058242	1	
4	Date	5	Payee name									
	10/16/2023		Omni Las C	Colinas								
6	Amount (\$)	7	Payee addre	ss; City;	State;	Zip Co	de					
	\$382.86		221 East La	as Colinas Blvd.								
			Dallas, TX	75202								
8	PURPOSE	(a)	Category (S	ee Categories listed at the	ton of this sche	edule)	(b)	Description				
	OF	 `	Event Expe		top of this serie	duic)	` ,	Check if travel of	outsio	de of Texas. C	omple	ete Schedule T.
	EXPENDITURE		·					Check if Austin,				
								Hotel expens	e fo	or 2023 TF	-RV	V convention.
9	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offi	ceholder name	Ō	office sou	ght			Office	held	d
	experiorare to benefit C/Of	1										
	Date		Payee name					_				
	08/23/2023		Pappasito's	Cantina								
	Amount (\$)		Payee addre	ss; City;	State;	Zip Co	de					
	\$3,701.00		18101 Inter	state 45 N								
			Shenandoa	h, TX 77385								
	PURPOSE OF	(a)		ee Categories listed at the	e top of this sche	edule)	(b)	Description				
	EXPENDITURE		Food/Bever	age Expense				Check if travel of Check if Austin,				
								—				er/candidate issues.
								3				
	Complete ONLY if direct		Candidate/Offi	ceholder name	0	office sou	ght			Office	helo	d
	expenditure to benefit C/O					·						
	Date		Payee name									
	10/04/2023		•	ademark office								
	Amount (\$)	\vdash	Payee addre		State:	Zip Co	de					
	\$1,090.00		600 Dulany	•		1- 25	-					
	4=,555.66											
			Alexandria	, VA 22314								
	PURPOSE	(a)	Category (S	ee Categories listed at the	e top of this sche	edule)	(b)	Description				
	OF EXPENDITURE		Advertising	Expense				Check if travel of				
								Check if Austin,				
								Trademark re	:ne\	wai ioi cai	пра	ayı.
	Complete ONLY if direct	Ļ	Condidate /Off	achalder		office as:	ab+			Ott: -	hal-	4
	Complete ONLY if direct expenditure to benefit C/O		Januidate/Offi	ceholder name	O	office sou	ynt			Office	neic	ı
ĒΩ	rms provided by Texas F	thic	e Commissi	on ww	ww ethics st	tate tv III	c					Version V3.5.1.0bfcfb6

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Com Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
-	Sch: 63/87 Rpt:	Friends of Brandon Creighton 00058241	
4	Date	5 Payee name	
	08/02/2023	Perla's Seafood	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$20.01	1400 S Congress Ave	
		Austin, TX 78704	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF	Food/Beverage Expense	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Meeting to discuss officeholder/candidate issues.	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
	Date	Payee name	
	10/05/2023	Perla's Seafood	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$311.48	1400 S Congress Ave	
		Austin, TX 78704	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		Meeting to discuss officeholder/candidate issues.	
		Weeting to disouse officeriorderiodiffunctions	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	_
	12/26/2023	Polvo's	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$177.65	2004 S 1st St	
	Ψ177.00	2004 3 13t 3t	
		Austin, TX 78704	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.	
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Meeting to discuss officeholder/ campaign issues.	
_	Operation ONE V. C. P.	Our Higher (Office health a manuar and the Company of the Company	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica 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)
	Sch: 64/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	08/03/2023	Polvo's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$182.01	2004 S 1st St
	1	
		Austin, TX 78704
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	!	Meeting to discuss officeholder/ campaign issues.
	1	programme and pr
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	
_	Date	Payee name
	10/20/2023	Pretty in Pink Foundation
_	Amount (\$)	Payee address; City; State; Zip Code
	\$350.00	5171 Glenwood Ave
	Ψ030.00	31/1 Gichwood / WC
	1	Raleigh , NC 27612
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	<u> </u>	Candidate/Officeholder/Political Committee Contribution for organization event.
	!	Continuation for organization event.
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Data	
	Date	Payee name
	10/12/2023	Ramirez, Carolina
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	113 Quail Ridge Dr.
	!	
		Kyle, TX 78640
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	!	\times \text{Check if Austin, TX, officeholder living expense}} Officeholder Austin apartment cleaning services.
	l	Officeriolaet Austin apartment cleaning services.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

	Candidate/Officeholder/Politica Credit Card Payment		nmittee	Legal Services	·		/ages	Contract Labor		OTHER (enter a	a category not listed above)	
	·			The Instruction G	uide explains h	ow to co	mple	te this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission File	ers)
	Sch: 65/87 Rpt:		Friends of B	randon Creigh	ton					00058241		
4	Date	5	Payee name									
	10/12/2023		Ramirez, Ca	arolina								
6	Amount (\$)	7	Payee addres	ss; City;	State;	Zip Co	de					
	\$125.00		113 Quail Ri	idge Dr.								
				_								
			Kyle, TX 786	340								
8	PURPOSE	⊢					(h)	Description				
ľ	OF			e Categories listed at		dule)	(D)	Description Check if travel of	nutsir	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		Office Overr	nead/Rental Ex	pense			<u> </u>		officeholder livin		
								_			ent cleaning services	
										·	_	
9	Complete ONLY if direct		Candidate/Offic	ceholder name	Ot	ffice sou	ght			Office h	eld	
	expenditure to benefit C/O	Н					_					
H	Date		Payee name									
	10/12/2023	ı	Ramirez, Ca	ırolina								
_	Amount (\$)	Ь—	Payee addres		Stato:	Zip Co	de					
	\$250.00	ı	113 Quail Ri		State,	Zip Co	uc					
	φ230.00		113 Quali Ki	iuge Dr.								
			Kyle, TX 786	540								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF EXPENDITURE		Office Overh	nead/Rental Ex	pense			=			nplete Schedule T.	
								—		officeholder livin		
								Officeriolaer F	-\uS	ын аранин	ent cleaning services	
	Complete ONL V if direct	<u> </u>	Candidata/Offic	ahaldar nama	0:	ffice cou	abt			Office b	old	
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offic	ceholder name	O	ffice sou	gnı			Office h	eid	
		_										
	Date	ı	Payee name									
	10/12/2023		Ramirez, Ca	ırolina								
	Amount (\$)		Payee addres	ss; City;	State;	Zip Co	de					
	\$375.00		113 Quail Ri	idge Dr.								
			Kyle, TX 786	640								
	PURPOSE	(a)	Category (Se	e Categories listed at	the top of this sche	dule)	(b)	Description				
	OF			nead/Rental Ex		uuic)	` '		outsio	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE				•					officeholder livin		
								Officeholder A	٩us	stin apartme	ent cleaning services	
	Complete ONLY if direct		andidate/Offic	ceholder name	Of	ffice sou	ght			Office h	eld	
	expenditure to benefit C/OI	Н										
ı												

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commi Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica		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)
	Sch: 66/87 Rpt:	Friends of Brandon Creighton	00058241
4	Date	5 Payee name	
	10/31/2023	Ramirez, Carolina	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
•	\$250.00	113 Quail Ridge Dr.	
	,	(
		Kyle, TX 78640	
_		· · · · · · · · · · · · · · · · · · ·	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if translet	systemide of Toyon, Commission Cohodule T
	EXPENDITURE	omee overnedd/Nerital Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
			Austin apartment cleaning services.
			•
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
	Date	Payee name	
	10/31/2023	Randall's	
	Amount (\$)		
	\$151.51	Payee address; City; State; Zip Code 2727 Exposition Blvd	
	Ψ131.31	2727 Exposition bivu	
		A	
		Austin, TX 78703	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Check if translation	systemide of Toyon, Commission Cohodule T
	EXPENDITURE	Office Overficad/Nertial Expense	outside of Texas. Complete Schedule T. TX, officeholder living expense
		Supplies for A	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	10/31/2023	Randall's	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$66.76	2727 Exposition Blvd	
		·	
		Austin, TX 78703	
	PURPOSE		
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	outside of Texas. Complete Schedule T.
	EXPENDITURE		TX, officeholder living expense
		Supplies for A	Austin office.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

SCHEDULE F1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to cor	-	ete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 67/87 Rpt:	Friends of Brandon Creighton		00058241
4	Date	5 Payee name		•
	08/14/2023	Sammies		
6	Amount (\$)	7 Payee address; City; State; Zip Coo	de	
	\$293.07	807 W 6th St		
		Austin , TX 78701		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF	Food/Beverage Expense	` '	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	·		Check if Austin, TX, officeholder living expense
				Meeting to discuss officeholder/candidate issues.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office soug	ght	Office held
	Date	Payee name		
	07/13/2023	San Luis		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$1,481.83	5222 Seawall Blvd		
		Galveston, TX 77551		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Event Expense		Check if travel outside of Texas. Complete Schedule T.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				Hotel expense for campaign fundraiser.
	Complete ONLY if direct	Candidate/Officeholder name Office souc	aht	Office held
	expenditure to benefit C/OI		JIII	Office field
	Date	Payee name		
	12/05/2023	Spaw Senate Account		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$250.00	1400 Congress Ave.		
		Austin, TX 78701		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Contributions/Donations Made By		Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee		Contribution for annual fundraiser.
				Contribution for armual fundialists.
	Complete ONLY if direct	Candidate/Officeholder name Office soug	tdr	Office held
	expenditure to benefit C/OI		JIIL	Office Held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wag The Instruction Guide explains how to comp	ges/	Contract Labor		OTHER (enter a	category not listed above)	
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission Filers)	\neg
	Sch: 68/87 Rpt:	Friends of Brandon Creighton				00058241	,	
4	Date	5 Payee name						
	12/05/2023	Spaw Senate Account						
6	Amount (\$)	7 Payee address; City; State; Zip Code	е					
	\$30.00	1400 Congress Ave.						
		Austin, TX 78701						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	b)	Description				
	OF EXPENDITURE	Contributions/Donations Made By		_		de of Texas. Com		
		Candidate/Officeholder/Political Committee		Contribution f		officeholder living		
				Continuution	UI	annuan lunui	aisei.	
Ļ								
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	nt			Office he	eld	
-	Date	Payee name						=
	09/28/2023	Spectrum						
	Amount (\$)	Payee address; City; State; Zip Code						_
	\$265.57	400 Atlantic St.						
	\$205.57	400 Atlantic St.						
		0. () 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.						
		Stamford, CT 06901						
	PURPOSE OF	, ,	b)	Description				
	EXPENDITURE	Office Overhead/Rental Expense	ļ	—		de of Texas. Com		
				X Check if Austin, Officeholder A		officeholder living		
				Officeriolaer A	¬u:	στι αραιτιτιο	in cable.	
_	Complete ONLY if direct	Candidate/Officeholder name Office sough	nt.			Office he	ald.	_
	expenditure to benefit C/O	Candidate/Officeriolder flame Office Sough	IL			Office fie	au .	
								_
	Date	Payee name						
	07/28/2023	Spectrum						
	Amount (\$)	Payee address; City; State; Zip Code	е					
	\$270.42	400 Atlantic St.						
		Stamford, CT 06901						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	o)	Description		<u>-</u>		
	OF EXPENDITURE	Office Overhead/Rental Expense		_		de of Texas. Com		
				_		officeholder living		
				Officeholder A	−us	sun aparunei	in cable.	
L	Complete ONLY if direct	Condidate/Officeholder name				Office I	ald.	
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	11			Office he	eiu	
_								

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schodula F1:		3 Filer ID (Ethics Commission Filers)
1	Total pages Schedule F1: Sch: 69/87 Rpt:	Friends of Brandon Creighton	00058241
4	Date	5 Payee name	
	10/30/2023	Spectrum	
6	Amount (\$) \$271.57	7 Payee address; City; State; Zip Code 400 Atlantic St. Stamford, CT 06901	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel of X Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Austin apartment cable.
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	08/28/2023	Spectrum	
	Amount (\$) \$271.57	Payee address; City; State; Zip Code 400 Atlantic St.	
		Stamford, CT 06901	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Austin apartment cable.
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought H	Office held
	Date	Payee name	
	12/28/2023	Spectrum	
	Amount (\$) \$575.79	Payee address; City; State; Zip Code 400 Atlantic St.	
		Stamford, CT 06901	
	PURPOSE OF EXPENDITURE	Check if Austin,	outside of Texas. Complete Schedule T. TX, officeholder living expense Austin apartment cable.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candida Credit Card	ate/Officeholder/Politica I Payment	A Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total page	es Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	70/87 Rpt:	Friends of Brandon Creighton 00058241
4 Date		5 Payee name
07/12/20	23	Spectrum
6 Amount (S	\$)	7 Payee address; City; State; Zip Code
	\$96.41	400 Atlantic St.
		Stamford, CT 06901
8 PURP		(a) Category (See Categories listed at the top of this schedule) (b) Description
OI EXPEND		Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		X Check if Austin, TX, officeholder living expense Officeholder Austin apartment cable.
		Officeriolder Austin apartment capie.
• • • • •	ON 11 11 11 11 11 11 11 11 11 11 11 11 11	
	ONLY if direct re to benefit C/O	Candidate/Officeholder name Office sought Office held
Date		Payee name
09/28/20	23	Starbucks
Amount (S	\$)	Payee address; City; State; Zip Code
	\$21.67	501 W 15th St
		Austin , TX 78701
PURP		(a) Category (See Categories listed at the top of this schedule) (b) Description
OI EXPEND		Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting to discuss officeholder/ campaign issues.
		ivided thing to discuss office holder/ campaight issues.
Commisto	ONII V if dine at	Condidate/Officeholder neme
	ONLY if direct re to benefit C/O	Candidate/Officeholder name Office sought Office held
•		
Date		Payee name
09/29/20	23	Starbucks
Amount (\$)	Payee address; City; State; Zip Code
	\$17.80	501 W 15th St
		Austin , TX 78701
PURP		(a) Category (See Categories listed at the top of this schedule) (b) Description
OI EXPEND		Food/Beverage Expense
	one	Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder/ campaign issues.
	ONUNCIC "	
	ONLY if direct re to benefit C/O	Candidate/Officeholder name Office sought Office held
CAPCHAIL		

SCHEDULE F1

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 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 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)
	Sch: 71/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	10/02/2023	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$12.45	501 W 15th St
		Austin , TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
l		Meeting to discuss officeholder/ campaign issues.
Ļ	0 1: 0:::::::::::::::::::::::::::::::::	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
┡	·	
l	Date	Payee name
L	10/06/2023	Starbucks
	Amount (\$)	Payee address; City; State; Zip Code
l	\$15.59	501 W 15th St
l		
		Austin , TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
l		Meeting to discuss officeholder/ campaign issues.
		meening to another entire the property of the
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
F	Date	Payee name
	10/11/2023	Starbucks
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$31.77	501 W 15th St
l		
		Austin , TX 78701
⊢	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
l	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder/ campaign issues.
L		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experience to beliefit 6/01	•

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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 OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		_
	Sch: 72/87 Rpt:	Friends of Brandon Creighton 00058241	
4	Date 10/13/2023	5 Payee name Starbucks	
Ļ			_
6	Amount (\$) \$49.92	7 Payee address; City; State; Zip Code 501 W 15th St	
l		Austin , TX 78701	
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss officeholder/ campaign issues.	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
l	12/04/2023	Starbucks	
	Amount (\$) \$14.29	Payee address; City; State; Zip Code 501 W 15th St	
		Austin , TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss officeholder/ campaign issues.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
Г	Date	Payee name	_
L	12/06/2023	Starbucks	
	Amount (\$) \$11.58	Payee address; City; State; Zip Code 501 W 15th St	
		Austin , TX 78701	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Meeting to discuss officeholder/ campaign issues.	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries (Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (onter a category pet listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	<u> </u>
	Sch: 73/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	09/11/2023	Steiner Ranch Steakhouse
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,139.07	5424 Steiner Ranch Blvd,
		Austin , TX 78732
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder/ campaign issues.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	07/17/2023	Tatango
	Amount (\$)	Payee address; City; State; Zip Code
	\$540.00	2211 Elliott Ave.
	\$540.00	
		Ste. 200
		Seattle, WA 98121
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Texting service for campaign.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/18/2023	Tatango
		-
	Amount (\$) \$540.00	Payee address; City; State; Zip Code 2211 Elliott Ave.
	\$540.00	
		Ste. 200
		Seattle, WA 98121
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Texting service for campaign.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

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

Transportation Equipment & Related Expense Travel in District Travel Out of District

Solicitation/Fundraising Expense

Printing Expense Salaries/Wages/Contract Labor Legal Services OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule F1: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 74/87 Rpt: Friends of Brandon Creighton 00058241 4 Date Payee name 09/18/2023 Tatango 6 Amount (\$) Payee address; City; State; Zip Code \$540.00 2211 Elliott Ave. Ste. 200 Seattle, WA 98121 8 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Food/Beverage Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Texting service for campaign. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 10/17/2023 Tatango Amount (\$) Payee address; City; State; Zip Code \$540.00 2211 Elliott Ave. Ste. 200 Seattle, WA 98121 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Advertising Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense Texting service for campaign. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/17/2023 Tatango Amount (\$) Payee address: City; State; Zip Code \$540.00 2211 Elliott Ave. Ste. 200 Seattle, WA 98121 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Texting service for campaign. Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

SCHEDULE F1

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	
	Sch: 75/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	12/18/2023	Tatango
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$540.00	2211 Elliott Ave.
		Ste. 200
		Seattle, WA 98121
8	PURPOSE	
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Texting service for campaign.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_	Date	Payee name
	07/17/2023	Terry Blacks BBQ
	Amount (\$)	Payee address; City; State; Zip Code
	\$398.71	1003 Barton Springs Rd
	7000	
		Austin , TX 78704
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder/ campaign issues.
		mooting to disouse employer sampaign leades.
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/07/2023	Texas Department of Criminal Justice
	Amount (\$)	Payee address; City; State; Zip Code
	\$811.88	P.O. Box 4013
		Huntsville, TX 77342
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Constituent gifts.
		Consulterit giits.
L	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Co Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment		mmittee	Legal Services	·	Salaries/\	Wages	s/Contract Labor		OTHER (enter	a category not listed above)	
	·			The Instruction	n Guide exp	plains how to co	ompl	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commission Filers	s)
	Sch: 76/87 Rpt:		Friends of B	randon Crei	ghton					00058241		
4	Date	5	Payee name									
	07/27/2023		Texas Depa	rtment of Cr	iminal Ju	stice						
6	Amount (\$)	7	Payee addres	s; City;		State; Zip Co	ode					
	\$240.32		P.O. Box 40	13								
			Huntsville, T	X 77342								
8	PURPOSE	(a)	Category (Se		l at the top of	this schodulo)	(b)	Description				
	OF	ľ` <i>′</i>	Gift/Awards/			tilis scriedule)	l` ′		outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		oner warder	momorialo E	гуропоо			Check if Austin,	, TX,	officeholder livin	g expense	
								Constituent g	ifs.			
9	Complete ONLY if direct		Candidate/Offic	eholder name	9	Office sou	ught			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	09/07/2023		Texas Depa	rtment of Cr	iminal Ju	stice						
	Amount (\$)		Payee addres	s; City;		State; Zip Co	ode					
	\$1,966.91		P.O. Box 40	13								
			Huntsville, T	X 77342								
	PURPOSE	(a)	Category (Se	e Categories liste	at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		Gift/Awards/					Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITORE				-			ш		officeholder livin	g expense	
								Constituent g	ifts			
	Complete ONLY if direct		Candidate/Offic	eholder name	9	Office sou	ught			Office h	eld	
	expenditure to benefit C/OI	Н										
	Date		Payee name									
	07/17/2023		Texas Fede	ration of Rep	oublican \	Women PAC						
	Amount (\$)		Payee addres	s; City;		State; Zip Co	ode					
	\$10,000.00		13740 N Hw	y 183								
			Ste. J4									
			Austin, TX 7	8750								
	PURPOSE	(a)	Category (Se	e Categories liste	at the top of	this schedule)	(b)	Description				
	OF EXPENDITURE		Contribution					Check if travel of	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		Candidate/C	Officeholder/I	Political C	Committee				officeholder livin		
								Donation to o	rga	anization ev	rent.	
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	9	Office sou	ught			Office h	eld	
L	experiorare to benefit C/OI											

SCHEDULE F1

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		mittee	Food/Beverage Exp Gift/Awards/Memor Legal Services The Instruction			xpens /ages	e /Contract Labor		Travel in District Travel Out of Dis OTHER (enter a	
1	Total pages Schedule F1:	ı			.htop					Filer ID	(Ethics Commission Filers)
	Sch: 77/87 Rpt:	├	riends of E	randon Creig	Inton					00058241	
4	Date	1	Payee name	ration of De	ublican M-	on D40					
Ļ	09/25/2023	-		•	ublican Wom						
6	Amount (\$)	l	Payee addres		State	e; Zip Co	de				
	\$1,000.00		13740 N Hv	иу тоз							
			Ste. J4	20750							
_	DUDDOCE	├	Austin, TX 7			i	(l-)	<u> </u>			
8	PURPOSE OF			e Categories listed IS/Donations	at the top of this scl	hedule)	(a)	Description Check if travel of	outsio	de of Texas. Com	plete Schedule T.
	EXPENDITURE				Made By Political Comn	nittee		=		officeholder living	
								Sponsorship	for	event.	
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		andidate/Offi	ceholder name		Office sou	ght			Office h	eld
	Date		Payee name								
	10/03/2023	-	Texas Priso	n Museum							
	Amount (\$)	ı	Payee addres	ss; City;	State	; Zip Co	de				
	\$866.00	4	491 Highwa	y 75 N.							
			Huntsville, 1	X 77320							
	PURPOSE	(a) (Category _{(Se}	e Categories listed	at the top of this scl	hedule)	(b)	Description			
	OF EXPENDITURE	(Gift/Awards	/Memorials E	xpense			=		de of Texas. Com officeholder living	plete Schedule T.
								Constituent g			g experies
								9			
	Complete ONLY if direct expenditure to benefit C/O		andidate/Offi	ceholder name		Office sou	ght			Office he	eld
H	Date	Π.	Dovos nama								
	Date 07/27/2023	I	Payee name Texas Priso	n Museum							
		<u> </u>			Ctoto	· Zin Co	de				
	Amount (\$) \$405.94	I	Payee addres 491 Highwa		State	e; Zip Co	ue				
	Ф405.94	'	+∂± ⊓igiiwa	y 13 IV.							
		ı	Huntsville, 7	X 77320							
	PURPOSE OF				at the top of this scl	hedule)	(b)	Description		d4.T-: 0	orlata Cabadula T
	EXPENDITURE	'	Gift/Awards	/Memorials E	xpense			ш		de of Texas. Com officeholder living	plete Schedule T. g expense
								Constituent g			
	Complete ONLY if direct		andidate/Offi	ceholder name	(Office sou	ght			Office h	eld
	expenditure to benefit C/O	Н									

SCHEDULE F1

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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
OTHER (enter a category not listed above)

1 Total pages Schedule F1: Sch: 78/87 Rpt:2 FILER NAME Friends of Brandon Creighton3 Filer ID 00058241(Ethics Commiss 000582414 Date 07/11/20235 Payee name Texas Senate	on Filers)
4 Date 5 Payee name	,
6 Amount (\$) 7 Payee address; City; State; Zip Code	
\$152.75 1400 Congress	
Austin, TX 78701	
8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense	
Check if Austin, 1X, officeholder living expense	
Constituent gifts.	
9 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
<u> </u>	
Date Payee name	
08/09/2023 Texas Senate	
Amount (\$) Payee address; City; State; Zip Code	
\$960.00 1400 Congress	
Austin, TX 78701	
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
OF EXPENDITURE Gift/Awards/Memorials Expense Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.	
Check if Austin, TX, officeholder living expense Constituent gifts.	
gine.	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH	
expenditure to benefit C/OH	
Date Payee name	
Date Payee name 08/09/2023 Texas Senate	
Date Payee name 08/09/2023 Texas Senate Amount (\$) Payee address; City; State; Zip Code	
Date Payee name 08/09/2023 Texas Senate	
Date Payee name 08/09/2023 Texas Senate Amount (\$) Payee address; City; State; Zip Code \$11.22 1400 Congress	
Date 08/09/2023 Payee name Texas Senate Amount (\$) Payee address; City; State; Zip Code 1400 Congress Austin, TX 78701	
Date 08/09/2023 Payee name Texas Senate Amount (\$) Payee address; City; State; Zip Code \$11.22 \$1400 Congress Austin, TX 78701 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
Date 08/09/2023 Payee name Texas Senate Amount (\$) Payee address; City; State; Zip Code 1400 Congress Austin, TX 78701 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description	
Date 08/09/2023 Payee name Texas Senate Amount (\$) Payee address; City; State; Zip Code 1400 Congress Austin, TX 78701 PURPOSE OF COF Gift/Awards/Memorials Expense (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	
Date 08/09/2023 Payee name Texas Senate Amount (\$) Payee address; City; State; Zip Code \$11.22 \$11.22 \$1400 Congress Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
Date 08/09/2023 Payee name Texas Senate Amount (\$) Payee address; City; State; Zip Code \$11.22 1400 Congress Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Constituent gifts. Complete ONLY if direct Candidate/Officeholder name Office sought Office held	
Date	
Date 08/09/2023 Payee name Texas Senate Amount (\$) Payee address; City; State; Zip Code \$11.22 1400 Congress Austin, TX 78701 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Constituent gifts. Complete ONLY if direct Candidate/Officeholder name Office sought Office held	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 79/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	08/29/2023	Texas Senate
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$11.22	1400 Congress
		Austin, TX 78701
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituent gifts.
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
L		
	Date	Payee name
	10/16/2023	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$89.00	1400 Congress
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Constituent gifts.
		Constituent gines
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	•
⊨	Data	
	Date	Payee name
	11/14/2023	Texas Senate
	Amount (\$)	Payee address; City; State; Zip Code
	\$16.00	1400 Congress
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee
		Contribution for Senate Christmas party.
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	· · · · · · · · · · · · · · · · · · ·
\vdash	•	
L		

SCHEDULE F1

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		Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense Pi Si	`	nse es/Contract Labor	Travel in D Travel Out OTHER (e	
1	Total pages Schedule F1:						3 Filer ID	(Ethics Commission Filers)
L	Sch: 80/87 Rpt:	Friends	of Brandon Creighton				000582	241
4	Date	5 Payee na	ıme					
	11/27/2023	Texas S	enate					
6	Amount (\$)	7 Payee ac	ldress; City;	State; Z	Zip Code)		
	\$133.50	1400 Cd	ngress					
		Austin, ⁻	TX 78701					
8	PURPOSE	(a) Category	(See Categories listed at the t	on of this schedu	ule) (k) Description		
	OF		rds/Memorials Expen		,	`	outside of Texas	. Complete Schedule T.
	EXPENDITURE		, -			ш	n, TX, officeholde	r living expense
						Constituent of	gifts.	
9	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Offic	ce sough	t	Offic	ce held
	Date	Payee na	ıme					
	07/10/2023	Texas Y	oung Republicans					
	Amount (\$)	Payee ac	ldress; City;	State; Z	Zip Code)		
	\$2,500.00	P.O. Bo	x 1885					
			TX 77305					
	PURPOSE OF		(See Categories listed at the t		ıle) (k	Description		
	EXPENDITURE		tions/Donations Made te/Officeholder/Politic		_		outside of Texas n, TX, officeholde	s. Complete Schedule T.
		Cariulda	ue/Onicendidel/Poillic	ai Cummille	- -	Campaign co		g oxpones
						I		
\vdash	Complete ONLY if direct	Candidate.	Officeholder name	Offic	ce sough	t	Offic	ce held
	expenditure to benefit C/O				- 3.			
H	Date	Dayon no	ıme					
	10/20/2023	Payee na Texas Y	outh Foundation					
				Ctoto: -	7in Cod			
	Amount (\$)	Payee ac		State; Z	∠ıµ Cod€	;		
	\$1,500.00	PO box	Σ12 0					
		Spring ,	TX 77387					
	PURPOSE	(a) Category	(See Categories listed at the t	op of this schedu	ıle) (k) Description		
	OF EXPENDITURE		tions/Donations Made					c. Complete Schedule T.
		Candida	te/Officeholder/Politic	al Committe	ee		n, TX, officeholder	
						Contribution	ioi organiza	alion eveni.
	Complete ONLY if direct	Condida:	Office holder is a inc	Otte	00.00::5:5	+	O	oo hold
	Complete ONLY if direct expenditure to benefit C/O		Officeholder name	Offic	ce sough	IL	Offic	ce held
	•							

SCHEDULE F1

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
Lenal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Candidate/Officeholder/Politica Credit Card Payment	al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 81/87 Rpt:	Friends of Brandon Creighton 00058241
4 Date	5 Payee name
09/05/2023	Texas Youth Summit
6 Amount (\$)	7 Payee address; City; State; Zip Code
\$1,000.00	PO Box 8105
	Spring , TX 77387
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.
	Candidate/Officeholder/Political Committee
	Contribution for armuta summit.
O Commission ONLL V if direct	Candidate/Officeholder name Office sought Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	
•	
Date	Payee name
09/11/2023	The Container Store
Amount (\$)	Payee address; City; State; Zip Code
\$29.22	9629 Research Blvd
	Austin , TX 78759
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF EXPENDITURE	Office Overhead/Rental Expense
	Check if Austin, TX, officeholder living expense Supplies for Austin office.
	Supplies for Austin office.
Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
Complete <u>ONLY</u> if direct expenditure to benefit C/O	
·	
Date	Payee name
09/11/2023	The Container Store
Amount (\$)	Payee address; City; State; Zip Code
\$398.25	9629 Research Blvd
	Austin , TX 78759
PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
OF	, <u> </u>
	Office Overhead/Rental Expense
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Office Overhead/Rental Expense
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Austin office.
EXPENDITURE Complete ONLY if direct	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Austin office. Candidate/Officeholder name Office sought Office held
EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Austin office. Candidate/Officeholder name Office sought Office held
EXPENDITURE Complete ONLY if direct	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Austin office. Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	I Committee	Gift/Awards/Memorials Exp Legal Services The Instruction Guide	Salaries/	Wages	es/Contract Labor		Travel Out of Dis OTHER (enter a	strict category not listed above)
1	Total pages Schedule F1:	2 FILER NA	 \ME				3	Filer ID	(Ethics Commission Filers)
Ĺ	Sch: 82/87 Rpt:		of Brandon Creighton				Ĺ	00058241	
4	Date	5 Payee na	me						
	08/24/2023	The Little	e Posey						
6	Amount (\$)	7 Payee ad	ldress; City;	State; Zip C	ode		_		
	\$274.13	-	rnet Rd G-81	•					
	, 								
		Austin ,	TX 78757						
8	PURPOSE	(a) Category	(See Categories listed at the to	op of this schedule)	(b)	Description			
	OF EXPENDITURE		rds/Memorials Expens					ide of Texas. Com	
						_		, officeholder living	g expense
						Constituent g	IIIS	i.	
					<u>1</u>				
9	Complete ONLY if direct expenditure to benefit C/OH		Officeholder name	Office so	ught			Office he	eld
L		•							
	Date	Payee na	me						
	10/06/2023	The Little	e Posey						
	Amount (\$)	Payee ad	ldress; City;	State; Zip C	ode				
	\$274.13	8711 Bu	rnet Rd G-81						
			TX 78757						
	PURPOSE OF		(See Categories listed at the to		(b)	Description			
	EXPENDITURE	Gift/Awa	rds/Memorials Expens	se		<u> </u>		ide of Texas. Com , officeholder living	
						Constituent g			y experise
						Sonomacin y	,	••	
	Complete ONLY if direct	Candidate/	Officeholder name	Office so	<u>l</u> ught			Office he	eld
	expenditure to benefit C/Oh						_		
	Date	Payee na	me						
	10/23/2023	Total Wi	ne & More						
	Amount (\$)	Payee ad	ldress; City;	State; Zip C	ode				
	\$429.38	1201 Ba	rbara Jordan Blvd.						
		Unit 900							
			TX 78723						
	PURPOSE				(b)	Docorintian			
	OF		(See Categories listed at the to urds/Memorials Expens		(0)	Description Check if travel of	outsi	ide of Texas. Com	plete Schedule T.
	EXPENDITURE	GiluAwa	пизлиеннонаіз Ехреп:	ು		<u></u>		, officeholder living	
						Constituent g			
						-			
	Complete ONLY if direct	Candidate/	Officeholder name	Office so	ught			Office he	eld
	expenditure to benefit C/OF	4			-				
		41-1							

SCHEDULE F1

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 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 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)
	Sch: 83/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	08/24/2023	Truluck's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$426.95	300 Colorado St Suite 100
		Austin, TX 78701
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
		Check if Austin, TX, officeholder living expense Meeting to discuss officeholder/candidate issues.
		Meeting to discuss officeriolide/fourididate issues.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
-	Date	Payee name
	09/08/2023	Truluck's
-	Amount (\$)	Payee address; City; State; Zip Code
	\$112.02	300 Colorado St Suite 100
	¥	
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder/candidate issues.
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	09/12/2023	Truluck's
	Amount (\$)	Payee address; City; State; Zip Code
	\$214.28	300 Colorado St Suite 100
		Austin, TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Meeting to discuss officeholder/candidate issues.
		meeting to discuss officeriolide/foundidate issues.
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y

SCHEDULE F1

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 84/87 Rpt:	2 FILER NAME 3 Filer ID (Ethics Commission Filers) Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	08/16/2023	United Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$79.00	233 S. Wacker Dr.
		Chicago, IL 60606
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Travel out of state for officeholder to attend
		NCSL convention.
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/06/2023	United Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	. ,	
	\$178.90	233 S. Wacker Dr.
		Chicago, IL 60606
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
	LAI LIIDITORE	Check if Austin, TX, officeholder living expense
		Travel out of state for officeholder to attend
		Energy Council convention.
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	09/26/2023	Vince Young Steakhouse
	Amount (\$)	Payee address; City; State; Zip Code
	\$606.61	301 San Jacinto Blvd
		Austin , TX 78701
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	LXI LINDITORL	Check if Austin, TX, officeholder living expense
		Meeting to discuss officeholder/ campaign issues.
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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 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 OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complet	e this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 85/87 Rpt:	Friends of Brandon Creighton	00058241
4	Date	5 Payee name	
	10/26/2023	Vince Young Steakhouse	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$162.07	301 San Jacinto Blvd	
		Austin , TX 78701	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
	OF EXPENDITURE	Food/Beverage Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			Check if Austin, 1x, officeholder living expense Meeting to discuss officeholder/ campaign issues.
			modalig to discuss simoshelden sampaign issues.
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
-	Date	Payee name	
	07/28/2023	Viva Day Spa	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	1811 W 35th Street	
	4200.00		
		Austin, TX 78703	
	PURPOSE		Description
	OF	Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin, TX, officeholder living expense
			Staff gift
	2		200
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	10/02/2023	Vonlane	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$258.00	208 Barton Springs Rd.	
		Austin, TX 78703	
	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Travel Out of District	Check if travel duside of Texas. Complete Scriedule 1. Check if Austin, TX, officeholder living expense
			Travel from Austin to the district for candidate/
			officeholder meetings. Not reimbursed by State.
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By - Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment				
<u> </u>	T.1 C.1.1 =:				
1	Total pages Schedule F1: Sch: 86/87 Rpt:	2 FILER NAME Friends of Brandon Creighton 3 Filer ID (Ethics Commission Filers) 00058241			
4	Data	<u> </u>			
4	Date	5 Payee name			
	08/23/2023	Walmart			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$22.69	1407 N Loop 336 W			
		Conros TV 77204			
		Conroe, TX 77304			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
		Check if Austin, TX, officeholder living expense			
		Purchase of supplies for campaign.			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OI	1			
F	Date	Payee name			
	07/14/2023	Walmart			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$98.75	1407 N Loop 336 W			
		Conroe, TX 77304			
	PURPOSE				
	OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		Supplies for Austin office.			
		Supplies to historical			
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	Complete ONLY if direct expenditure to benefit C/OI	•			
experience to benefit 0/011					
	Date	Payee name			
	09/01/2023	Walmart			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$100.70	1407 N Loop 336 W			
	Ψ100.70				
L		Conroe, TX 77304			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Office Overhead/Rental Expense			
	LAFENDITORE	Check if Austin, TX, officeholder living expense			
		Supplies for Austin office.			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held			
	expenditure to benefit C/OH				

SCHEDULE F1

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 Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica 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)
	Sch: 87/87 Rpt:	Friends of Brandon Creighton 00058241
4	Date	5 Payee name
	10/10/2023	Walmart
6	Amount (\$) \$142.22	7 Payee address; City; State; Zip Code 1407 N Loop 336 W
		Conroe, TX 77304
8	PURPOSE OF EXPENDITURE	(a) Category (see Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Austin office.
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/10/2023	Walmart
	Amount (\$) \$85.52	Payee address; City; State; Zip Code 1407 N Loop 336 W
		Conroe, TX 77304
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Austin office.
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	11/07/2023	Walmart
	Amount (\$) \$107.90	Payee address; City; State; Zip Code 1407 N Loop 336 W
		Conroe, TX 77304
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Supplies for Austin office.
	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

The Insti	ruction Guide explains how to complete this form.	1 Total pages Schedule T: Sch: 1/1 Rpt: 113/113				
2 FILER NAME		3 Filer ID (Ethics Commission Filers)				
Friends of Brandon Creighton		00058241				
4 Name of Contribute	or / Corporation or Labor Organization / Pledgor /Payee					
United Airlines						
5 Contribution / Expe	5 Contribution / Expenditure reported on:					
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1				
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC				
6 Dates of Travel	7 Name of person(s) traveling					
	Creighton , Brandon (Sen.)					
	8 Departure city or name of departure location					
08/13/2023	Austin					
	9 Destination city or name of destination location					
08/15/2023	Indianapolis					
10 Means of transport		other event)				
Commercial Airp	lane NCSL legislative summit.					
Name of Contribut	or / Corporation or Labor Organization / Pledgor /Payee					
United Airlines						
Contribution / Expe	enditure reported on:					
Schedule A2	Schedule B Schedule B(J) Schedule C2	Schedule D X Schedule F1				
Schedule F2	Schedule F4 Schedule G Schedule H	Schedule COH-UC				
Dates of Travel	Name of person(s) traveling					
	Creighton , Brandon (Sen.)					
	Departure city or name of departure location					
09/14/2023	Austin					
	Destination city or name of destination location					
09/17/2023	Phoenix					
Means of transport		other event)				
Commercial Airp	lane Energy Council convention.					