

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1 Filer ID</b> (Ethics Commission Filers) 00088002	<b>2 Total pages filed:</b> 8	
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR Mr.	FIRST Brandon J.	MI	<b>OFFICE USE ONLY</b> Date Received <b>ELECTRONICALLY FILED</b> 01/16/2024
	NICKNAME	LAST Grable	SUFFIX	
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b>  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 1603 Babcock Rd. Ste. 280 San Antonio, TX 78229		Date Hand-delivered or Date Postmarked	
			Receipt #      Amount	
			Date Processed	
			Date Imaged	
<b>5 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR Mr.	FIRST James E.	MI	
	NICKNAME	LAST Johnson	SUFFIX	
<b>6 CAMPAIGN TREASURER ADDRESS</b>  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1757 Hialeah Dr.  Seabrook, TX 77586			
<b>7 CAMPAIGN TREASURER PHONE</b>	AREA CODE (254)	PHONE NUMBER 383-5309	EXTENSION	
<b>8 REPORT TYPE</b>	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9 PERIOD COVERED</b>	Month    Day    Year 07/01/2023	THROUGH	Month    Day    Year 12/31/2023	
<b>10 ELECTION</b>	ELECTION DATE Month    Day    Year 03/05/2024		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	
<b>11 OFFICE</b>	OFFICE HELD (if any)		<b>12 OFFICE SOUGHT (if known)</b> State Representative District 119	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Grable, Brandon J. (Mr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00088002
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b> <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME	
		COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	1,354.10
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	307.48
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$	1,257.48
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	727.13
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	500.00

**17 AFFIDAVIT**

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Mr. Brandon J. Grable  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, to certify which, witness my hand and seal of office.

\_\_\_\_\_  
Signature of officer administering      Printed name of officer administering      Title of officer administering oath

**SUBTOTALS - C/OH****FORM C/OH  
COVER SHEET PG 3**

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<b>18 FILER NAME</b> Grable, Brandon J. (Mr.)		<b>19 Filer ID</b> 00088002	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	1,354.10
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	500.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	435.92
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	821.56
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/2 Rpt: 4/8
<b>2</b> FILER NAME Grable, Brandon J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088002
<b>4</b> Date 11/14/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conley, Brenda <hr/> <b>6</b> Contributor address; City; State; Zip Code  Sierra Vista, AZ 85650	<b>7</b> Amount of Contribution (\$)  \$100.00
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions)
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conley, Brenda <hr/> Contributor address; City; State; Zip Code  Sierra Vista, AZ 85650	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 12/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conley, Brenda <hr/> Contributor address; City; State; Zip Code  Sierra Vista, AZ 85650	Amount of Contribution (\$)  \$104.10
Principal occupation / Job title (See Instructions)		Employer (See Instructions) Retired
Date 11/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Conley, Mark <hr/> Contributor address; City; State; Zip Code  Sierra Vista, AZ 85650	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 11/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DCruz, James <hr/> Contributor address; City; State; Zip Code  Oakland, FL 34787	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cerebral Arms Company, LLC

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/2 Rpt: 5/8
<b>2</b> FILER NAME Grable, Brandon J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088002
<b>4</b> Date 12/27/2023	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) DCruz, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Winter Garden, FL 34787	<b>7</b> Amount of Contribution (\$)  \$500.00
<b>8</b> Principal occupation / Job title (See Instructions) attorney		<b>9</b> Employer (See Instructions) Greenberg Traurig
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Dilley, David <hr/> Contributor address; City; State; Zip Code  San Antonio, TX 78212	Amount of Contribution (\$)  \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Law Office of David E Dilley
Date 11/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) La Grandier, John <hr/> Contributor address; City; State; Zip Code  Converse, TX 78109	Amount of Contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)

# LOANS

## SCHEDULE E

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule E: Sch: 1/1 Rpt: 6/8
<b>2</b> FILER NAME Grable, Brandon J. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00088002
<b>4</b> TOTAL OF UNITEMIZED LOANS		<b>\$</b>
<b>5</b> Date of loan 11/14/2023	<b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Grable, Brandon	<b>9</b> Loan Amount (\$) \$500.00
<b>6</b> Is lender a financial institution? No	<b>8</b> Lender address; City; State; Zip Code  Converse, TX 78109	<b>10</b> Interest Rate
		<b>11</b> Maturity Date
<b>12</b> Principal occupation / Job title (See Instructions) attorney		<b>13</b> Employer (See Instructions) Grable Grimshaw PLLC
<b>14</b> Description of Collateral <input checked="" type="checkbox"/> None		<b>15</b> Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
<b>16</b> GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	<b>17</b> Name of guarantor	<b>19</b> Amount Guaranteed (\$)
	<b>18</b> Guarantor address; City; State; Zip Code	
<b>20</b> Principal occupation		<b>21</b> Employer (See Instructions)

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**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)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 1/1 Rpt: 7/8	<b>2</b> FILER NAME Grable, Brandon J. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088002	
<b>4</b> Date 12/28/2023	<b>5</b> Payee name Facebook		
<b>6</b> Amount (\$) \$200.00	<b>7</b> Payee address; City; State; Zip Code 1 Hacker Way  Menlo Park, CA 94025		
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Advertising Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense online advertising	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

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

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel in District
Contributions/ Donations Made By -	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule G: Sch: 1/1 Rpt: 8/8	<b>2</b> FILER NAME Grable, Brandon J. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00088002
<b>4</b> Date 11/20/2023	<b>5</b> Payee name Republican Party of Bexar County	
<b>6</b> Amount (\$)  \$750.00  <input type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code 10300 Heritage Blvd Ste 240  San Antonio, TX 78216	
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Candidate Filing Fee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Candidate Filing Fee
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought                      Office held