CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to comple	ete this form.	1 Filer ID (Ethics Comm 00062137		2 Total pages filed: 57
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
NAME	The Honorable	Brian D.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	01/16/2024
		Birdwell			
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODI	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING ADDRESS	P.O. Box 1111				Receipt # Amount
Change of Address	Granbury, TX 76048				
					Date Processed
					Date Imaged
5 CAMPAIGN TREASURER		FIRST		MI	-
NAME	The Honorable	Greg			
	NICKNAME	LAST Wilhelm		SUFFIX	
		vviiiieiiii			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	AP	T / SUITE #; CI	TY; STATE; ZIP CODE
TREASURER ADDRESS	508 South 9th St	,,		,	,
(Residence or Business)	Midlothian, TX 76065				
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION		
TREASURER	(972) 351-0041	E NOMBER E	JAN ENGION		
PHONE					
8 REPORT TYPE		.			
I TIPE	X January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15	8th day before e	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 PERIOD COVERED	Month Day Year	TU	IDOLICH		ay Year
OOVERLED	07/01/2023	Į H	IROUGH	12/31/2	2023
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	Pr	rimary	Runoff	Other
			eneral	Special	_
11 OFFICE	OFFICE HELD (if any)	 		12 OFFICE SOUG	GHT (if known)
	State Senator District 22				
	•			•	
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 57

13 C / OH NAME	Birdwell, Brian D. (Th	ne Honorable)		14 Filer ID (00062137	Ethics Comr	mission Filers)			
15 NOTICE FROM POLITICAL COMMITTEE(S)	holder's kno	support the wledge or expenditures.							
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME							
_	GENERAL								
	CDECIEIC	COMMITTEE ADDR	E55						
	SPECIFIC								
		COMMITTEE CAMP	AIGN TREASURER NAME						
		COMMITTEE CAMP	AIGN TREASURER ADDRES	SS					
16 CONTRIBUTION TOTALS			NTRIBUTIONS (OTHER THAI CONTRIBUTIONS MADE ELEC		\$	0.00			
		CAL CONTRIBUTIONS PLEDGES, LOANS, O	S OR GUARANTEES OF LOANS	5)	\$	14,775.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES					1,960.79			
	4. TOTAL POLITIC	CAL EXPENDITURES			\$	79,631.01			
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		MAINTAINED AS OF THE L	AST DAY OF THE	\$	760,965.27			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00			
17 AFFIDAVIT	•								
		tru	swear, or affirm, under penalty ue and correct and includes al nder Title 15, Election Code.						
			The Hono	rable Brian D. Birdwe	الد				
		_		Candidate or Officehold					
AFFIX NO	TARY STAMP / SEAL AB	OVE							
Sworn to and subs	cribed before me, by the s	aid		, this the		day			
			ny hand and seal of office.			_ ,			
Signature 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

				JVLK SIILL	3 of 57
	LER NAM		19 Filer ID	(Ethics Commission	n Filers)
В	rdwell, I	00062137			
		E SUBTOTALS		SUBTOTAL A	AMOUNT
IN	AME OF	SCHEDULE			
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	14,775.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	\$	68,240.05		
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.		\$			
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	11,390.96
9.		SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	
10). 🔲	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
11	🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
12	. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	12,102.00

	MONEI	ARY POLITICAL CONTRIBUTIO	NS	SCHEDULE A1
	The Instru	ction Guide explains how to complete this fo	1 Total pages Schedule A1: Sch: 1/4 Rpt: 4/57	
2	FILER NAME Birdwell, Bria	an D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062137
4	Date 12/02/2023	 Full name of contributor	7 Amount of Contribution (\$) \$2,000.00	
8	Principal occu	Houston, TX 77079 pation / Job title (See Instructions)	9 Employer (See Instructions)	
	Date 09/26/2023	Full name of contributor out-of-state PAC (ID#:	Amount of Contribution (\$) \$25.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 10/23/2023	Full name of contributor out-of-state PAC (ID#: Butler Snow, LLP Contributor address; City; State; Zip Code)	Amount of Contribution (\$) \$1,000.00
	Principal occu	Ridgeland, MS 39158 pation / Job title (See Instructions)	Employer (See Instructions)	1
	Date 10/14/2023	Full name of contributor x out-of-state PAC (ID#:COmcast Corporation & NBC Universal PAC Contributor address; City; State; Zip Code Philadelphia, PA 19103	00248716)	Amount of Contribution (\$) \$1,500.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	
	Date 10/23/2023	Full name of contributor X out-of-state PAC (ID#: C Constellation Energy Corporation PAC Contributor address; City; State; Zip Code Washington, DC 20001	00793711)	Amount of Contribution (\$) \$1,000.00
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)	

MONETARY POLITICAL CONTRIBUTIONS					SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 2/4 Rpt: 5/57				
2	FILER NAME Birdwell, Bria	an D. (The Honorable)		3	Filer ID (Ethics Commission 00062137	n Filers)		
4	Date 09/12/2023	 Full name of contributor	7	Amount of Contribution (\$)	\$500.00			
_	Daine in all account	Vero Beach, FL 32960						
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions))				
	Date Full name of contributor aut-of-state PAC (ID#: C00097568) 10/20/2023 Employees of Raytheon Technologies Corp. PAC Contributor address; City; State; Zip Code Arlington, VA 22209				Amount of Contribution (\$)	\$1,000.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date Full name of contributor out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00		
		Granbury, TX 76048						
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 11/07/2023	Full name of contributor out-of-state PAC (ID#:_ Jackson Walker, LLP PAC Contributor address; City; State; Zip Code Dallas, TX 75201)		Amount of Contribution (\$)	\$1,500.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				
	Date 10/24/2023	Full name of contributor out-of-state PAC (ID#:_Kinzie, Bill Contributor address; City; State; Zip Code Ennis, TX 75119)		Amount of Contribution (\$)	\$100.00		
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)				

	MONET	ARY POLITICAL CONTRIBUTION		SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	1	Total pages Schedule A1: Sch: 3/4 Rpt: 6/57			
2	FILER NAME Birdwell, Bria	n D. (The Honorable)	3	Filer ID (Ethics Commission 00062137	on Filers)		
4	Date 09/05/2023	 Full name of contributor	7	Amount of Contribution (\$)	\$500.00		
		Tulsa, OK 74121					
8	Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructions)			
	Date 12/02/2023	Full name of contributor	C00225342)		Amount of Contribution (\$)	\$1,000.00	
	Richmond, VA 23219 Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date 11/11/2023		Full name of contributor out-of-state PAC (ID#:) Snow, Dan			Amount of Contribution (\$)	\$500.00	
		Contributor address; City; State; Zip Code Granbury, TX 76048					
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
Date Full name of contributor out-of-state PAC (ID#: 08/10/2023 Texas Optometric PAC Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$1,000.00		
	Principal occu	Austin, TX 78705 pation / Job title (See Instructions)	Employer (See Instructions)			
	Date Full name of contributor X out-of-state PAC (ID#: C00123612) 09/28/2023 Textron PAC Contributor address; City; State; Zip Code Providence, RI 02903				Amount of Contribution (\$)	\$500.00	
	Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)			
			1				

	MONET	ARY POLITICAL (CONTRIBUTIO	ONS			SCHEDUI	LE A1
	The Instruction Guide explains how to complete this form.						es Schedule A1: Rpt: 7/57	
2	FILER NAME Birdwell, Brid	an D. (The Honorable)			3		(Ethics Commission	on Filers)
4	Date 12/14/2023	5 Full name of contributor The Williams Companies 6 Contributor address; City; S		00040394)	7	Amount o	of Contribution (\$)	\$1,000.00
8	Principal occu	Tulsa, OK 74172 upation / Job title (See Instructions	3)	9 Employer (See Instructions	<u>s)</u>			
Ĺ	r iiicipai occu	pation / 300 title (See instructions	5)	2 Employer (See Instructions	·)			
	Date Full name of contributor out-of-state PAC (ID#:) 12/11/2023 Union Pacific Corporation Fund for Effective Government Contributor address; City; State; Zip Code					Amount o	of Contribution (\$)	\$1,500.00
		Washington, DC 20005						
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)			
	Date 09/11/2023	Full name of contributor Wysocki, Linda Contributor address; City; S	out-of-state PAC (ID#:_)	•	Amount o	of Contribution (\$)	\$100.00
		Sherman Oaks, CA 9142						
	Principal occu	pation / Job title (See Instructions	5)	Employer (See Instructions	s)			

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

	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: 1/27 Rpt: 8/57	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	08/18/2023	Arlington Republican Club
6	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code 2716 Margaret Drive
Ļ		Arlington, TX 76012
8	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 sponsorship support
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
Г	Date	Payee name
	12/20/2023	Arthur, Makayla
	Amount (\$) \$100.00	Payee address; City; State; Zip Code P.O. Box 26802
		Austin, TX 78755
	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 Staff gift
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
ſ	Date	Payee name
	08/01/2023	Birdwell, Brian
	Amount (\$) \$325.53	Payee address; City; State; Zip Code P.O. Box 1111
		Granbury, TX 76048
	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense July 2023 campaign mileage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
pense 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

	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: 2/27 Rpt: 9/57	Birdwell, Brian D. (The Honorable) 00062137	
4	Date	5 Payee name	
	12/05/2023	Birdwell, Brian	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$279.68	P.O. Box 1111	
		Granbury, TX 76048	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel In District Check if travel outside of Texas. Com	plete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living	
		November 2023 campaign n	nileage
_	0 1: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0: 0:		
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office he	eld
	·		
	Date	Payee name	
	07/06/2023	Bock, Kirstee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00	P.O. Box 26802	
		Austin, TX 78755	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Com	
		Check if Austin, TX, officeholder living campaign stipend	expense
		Jan Palign Superia	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	eld
	expenditure to benefit C/O		
_	Date	Payee name	
	08/01/2023	Bock, Kirstee	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$200.00		
	Ψ200.00	1101 200 2002	
		Austin, TX 78755	
	DUDDOCE		
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Compared to the compared t	plete Schedule T.
	EXPENDITURE	Salaties/ wages/ Contract Labor	
		campaign stipend	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office he	eld
	expenditure to benefit C/Ol	JH	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense 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

	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: 3/27 Rpt: 10/57	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	09/05/2023	Bock, Kirstee
6	Amount (\$)	7 Payee address; City; State; Zip Code
l	\$200.00	P.O. Box 26802
		Austin, TX 78755
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign stipend
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	10/02/2023	Bock, Kirstee
Н	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 26802
		Austin, TX 78755
Г	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign stipend
		campaign superio
┝	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	11/01/2023	Bock, Kirstee
H	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 26802
		Austin, TX 78755
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense campaign stipend
		Campaign supend
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
一		
ı		

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: 4/27 Rpt: 11/57	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	12/01/2023	Bock, Kirstee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	P.O. Box 26802
		Austin, TX 78755
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense campaign stipend
		campaigh supend
_	Complete ONU V if alice	Condidate/Officeholder name Office sought
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	•	
	Date	Payee name
	12/20/2023	Bock, Kirstee
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 26802
		Austin, TX 78755
	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
		Staff gift
		Stail gilt
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
 	Data	
	Date	Payee name
	08/29/2023	Bosque County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	505 W. 5th St, Suite 240
		Clifton, TX 76634
	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
		donation to organization
	0 1 0 0 0 0 0 0	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	d Cor	The Instruction Guide explains how to	g Expe es/Wag	ense Jes/Contract Labor	Tra	avel Out of Dis HER (enter a	trict category not listed above	2)
1	Total pages Schedule F1:	2	FILER NAME			3 Fil	er ID	(Ethics Commission	Filers)
	Sch: 5/27 Rpt: 12/57		Birdwell, Brian D. (The Honorable)			00	0062137		
4	Date	5	Payee name						
	07/27/2023		Brannon, Kevin						
6	Amount (\$)	7	Payee address; City; State; Zip	Code	•				
	\$2,500.00		1911 Lorraine Avenue						
L			Allen, TX 75002						
8	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b	Description				
	OF EXPENDITURE		Consulting Expense					plete Schedule T.	
	-				Check if Austin, campaign cor				
					campaign coi	Julii	ig Scivice		
9	Complete ONLY if direct	<u> </u>	Candidate/Officeholder name Office s	ough h	nt .		Office he	eld.	
	expenditure to benefit C/OI		Office 3	Jugii	••		000 110		
	Date	Π	Payee name						
	08/29/2023		Brannon, Kevin						
	Amount (\$)	H	Payee address; City; State; Zip	Code)				
	\$2,500.00		1911 Lorraine Avenue						
	, ,								
			Allen, TX 75002						
	PURPOSE OF	(a)	Category (See Categories listed at the top of this schedule)	(b	Description		4.T C	olata Cabada I. T	
	EXPENDITURE		Consulting Expense		Check if travel of Check if Austin,			plete Schedule T.	
					campaign cor				
					, 5		J		
	Complete ONLY if direct		Candidate/Officeholder name Office s	ough	ıt		Office he	eld	
L	expenditure to benefit C/OI	Н							
	Date		Payee name						
	09/25/2023		Brannon, Kevin						
	Amount (\$)		Payee address; City; State; Zip	Code)				
	\$2,500.00		1911 Lorraine Avenue						
			Allen, TX 75002						
	PURPOSE	(a)	Category (See Categories listed at the top of this schedule)	(b	Description				
	OF EXPENDITURE		Consulting Expense					plete Schedule T.	
					Check if Austin,				
					campaign cor	เอนเป	ig service	ંડ	
_	Complete ONLY if direct	Щ	Candidate/Officeholder name Office s	ouah	ıt		Office he	eld	
	expenditure to benefit C/O		Office 3	Jugii	••		500 ftc		
Eor	me provided by Texas F	thic	es Commission was athics state to	V IIC				Version V2.5.1	Objection

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

Advertising Expense Accounting/Banking Consulting Expense

Fees Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	/ - al Cor	mmittee	Legal Se		·		/ages/	/Contract Labor		Travel Out of OTHER (en		strict category not listed above)
L		_			struction G	uide explains	110W to co	ınpıe	ete this form.	_			
1	Total pages Schedule F1:	2								3			(Ethics Commission Filers)
	Sch: 6/27 Rpt: 13/57	_	Birdwell, Br		(The Hon	orable)					0006213	37	
4	Date	5	Payee name										
	10/22/2023		Brannon, Ke	evin									
6	Amount (\$)	7	Payee addres	ss;	City;	State	e; Zip Co	de					
	\$2,500.00		1911 Lorrai	ne Av	enue								
			Allen, TX 75	5002									
8	PURPOSE	(a)	Category (Se	an Cator	orige listed at t	he ton of this co	hedule)	(b)	Description				
	OF	` <i>`</i>	Consulting I			are top or trits SC	neuule)	. ,		outsi	de of Texas.	Comp	plete Schedule T.
	EXPENDITURE		Jonodinig		.50			ı	Check if Austin,				
								l	campaign cor	ทรเ	ılting ser	vice	es
								l					
9	Complete ONLY if direct		Candidate/Offi	cehold	er name		Office sou	ght			Offic	e he	eld
	expenditure to benefit C/Oh				-			T				,	
H	Date	Π	Payee name					_					
	11/21/2023		Brannon, Ke										
		\vdash	•				7:- 0	al c					
	Amount (\$)		Payee addres	-	City;	State	e; Zip Co	ue					
	\$2,500.00		1911 Lorrai	ne Av	enue								
			Allen, TX 75	5002									
	PURPOSE	(a)	Category (Se	e Categ	ories listed at t	he top of this sc	hedule)	(b)	Description				
	OF EXPENDITURE		Consulting I					ı	=				plete Schedule T.
	LAI LINDITORL							l	Check if Austin,				
								l	campaign cor	nsu	ılting ser	vice	es
	Complete ONLY if direct		Candidate/Offi	cehold	ler name		Office sou	ght			Offic	e he	eld
	expenditure to benefit C/O	П											
	Date		Payee name										
	07/13/2023		Brazos Preg	gnanc	y Center								
	Amount (\$)		Payee addres	SS:	City;	State	e; Zip Co	de					
	\$1,200.00		1812 Acton		•	Sidic	., <u>-</u> .p 00						
	Ψ1,200.00		TOTE ACIOII	i iigi ii	ivay								
			Or- 1	-\/ - -	140								
			Granbury, T										
	PURPOSE OF	(a)	Category (Se			he top of this sc	hedule)	(b)	Description			_	
	EXPENDITURE		Advertising	Expe	nse			ı					plete Schedule T.
								ı	Check if Austin,			ııvıng	expense
								I	gala sponsors	11اد	h		
	Complete Children		Sameli I i i i i i				Ote:						al al
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offi	cehold	ler name	,	Office sou	ght			Offic	e he	eld
	CAPETIGITUTE TO DETICITE C/OI	1								_			
		TI							,				

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: 7/27 Rpt: 14/57	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	10/09/2023	Capitol Commission Texas
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	12302 Marshal Drive
		Magnolia, TX 77354
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 sponsorship support
		οροποσιοιήν συμμοτί
_	Complete ONU V if allow	Condidate/Officeholder name
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/20/2023	Condor, Madeline
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 1111
		Granbury, TX 76048
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign stipend
		ounpaign oupons
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Data	
	Date	Payee name
	12/20/2023	Estrada, David
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 26802
		Austin, TX 78755
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	LAFENDITORE	Check if Austin, TX, officeholder living expense
		staff gift
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	onponditure to belieff 0/01	•

SCHEDULE F1

Advertising Expense Et Accounting/Banking Fr. Consulting Expense Fr. Contributions/ Donations Made By - G

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	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)	
	oroan oara'r aymon	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 8/27 Rpt: 15/57	Birdwell, Brian D. (The Honorable) 00062137	
4	Date	5 Payee name	
	10/30/2023	Falls County Republican Party	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$300.00	P.O. Box 1336	
		Marlin, TX 76661	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
_	OF	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Candidate/Officeholder/Political Committee Check if Austin, TX, officeholder living expense	
		donation to organization	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Dove nome	_
	07/15/2023	Payee name First Command Visa	
			_
	Amount (\$)	Payee address; City; State; Zip Code	
	\$6,823.00	P.O. Box 30131	
		Tampa, FL 33630	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.	
	LXI LINDITORL	Check if Austin, TX, officeholder living expense	
		campaign credit card payment	
			_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	experientare to benefit 6/01		
	Date	Payee name	
	08/01/2023	First Command Visa	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$658.61	P.O. Box 30131	
		Tampa, FL 33630	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_
	OF	Credit Card Payment Credit Card Payment Credit Card Payment	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		campaign credit card payment	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to 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

	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: 9/27 Rpt: 16/57	Birdwell, Brian D. (The Honorable)	00062137
4	Date	5 Payee name	
	09/10/2023	First Command Visa	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$1,440.02	P.O. Box 30131	
		Tampa, FL 33630	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) D	Description
	OF EXPENDITURE	Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.
		L	☐ Check if Austin, TX, officeholder living expense campaign credit card payment
			ampaign orealt sara payment
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/OI		000
-	Date	Payee name	
	09/14/2023	First Command Visa	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,822.68	P.O. Box 30131	
	Ψ1,022.00	1.0. box 30131	
		Tampa El 22620	
	5115565	Tampa, FL 33630	
	PURPOSE OF		Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Credit Card Payment	Check if Austin, TX, officeholder living expense
		-	ampaign credit card payment
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Data		
1	Date	Payee name	
	10/04/2023	Payee name First Command Visa	
	10/04/2023	First Command Visa	
	10/04/2023 Amount (\$)	First Command Visa Payee address; City; State; Zip Code	
	10/04/2023 Amount (\$)	First Command Visa Payee address; City; State; Zip Code	
	10/04/2023 Amount (\$)	First Command Visa Payee address; City; State; Zip Code P.O. Box 30131 Tampa, FL 33630	Description
	10/04/2023 Amount (\$) \$914.72 PURPOSE OF	First Command Visa Payee address; City; State; Zip Code P.O. Box 30131 Tampa, FL 33630	Check if travel outside of Texas. Complete Schedule T.
	10/04/2023 Amount (\$) \$914.72 PURPOSE	First Command Visa Payee address; City; State; Zip Code P.O. Box 30131 Tampa, FL 33630 (a) Category (See Categories listed at the top of this schedule) Credit Card Payment	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	10/04/2023 Amount (\$) \$914.72 PURPOSE OF	First Command Visa Payee address; City; State; Zip Code P.O. Box 30131 Tampa, FL 33630 (a) Category (See Categories listed at the top of this schedule) Credit Card Payment	Check if travel outside of Texas. Complete Schedule T.
	10/04/2023 Amount (\$) \$914.72 PURPOSE OF EXPENDITURE	First Command Visa Payee address; City; State; Zip Code P.O. Box 30131 Tampa, FL 33630 (a) Category (See Categories listed at the top of this schedule) Credit Card Payment	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign credit card payment
	10/04/2023 Amount (\$) \$914.72 PURPOSE OF	First Command Visa Payee address; City; State; Zip Code P.O. Box 30131 Tampa, FL 33630 (a) Category (See Categories listed at the top of this schedule) Credit Card Payment Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	10/04/2023 Amount (\$) \$914.72 PURPOSE OF EXPENDITURE Complete ONLY if direct	First Command Visa Payee address; City; State; Zip Code P.O. Box 30131 Tampa, FL 33630 (a) Category (See Categories listed at the top of this schedule) Credit Card Payment Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign credit card payment
	10/04/2023 Amount (\$) \$914.72 PURPOSE OF EXPENDITURE Complete ONLY if direct	First Command Visa Payee address; City; State; Zip Code P.O. Box 30131 Tampa, FL 33630 (a) Category (See Categories listed at the top of this schedule) Credit Card Payment Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign credit card payment

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	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: 10/27 Rpt: 17/57	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	10/10/2023	First Command Visa
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,773.67	P.O. Box 30131
		Tampa, FL 33630
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign credit card payment
		Campaign Ground State paymont
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	-
Г	Date	Payee name
	12/08/2023	First Command Visa
Г	Amount (\$)	Payee address; City; State; Zip Code
	\$2,283.10	P.O. Box 30131
		Tampa, FL 33630
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Credit Card Payment Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign credit card payment
		Campaign Ground State paymont
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	07/01/2023	Frederick Douglass Republicans of Tarrant County PAC
H	Amount (\$)	Payee address; City; State; Zip Code
	\$1,500.00	7501 Bent Trail
	·	
		Mansfield, TX 76063
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Advertising Expense
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		sponsorship support
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		
l		

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,

	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: 11/27 Rpt: 18/57	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	10/01/2023	Frederick Douglass Republicans of Tarrant County PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	7501 Bent Trail
		Mansfield, TX 76063
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.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		sponsorship support for Christmas Party
_	Opening the ONLY if allowed	Our did at 10 % as hald a manual of the annual of the same of the
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/06/2023	Galloway, JW
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 26802
		Austin, TX 78755
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign stipend
		Campaign superio
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	08/01/2023	Payee name Galloway, JW
		-
	Amount (\$) \$250.00	Payee address; City; State; Zip Code P.O. Box 26802
	\$250.00	P.O. BOX 20002
		A . (C. TV 707FF
		Austin, TX 78755
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign stipend
	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 Event Expense Fees

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
1	Total pages Cabadula F1:		-
1	Total pages Schedule F1: Sch: 12/27 Rpt: 19/57	2 FILER NAME Birdwell, Brian D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062137	
Ļ	•		_
4	Date	5 Payee name	
L	09/05/2023	Galloway, JW	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	P.O. Box 26802	
		Austin, TX 78755	
8	PURPOSE		_
ľ	OF	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		campaign stipend	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
H	Date	Payee name	=
	10/02/2023	Galloway, JW	
<u> </u>			_
	Amount (\$)		
	\$250.00	P.O. Box 26802	ſ
			ſ
L		Austin, TX 78755	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
		Check if Austin, TX, officeholder living expense	
		campaign stipend	
_	Complete ONII V if allowers	Condidate/Officeholder name	_
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held H	ĺ
L			_
	Date	Payee name	ĺ
	11/01/2023	Galloway, JW	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	P.O. Box 26802	
			ſ
		Austin, TX 78755	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	+
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		campaign stipend	
L			
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
L	expenditure to benefit C/O	n	

SCHEDULE F1

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

Travel in Distri Travel Out of I otract Labor OTHER (enter

	Candidate/Officeholder/Politica Credit Card Payment	l Committee Legal Services Salaries/Wag The Instruction Guide explains how to comp	orther (enter a category not listed above) lete this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 13/27 Rpt: 20/57	Birdwell, Brian D. (The Honorable)	00062137
4	Date	5 Payee name	
	12/20/2023	Galloway, JW	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	P.O. Box 26802	
		Austin, TX 78755	
8	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 Staff gift
			Stati gitt
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O		
	Date	Payee name	
	12/01/2023	Galloway, JW	
Г	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00	P.O. Box 26802	
		Austin, TX 78755	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor	Check if travel outside of Texas. Complete Schedule T.
			Check if Austin, TX, officeholder living expense campaign stipend
			campaign superio
-	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O		C IIIGC Hold
⊨	Data	Para area	
	Date 09/12/2023	Payee name Greater Waco Chamber of Commerce	
┡			
	Amount (\$)	Payee address; City; State; Zip Code	
	\$489.00	101 S 3rd St	
		Waco, TX 76701	
	PURPOSE OF	, ,) Description
	EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			annual membership dues
			'
	Complete ONLY if direct	Candidate/Officeholder name Office sough	t Office held
	expenditure to benefit C/O		
ı			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ertising Expense 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

l	Credit Card Payment	The Instruction Guide explains how to complete th	nis form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 14/27 Rpt: 21/57	Birdwell, Brian D. (The Honorable)	00062137
4	Date	5 Payee name	•
	12/20/2023	Harned, Clint	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	P.O. Box 26802	
		Austin, TX 78755	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Des	scription
	OF EXPENDITURE	Citt/ Wards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
		, <u> </u>	Check if Austin, TX, officeholder living expense ff gift
			g
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O		
۲	Date	Payee name	
	12/20/2023	Hinton, Hunter	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	P.O. Box 26802	
	4100.00	THE BOX EGGE	
		Austin, TX 78755	
	PURPOSE	T	- contrast - co
	OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	SCRIPTION Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Only Wards/Memorials Expense	Check if Austin, TX, officeholder living expense
		stat	ff gift
		- " · · · · · · · · · · · · · · · · · ·	Office held
l	Complete ONLY if direct	Candidate/Officeholder name Office sought	
	Complete ONLY if direct expenditure to benefit C/Ol		
	expenditure to benefit C/O	1	
	expenditure to benefit C/Ol	Payee name	
	expenditure to benefit C/OFDate 12/20/2023	Payee name Hogan, Ryan	
_	Date 12/20/2023 Amount (\$)	Payee name Hogan, Ryan Payee address; City; State; Zip Code	
	Date 12/20/2023 Amount (\$)	Payee name Hogan, Ryan Payee address; City; State; Zip Code	
	Date 12/20/2023 Amount (\$) PURPOSE	Payee name Hogan, Ryan Payee address; City; State; Zip Code P.O. Box 26802	scription
_	Date 12/20/2023 Amount (\$) \$100.00	Payee name Hogan, Ryan Payee address; City; State; Zip Code P.O. Box 26802 Austin, TX 78755 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	Date 12/20/2023 Amount (\$) PURPOSE OF	Payee name Hogan, Ryan Payee address; City; State; Zip Code P.O. Box 26802 Austin, TX 78755 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 12/20/2023 Amount (\$) PURPOSE OF	Payee name Hogan, Ryan Payee address; City; State; Zip Code P.O. Box 26802 Austin, TX 78755 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
	Date 12/20/2023 Amount (\$) PURPOSE OF EXPENDITURE	Payee name Hogan, Ryan Payee address; City; State; Zip Code P.O. Box 26802 Austin, TX 78755 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ff gift
	Date 12/20/2023 Amount (\$) PURPOSE OF	Payee name Hogan, Ryan Payee address; City; State; Zip Code P.O. Box 26802 Austin, TX 78755 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Date 12/20/2023 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Hogan, Ryan Payee address; City; State; Zip Code P.O. Box 26802 Austin, TX 78755 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ff gift
	Date 12/20/2023 Amount (\$) PURPOSE OF EXPENDITURE Complete ONLY if direct	Payee name Hogan, Ryan Payee address; City; State; Zip Code P.O. Box 26802 Austin, TX 78755 (a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense Candidate/Officeholder name Office sought	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ff gift

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political 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	
-	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
1	Sch: 15/27 Rpt: 22/57	2 FILER NAME Birdwell, Brian D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062137
4	Date	5 Payee name
	10/27/2023	Hood County Republican Women
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code P.O. Box 1041 Granbury, TX 76048
8	PURPOSE	(a) Cotagon (b) December (c)
١	OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Contributions/Donations Made By
	EXPENDITURE	Contributions/Donations Made By Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Candidate/Officeholder/Political Committee Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense donation to organization
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/28/2023	Hood County Senior Center
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	P.O. Box 849
		Granbury, TX 76048
	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
		sponsorship support
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	10/16/2023	McLennan County Republican Party
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	539 N Valley Mills Drive
	. ,	
		Waco, TX 76710
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	ZA ZHOHOKZ	Candidate/Officeholder/Political Committee
		donation to organization
	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

	Contributions/ Donations Made By 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:	
	Sch: 16/27 Rpt: 23/57	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	10/26/2023	Midlothian ISD Education Fund
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	100 Walter Stephenson Rd
		Midlothian, TX 76065
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
		sponsorship support for Army JROTC program
L		
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	experience to belieff C/Of	
	Date	Payee name
	12/20/2023	Moncla, Gatlin
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 26802
		Austin, TX 78755
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	ZA LIBITORL	Check if Austin, TX, officeholder living expense
		staff gift
_		
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	12/20/2023	Morrison, Robyn
	Amount (\$)	Payee address; City; State; Zip Code
	\$100.00	P.O. Box 26802
		Austin, TX 78755
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense
	ZA LIBITORL	Check if Austin, TX, officeholder living expense
		staff gift
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	
	•	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made Candidate/Officeholder/Pol 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	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	_
	Sch: 17/27 Rpt: 24/57	Birdwell, Brian D. (The Honorable) 00062137	
4	Date	5 Payee name	_
	11/17/2023	Reagan Legacy Republican Women	
-			_
0	Amount (\$) \$500.00	7 Payee address; City; State; Zip Code P.O. Box 174431	
	φ300.00	F.O. Box 174431	
		Arlington, TX 76003	_
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	
		sponsorship support for Christmas Party	
		openeeromp support for enmounted it dity	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
9	expenditure to benefit C/OI		
			_
	Date	Payee name	
	10/01/2023	Republican Party of Ellis County	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	610 Water St	
		Waxahachie, TX 75165	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Legacy Circle Membership	
	Complete ONL V if direct	Condidate/Officeholder name Office sought Office hold	_
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
			_
	Date	Payee name	
	07/05/2023	Ross Fischer Law, PLLC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$1,000.00	430 Old Fitzhugh, No. 7	
		Dripping Springs, TX 78620	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense campaign legal services	
		campaign legal services	
	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 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

	Credit Card Payment	The Instruction Guide explains how to cor	•	ete this form.
1	Total pages Schedule F1:	· · · · · · · · · · · · · · · · · · ·	_	3 Filer ID (Ethics Commission Filers)
	Sch: 18/27 Rpt: 25/57	Birdwell, Brian D. (The Honorable)		00062137
4	Date	5 Payee name		•
	08/02/2023	Ross Fischer Law, PLLC		
6	Amount (\$)	7 Payee address; City; State; Zip Co	de	
	\$1,000.00	430 Old Fitzhugh, No. 7		
		Dripping Springs, TX 78620		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Legal Services		Check if travel outside of Texas. Complete Schedule T.
	LAPENDITORE			Check if Austin, TX, officeholder living expense
				campaign legal services
_				200
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sou d	ght	Office held
	Date	Payee name		
	09/05/2023	Ross Fischer Law, PLLC		
	Amount (\$)	Payee address; City; State; Zip Co	de	
	\$1,000.00	430 Old Fitzhugh, No. 7		
		Dripping Springs, TX 78620		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Legal Services		Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE			Check if Austin, TX, officeholder living expense
				campaign legal services
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI		giit	Office field
	Date	Page Figebor Low PLLC		
	10/05/2023	Ross Fischer Law, PLLC		
	Amount (\$)	Payee address; City; State; Zip Cor	de	
	\$1,000.00	430 Old Fitzhugh, No. 7		
		Dripping Springs, TX 78620		
	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)	Description
	OF EXPENDITURE	Legal Services		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense campaign legal services
				oampaign logal oorvioos
	Complete ONLY if direct	Candidate/Officeholder name Office sou	aht	Office held
	expenditure to benefit C/OI	•	g, it	Since Held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Ivertising Expense Event Expense Loan Repayment/Reimbu

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

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

	Credit Card Payment	The Instruction Guide explains how to con	nple	lete this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 19/27 Rpt: 26/57	Birdwell, Brian D. (The Honorable)		00062137
4	Date	5 Payee name		•
	11/01/2023	Ross Fischer Law, PLLC		
6	Amount (\$)	7 Payee address; City; State; Zip Cod	de	
	\$1,297.00	430 Old Fitzhugh, No. 7		
		Dripping Springs, TX 78620		
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b)) Description
	OF EXPENDITURE	Legal Services		Check if travel outside of Texas. Complete Schedule T.
				Check if Austin, TX, officeholder living expense campaign legal services
				campaign legal services
9	Complete ONLY if direct	Candidate/Officeholder name Office soug	thr	Office held
9	expenditure to benefit C/Ol		JIIL	Onice Held
_	Data	D		
	Date 12/01/2023	Payee name Ross Fischer Law, PLLC		
			al a	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Coo	ue	
	\$1,000.00	430 Old Fitzhugh, No. 7		
		Drivering Carings TV 70000		
		Dripping Springs, TX 78620		
	PURPOSE OF	, ,	(b)	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Legal Services		Check if Austin, TX, officeholder living expense
				campaign legal services
	Complete ONLY if direct	Candidate/Officeholder name Office soug	ght	Office held
	expenditure to benefit C/Ol	1		
	Date	Payee name		
	12/20/2023	Sterling, Shelby		
	Amount (\$)	Payee address; City; State; Zip Coo	de	
	\$100.00	P.O. Box 26802		
		Austin, TX 78755		
	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.
	LAI LINDITORE			Check if Austin, TX, officeholder living expense
				staff gift
_	Complete ONLY if direct	Candidate/Officeholder name Office soug	tdr	Office held
	expenditure to benefit C/O		JIIL	Office field

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services 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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/27 Rpt: 27/57	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	08/12/2023	TFRW Convention 2023 PAC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5,000.00	2113 Flat Creek Drive
		Richardson, TX 75080
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
		TFRW convention sponsorship
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	10/01/2023	Tarrant Star Republican Women
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	2242 E Loop 820
		Fort Worth, TX 76112
	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.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		sponsorship support for Christmas Party
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	07/21/2023	Texas Department of Criminal Justice
	Amount (\$)	Payee address; City; State; Zip Code
	\$132.38	P.O. Box 4013
	7202.00	. 15. 26. 16.2
		Huntsville, TX 77342
	PURPOSE	· ·
	OF	(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.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		constituent gifts
	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 Loan Repayment/Reimbu

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

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

Credit Card Payment	The Instruction Guide explains how to co	omplete this form.
1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
Sch: 21/27 Rpt: 28/57	Birdwell, Brian D. (The Honorable)	00062137
4 Date	5 Payee name	
10/06/2023	Texas Department of Criminal Justice	
6 Amount (\$)	7 Payee address; City; State; Zip Co	ode
\$771.83	P.O. Box 4013	
	Huntsville, TX 77342	
8 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.
LAFENDITORE		Check if Austin, TX, officeholder living expense
		constituent gifts
O Committee ONLY if direct	Constitute (Office helder years	Office held
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou H	ught Office held
Date	Payee name	
11/09/2023	Texas Department of Criminal Justice	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$883.32	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
		, and the second
Complete ONLY if direct	Candidate/Officeholder name Office sou	Ight Office held
expenditure to benefit C/O	Н	
Date	Payee name	
11/14/2023	Texas Department of Criminal Justice	
Amount (\$)	Payee address; City; State; Zip Co	ode
\$717.70	P.O. Box 4013	
	Huntsville, TX 77342	
PURPOSE	·	(b) Description
OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense	Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Cita/ Wards/Weinerlais Expense	Check if Austin, TX, officeholder living expense
		constituent gifts
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office sou	ught Office held
experiorare to benefit C/O		

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							
	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1: Sch: 22/27 Rpt: 29/57	2 FILER NAME Birdwell, Brian D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062137						
4	Date	5 Payee name	_					
	11/28/2023	Texas Department of Criminal Justice						
6	Amount (\$)	7 Payee address; City; State; Zip Code	_					
·	\$883.32	P.O. Box 4013						
		Huntsville, TX 77342						
8	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 constituent gifts						
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_					
	Date	Payee name	_					
	12/05/2023	Texas Department of Criminal Justice						
	Amount (\$)	Payee address; City; State; Zip Code						
\$479.55 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 Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Sc Check if Austin, TX, officeholder living expens constituent gifts								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held	_					
	Date	Pavee name	-					
	12/12/2023	Texas Federation of Republican Women						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$1,500.00	P.O. Box 171146						
		Austin, TX 78717						
	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 Sponsorship support						
	Complete ONLY if direct expenditure to benefit C/Oh	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	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: 23/27 Rpt: 30/57	Birdwell, Brian D. (The Honorable) 00062137				
4	Date	5 Payee name				
	09/20/2023	Texas Home School Coalition				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$1,500.00	6502 Slide Road				
		Lubbock, TX 79424				
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 Sponsorship support				
		sμοτισοιστήμ συμμοτί				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
9	expenditure to benefit C/O					
_	Date	Payee name				
	08/18/2023	Texas State Senate				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$585.00	P.O. Box 12068				
		Capitol Station				
		Austin, TX 78711				
	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 gift gavels				
		giit gavois				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OH					
-	Date	Payee name				
	12/20/2023	Trevino, Jennifer				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$100.00	P.O. Box 26802				
	Ψ100.00	1 .O. BOX 20002				
		Austin, TX 78755				
	PURPOSE	1				
	OF	(a) Category (See Categories listed at the top of this schedule) (b) Description Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.				
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
		staff gift				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O	1				
ı						

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: 24/27 Rpt: 31/57	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	07/06/2023	Verizon Wireless
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$208.16	P.O. Box 660108
		Dallas, TX 75266
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
Ŭ	OF	Office Overhead/Rental Expense Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign cell phone service
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	experientare to benefit crof	<u>'</u>
	Date	Payee name
	08/08/2023	Verizon Wireless
	Amount (\$)	Payee address; City; State; Zip Code
	\$206.57	P.O. Box 660108
		Dallas, TX 75266
	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 LINDITORE	Check if Austin, TX, officeholder living expense
		campaign cell phone service
	Complete ONL V if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/Ol	
	Date	Payee name
	09/06/2023	Verizon Wireless
	Amount (\$)	Payee address; City; State; Zip Code
	\$206.57	P.O. Box 660108
		Dallas, TX 75266
	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 cell phone service
		cumpaign cell phone service
	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 Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 25/27 Rpt: 32/57	2 FILER NAME Birdwell, Brian D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062137
4	Date 10/06/2023	5 Payee name Verizon Wireless
6	Amount (\$) \$206.73	7 Payee address; City; State; Zip Code P.O. Box 660108
		Dallas, TX 75266
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 cell phone service
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 11/07/2023	Payee name Verizon Wireless
	Amount (\$) \$464.14	Payee address; City; State; Zip Code P.O. Box 660108
		Dallas, TX 75266
	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 cell phone service
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 12/06/2023	Payee name Verizon Wireless
	Amount (\$) \$245.80	Payee address; City; State; Zip Code P.O. Box 660108
		Dallas, TX 75266
	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 cell phone service
	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 Loan Repayment/Reimbursement Fees Office Overhead/Rental Expense Food/Beverage Expense Polling Expense Gift/Awards/Memorials Expense Legal Services Salaries/Wages/Contract Labor

	Credit Card Payment	The Instruction Guide explains how to comple	te this form.
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 26/27 Rpt: 33/57	Birdwell, Brian D. (The Honorable)	00062137
4	Date	5 Payee name	•
	12/20/2023	Verlander, Shelly	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$100.00	P.O. Box 26802	
		Austin, TX 78755	
8	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.
	LAFENDITORE		Check if Austin, TX, officeholder living expense
			staff gift
_	Operation ONLY if dispose	Constitute (Office helder research	Office held
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
_	· 		
	Date	Payee name	
	08/04/2023	Vici Media Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$40.03	5101 Bonneville Bend	
		Austin, TX 78744	
	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 website services
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	- 1	
	Date	Payee name	
	11/27/2023	Vici Media Group	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$499.59	5101 Bonneville Bend	
	*		
		Austin, TX 78744	
	PURPOSE		Description
	OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense	Check if Austin, TX, officeholder living expense
			campaign website services
	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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Food/Beverage Expense Polling Expense Travel in District Y - Gift/Awards/Memorials Expense Printing Expense Travel Out of District Al Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Birdwell, Brian D. (The Honorable) 00062137
5 Payee name
Watts, Kimberly
7 Payee address; City; State; Zip Code
1412 Berne Lane
Lewisville, TX 75067
(a) Category (See Categories listed at the top of this schedule) (b) Description
Salaries/Wages/Contract Labor
Check if Austin, TX, officeholder living expense contractor wages
Confidence wages
Candidate/Officeholder name Office sought Office held H
2

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	l Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ins how to complete this form.	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 F4:	<u> </u>	·	3 Filer ID (Ethics Commission Filers)
Sch: 1/19 Rpt: 35/57	Birdwell, Brian D. (The Honorable)	00062137	
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED 1	ГО A CREDIT CARD	\$ 1,458.44
5 Date 12/08/2023	6 Payee name ALEC		
7 Amount (\$) \$200.00	8 Payee address; City; Sta 2900 Crystal Drive #6	ate; Zip Code	
	Arlington, VA 22202		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Fees	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense membership fee
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
07/11/2023	Amazon.com		
Amount (\$) \$216.49	410 N Terry Ave	ate; Zip Code	
	Seattle, WA 98109		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Office Overhead/Rental Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense ngton district office
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name H	Office sought	Office held

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 10(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Consulting Expense Contributions/ Donations Made By - Candidate/Officeholder/Political Committee Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Folling Expense Printing Expense Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.			Travel in District Travel Out of District OTHER (enter a category not listed above)			
1 Total pages Schedule F4:					l	Filer ID	(Ethics Commission Filers)
Sch: 2/19 Rpt: 36/57	Birdwell, Briar	D. (The Honorable)				00062137	
4 TOTAL OF UNITEMI	ZED EXPENDIT	URES CHARGED	TO A CRE	DIT CARD	\$		1,458.44
5 Date	6 Payee name						
10/30/2023	Arlington Cha	mber of Commerce					
7 Amount (\$)	8 Payee address;	City; S	tate; Zip Co	de			
\$500.00	505 E Border	St					
	Arlington, TX	76010					
9 TYPE OF EXPENDITURE	X Po	itical	Non-Poli	tical			
10 PURPOSE	(a) Category (See	Categories listed at the top of thi	is schedule)	(b) Description			
OF EXPENDITURE	Fees			—			nplete Schedule T.
				ш		officeholder living	•
				officeholder r	пеп	ibership du	es
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Office H	nolder name	Office sou	ght		Office h	eld
Date	Payee name						
08/04/2023	Chisholm Trai	l 100 Club					
Amount (\$)	Payee address;		tate; Zip Co	ide			
\$300.00	P.O. Box 332	Oity, O	idio, Zip Oc	de			
Ψ000.00	1.0. 50% 602						
	Burleson, TX	76097					
TYPE OF	_						
EXPENDITURE	X Po	itical	Non-Poli	tical			
PURPOSE	(a) Category (See	Categories listed at the top of thi	is schedule)	(b) Description			
OF EXPENDITURE	1 .	ad/Rental Expense			outsid	e of Texas. Com	plete Schedule T.
EXPENDITORE		·		ш		officeholder living	
				annual meeti	ng r	egistration	fee
Complete ONLY if direct expenditure to benefit C/O	Candidate/Office H	nolder name	Office sou	ght		Office h	eld

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	EXPENDITURE CAT Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services The Instruction Guide ex	Loan Repaym Office Overhe Polling Expen Printing Expe Salaries/Wag	nent/Reimbursement had/Rental Expense se nse es/Contract Labor		Transportation E Travel in District Travel Out of Di	
1 Total pages Schedule F4:	2 EILED NAME			3	Filer ID	(Ethics Commission Filers)
				1		(Ethics Commission Filers)
Sch: 3/19 Rpt: 37/57	Birdwell, Brian D. (The Honorable	=)			00062137	
TOTAL OF UNITEMIA	ZED EXPENDITURES CHARGE	O TO A CREDI	T CARD	\$		1,458.44
5 Date	6 Payee name					
10/23/2023	Doubletree Suites					
7 Amount (\$)	8 Payee address; City;	State; Zip Code				
` '		State, Zip Code				
\$295.90	303 W 15th St					
	Austin, TX 78701					
9 TYPE OF	X Political	Non-Politica	al			
EXPENDITURE	X Political	Non-Politica	ત્રા			
10 PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (h) Description			
OF	,	tillo soricuale)	_ `	outsic	le of Texas Com	nplete Schedule T.
EXPENDITURE	Travel Out of District		<u> </u>		officeholder livin	•
			ш			egislative meetings
			loughing for or	iiicc	noider for it	egisiative meetings
11 Complete ONLY if direct	Candidate/Officeholder name	Office sough	t		Office h	eld
expenditure to benefit C/O	4					
Date	Payee name					
07/03/2023	Granbury Self Storage					
Amount (\$)	Payee address; City;	State; Zip Code				
\$83.00	212 Temple Hall Highway					
	Granbury, TX 76049					
TVDE OF		_				
TYPE OF EXPENDITURE	X Political	Non-Politica	al			
		1.0				
PURPOSE	(a) Category (See Categories listed at the top of) Description			
OF EXPENDITURE	Office Overhead/Rental Expense					nplete Schedule T.
			ш		officeholder living	- '
			campaign ma	ateri	als storage	fee
Complete ONLY if direct	Candidate/Officeholder name	Office sough	t		Office h	eld
expenditure to benefit C/O	4					

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 4/19 Rpt: 38/57 Birdwell, Brian D. (The Honorable) 00062137 \$ 1,458.44 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 08/03/2023 Granbury Self Storage Amount (\$) Payee address; State; Zip Code \$88.00 212 Temple Hall Highway Granbury, TX 76049 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense campaign materials storage fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 09/05/2023 Granbury Self Storage

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 5/19 Rpt: 39/57 Birdwell, Brian D. (The Honorable) 00062137 \$ 1,458.44 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD 5 Date Payee name 10/03/2023 Granbury Self Storage Amount (\$) Payee address; State; Zip Code \$88.00 212 Temple Hall Highway Granbury, TX 76049 **TYPE OF** Non-Political Х Political **EXPENDITURE PURPOSE** 10 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Check if travel outside of Texas. Complete Schedule T. Office Overhead/Rental Expense **EXPENDITURE** Check if Austin, TX, officeholder living expense campaign materials storage fee 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 11/03/2023 Granbury Self Storage Amount (\$) Payee address; City; State; Zip Code \$88.00 212 Temple Hall Highway

Non-Political

Office sought

(b) Description

Check if travel outside of Texas. Complete Schedule T.

Office held

Check if Austin, TX, officeholder living expense campaign materials storage fee

Forms provided by Texas Ethics Commission

TYPE OF

PURPOSE

EXPENDITURE

Complete ONLY if direct

expenditure to benefit C/OH

Granbury, TX 76049

Candidate/Officeholder name

Political

Office Overhead/Rental Expense

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

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SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ns how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1 Total pages Schodule F4:	· · · · · · · · · · · · · · · · · · ·	ns now to complete this form.	3 Filer ID (Ethics Commission Filers)
1 Total pages Schedule F4: Sch: 6/19 Rpt: 40/57	Birdwell, Brian D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062137
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED T	O A CREDIT CARD	\$ 1,458.44
5 Date 12/04/2023	6 Payee name Granbury Self Storage		
7 Amount (\$) \$88.00	212 Temple Hall Highway	ate; Zip Code	
	Granbury, TX 76049		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Office Overhead/Rental Expense	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense aterials storage fee
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held
Date	Payee name		
08/30/2023	Hampton Inn & Suites		
Amount (\$) \$289.08	Payee address; City; Sta 1701 Lavaca St Austin, TX 78701	ate; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Travel Out of District	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense fficeholder for impeachment trial
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a) ertising Expense Event Expense Loan Repayment/Reimburs

Advertising Expense Accounting/Banking	Event Expense Fees		ayment/Reimbursement rhead/Rental Expense	Transportation I	draising Expense Equipment & Related Expense
Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		Printing Ex		Travel in Distric Travel Out of Di	
Candidate/Officeriolder/Politica	The Instruction Guide expla			OTHER (enter a	a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
Sch: 7/19 Rpt: 41/57	Birdwell, Brian D. (The Honorable)			00062137	
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CRE	DIT CARD	\$	1,458.44
5 Date	6 Payee name				
10/13/2023	Hampton Inn & Suites				
7 Amount (\$)	•	tate; Zip Co	de		
\$1,030.27	1701 Lavaca St				
	Austin, TX 78701				
9 TYPE OF EXPENDITURE	X Political	Non-Poli	tical		
10 PURPOSE OF	(a) Category (See Categories listed at the top of the	is schedule)	(b) Description		
EXPENDITURE	Travel Out of District		ш	outside of Texas. Con	
					egislative special session
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sou	ght	Office h	eld
Date	Payee name				
07/03/2023	Hill Country Springs				
Amount (\$)	· ·	tate; Zip Co	de		
\$92.87	P.O. Box 2220				
	Manchaca, TX 78652				
TYPE OF EXPENDITURE	X Political	Non-Poli	tical		
PURPOSE	(a) Category (See Categories listed at the top of thi	is schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expense			outside of Texas. Con	nplete Schedule T.
EXI ENDITORE			ш	n, TX, officeholder livin	- '
			water service	: IOI AUSUII OIII	ue
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sou	ght	Office h	eld

SCHEDULE F4

Advertising Expense Accounting/Banking	Event Expense Fees	Office Ov	payment/Reimbursement rerhead/Rental Expense	Transportation	ndraising Expense Equipment & Related Expense
Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Food/Beverage Expense 7 - Gift/Awards/Memorials Expen al Committee Legal Services	Polling E		Travel in Distri	
Candidate/Officerolder/Politica	The Instruction Guide e		-	OTHER (enter	a category not listed above)
1 Total pages Schedule F4:	2 FILER NAME		•	3 Filer ID	(Ethics Commission Filers)
Sch: 8/19 Rpt: 42/57	Birdwell, Brian D. (The Honorab	ole)		00062137	
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGE	ED TO A CRE	EDIT CARD	\$	1,458.44
5 Date	6 Payee name			l	
08/01/2023	Hill Country Springs				
7 Amount (\$)	8 Payee address; City;	State; Zip Co	ode		
\$79.38	P.O. Box 2220				
	Manchaca, TX 78652				
9 TYPE OF EXPENDITURE	X Political	Non-Pol	itical		
10 PURPOSE OF	(a) Category (See Categories listed at the top		(b) Description		
EXPENDITURE	Office Overhead/Rental Expens	e	l <u>–</u>	outside of Texas. Co	•
			, <u> </u>	for Austin offi	
11 Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sou	ught	Office h	neld
Date	Payee name				
09/01/2023	Hill Country Springs				
Amount (\$)	Payee address; City;	State; Zip Co	ode		
\$69.87	P.O. Box 2220				
	Manahasa TV 70652				
TYPE OF	Manchaca, TX 78652				
EXPENDITURE	X Political	Non-Pol	itical		
PURPOSE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description		
OF EXPENDITURE	Office Overhead/Rental Expens	e		outside of Texas. Co	
			Chook if Augstin	i, i X, officeriolaer livii	ng expense
			Check if Austin		ice
				e for Austin offi	ice
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name H	Office sou	water service		
		Office sou	water service	e for Austin offi	
		Office sou	water service	e for Austin offi	
		Office sou	water service	e for Austin offi	
		Office sou	water service	e for Austin offi	
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		Office sou	water service	e for Austin offi	

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica		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)
	•	ins how to complete this form.	(
1 Total pages Schedule F4:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
Sch: 9/19 Rpt: 43/57	Birdwell, Brian D. (The Honorable)		00062137
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 1,458.44
5 Date 10/04/2023	6 Payee name Hill Country Springs		
7 Amount (\$) \$76.88	8 Payee address; City; St. P.O. Box 2220	ate; Zip Code	
	Manchaca, TX 78652		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Office Overhead/Rental Expense	Check if travel	outside of Texas. Complete Schedule T. a, TX, officeholder living expense e for Austin office
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
Date	Payee name		
11/01/2023	Hill Country Springs		
Amount (\$) \$118.37	P.O. Box 2220	ate; Zip Code	
	Manchaca, TX 78652		
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this Office Overhead/Rental Expense	Check if travel	outside of Texas. Complete Schedule T. a, TX, officeholder living expense e for Austin office
Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name	Office sought	Office held

SCHEDULE **F4**

	Accounting/Banking Consulting Expense	Fees Food/Beverage Exp	Offi	ce Overhead/Rental Expense ling Expense	Transportation Equipment & Related Expense Travel in District
	Contributions/ Donations Made By Candidate/Officeholder/Politica	 Gift/Awards/Memori 	als Expense Prir	nting Expense aries/Wages/Contract Labor	Travel Out of District OTHER (enter a category not listed above)
		The Instruction	Guide explains how	to complete this form.	
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filers)
	Sch: 10/19 Rpt: 44/57	Birdwell, Brian D. (The Ho	onorable)		00062137
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CH	ARGED TO A (CREDIT CARD	\$ 1,458.44
5	Date 12/01/2023	6 Payee name Hill Country Springs			
7	Amount (\$) \$79.38	8 Payee address; City; P.O. Box 2220	State; Zi	p Code	
		Manchaca, TX 78652			
9	TYPE OF EXPENDITURE	X Political	Nor	n-Political	
10		(a) Category (See Categories listed a	at the top of this schedule	(b) Description	
	OF EXPENDITURE	Office Overhead/Rental E	Expense	<u> -</u>	I outside of Texas. Complete Schedule T.
					n, TX, officeholder living expense e for Austin office
				water service	e for Additi office
11	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office	e sought	Office held
	Date	Payee name			
	11/01/2023	Hilton Austin Airport			
	Amount (\$)	Payee address; City;	State; Zi	p Code	
	\$548.55	9515 Hotel Drive			
	\$548.55				
	\$548.55	9515 Hotel Drive Austin, TX 78719			
	\$548.55 TYPE OF EXPENDITURE		Nor	n-Political	
	TYPE OF EXPENDITURE PURPOSE	Austin, TX 78719		ı	
	TYPE OF EXPENDITURE	Austin, TX 78719 X Political		(b) Description Check if trave	I outside of Texas. Complete Schedule T.
	TYPE OF EXPENDITURE PURPOSE OF	Austin, TX 78719 X Political (a) Category (See Categories listed a		(b) Description Check if trave X Check if Austi	n, TX, officeholder living expense
	TYPE OF EXPENDITURE PURPOSE OF	Austin, TX 78719 X Political (a) Category (See Categories listed a		(b) Description Check if trave X Check if Austi	·
	TYPE OF EXPENDITURE PURPOSE OF	Austin, TX 78719 X Political (a) Category (See Categories listed a Travel Out of District Candidate/Officeholder name	at the top of this schedule	(b) Description Check if trave X Check if Austi	n, TX, officeholder living expense
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Austin, TX 78719 X Political (a) Category (See Categories listed a Travel Out of District Candidate/Officeholder name	at the top of this schedule	(b) Description Check if trave X Check if Austi	n, TX, officeholder living expense fficeholder for legislative special session
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Austin, TX 78719 X Political (a) Category (See Categories listed a Travel Out of District Candidate/Officeholder name	at the top of this schedule	(b) Description Check if trave X Check if Austi	n, TX, officeholder living expense fficeholder for legislative special session
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Austin, TX 78719 X Political (a) Category (See Categories listed a Travel Out of District Candidate/Officeholder name	at the top of this schedule	(b) Description Check if trave X Check if Austi	n, TX, officeholder living expense fficeholder for legislative special session
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Austin, TX 78719 X Political (a) Category (See Categories listed a Travel Out of District Candidate/Officeholder name	at the top of this schedule	(b) Description Check if trave X Check if Austi	n, TX, officeholder living expense fficeholder for legislative special session
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Austin, TX 78719 X Political (a) Category (See Categories listed a Travel Out of District Candidate/Officeholder name	at the top of this schedule	(b) Description Check if trave X Check if Austi	n, TX, officeholder living expense fficeholder for legislative special session
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Austin, TX 78719 X Political (a) Category (See Categories listed a Travel Out of District Candidate/Officeholder name	at the top of this schedule	(b) Description Check if trave X Check if Austi	n, TX, officeholder living expense fficeholder for legislative special session
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Austin, TX 78719 X Political (a) Category (See Categories listed a Travel Out of District Candidate/Officeholder name	at the top of this schedule	(b) Description Check if trave X Check if Austi	n, TX, officeholder living expense fficeholder for legislative special session
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Austin, TX 78719 X Political (a) Category (See Categories listed a Travel Out of District Candidate/Officeholder name	at the top of this schedule	(b) Description Check if trave X Check if Austi	n, TX, officeholder living expense fficeholder for legislative special session
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Austin, TX 78719 X Political (a) Category (See Categories listed a Travel Out of District Candidate/Officeholder name	at the top of this schedule	(b) Description Check if trave X Check if Austi	n, TX, officeholder living expense fficeholder for legislative special session
	TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Austin, TX 78719 X Political (a) Category (See Categories listed a Travel Out of District Candidate/Officeholder name	at the top of this schedule	(b) Description Check if trave X Check if Austi	n, TX, officeholder living expense fficeholder for legislative special session

SCHEDULE F4

	Advertising Expense Accounting/Banking Consulting Expense	Event Expense Fees Food/Beverage Expense		ment/Reimbursement ead/Rental Expense nse		draising Expense Equipment & Related Expense t
	Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Awards/Memorials Expense	Printing Exp		Travel Out of D	
		The Instruction Guide exp	lains how to com	plete this form.		
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID	(Ethics Commission Filers)
	Sch: 11/19 Rpt: 45/57	Birdwell, Brian D. (The Honorable)		00062137	
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CRED	IT CARD	\$	1,458.44
5	Date 09/16/2023	6 Payee name Hilton Garden Inn				
7	Amount (\$)		State; Zip Cod			
ľ	\$1,419.97	301 West 7th St	State, Zip Cou	_		
	Ψ1, 110.01	002 11001 1111 01				
		Austin, TX 78701				
9	TYPE OF EXPENDITURE	X Political	Non-Politic	al		
10		(a) Category (See Categories listed at the top of t	this schedule)	D) Description		
	OF EXPENDITURE	Travel Out of District		=	outside of Texas. Con	
					, TX, officeholder livin	g expense egislative hearings
				loughing for or	iliceriolaer for i	egisiative ricarrigs
11	. Complete ONLY if direct	Candidate/Officeholder name	Office sough	nt	Office h	eld
	expenditure to benefit C/OI	Н				
F	Date	Payee name				
	12/01/2023	Hilton Garden Inn				
	Amount (\$)	Payee address; City;	State; Zip Cod	е		
	\$154.94	301 West 7th St				
		Augtin TV 70701				
	TYPE OF	Austin, TX 78701				
	EXPENDITURE	X Political	Non-Politic	al		
	PURPOSE OF	(a) Category (See Categories listed at the top of t	this schedule)	Description		
	EXPENDITURE	Travel Out of District			outside of Texas. Con , TX, officeholder livin	
						egislative special session
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name	Office sough	nt	Office h	eld
\vdash						
l						
l						

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	al Committee Legal Services	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor ains how to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
4. Tatal manage Cabadala Etc	·	ans now to complete this form.	Cathian Commission Files
1 Total pages Schedule F4: Sch: 12/19 Rpt: 46/57	Birdwell, Brian D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062137
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CREDIT CARD	\$ 1,458.44
5 Date 11/10/2023	6 Payee name Hilton Garden Inn		
7 Amount (\$) \$897.63	8 Payee address; City; S 301 West 7th St	state; Zip Code	
	Austin, TX 78701		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th Travel Out of District	Check if travel X Check if Austin	outside of Texas. Complete Schedule T. n, TX, officeholder living expense fficeholder for legislative special session
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name H	Office sought	Office held
Date 07/14/2023	Payee name Homewood Suites		
Amount (\$) \$151.72	Payee address; City; S 5620 Legend Lake Pkwy Waco, TX 76712	State; Zip Code	
TYPE OF EXPENDITURE	X Political	Non-Political	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of th Travel In District	Check if travel	outside of Texas. Complete Schedule T. n, TX, officeholder living expense odging for legislative meeting in Waco
Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name H	Office sought	Office held

SCHEDULE F4

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	Fees Office Overh Food/Beverage Expense Polling Experies Gift/Awards/Memorials Expense Printing Expe	
	The Instruction Guide explains how to com	plete this form.
1 Total pages Schedule F4:		3 Filer ID (Ethics Commission Filers)
Sch: 13/19 Rpt: 47/57	Birdwell, Brian D. (The Honorable)	00062137
TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO A CRED	IT CARD \$ 1,458.44
5 Date 08/22/2023	6 Payee name III Forks	
7 Amount (\$) \$707.46	8 Payee address; City; State; Zip Code 111 Lavaca St Austin, TX 78701	e
2 TYPE OF		
9 TYPE OF EXPENDITURE	X Political Non-Politic	cal
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense	D) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder and fellow Senate member meeting
11 Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office sough	office held
Date	Payee name	
10/04/2023	Lapel Pins Plus	
Amount (\$) \$688.00	Payee address; City; State; Zip Code 5840 Red Bug Lake Rd, Suite 35 Winter Springs, FL 32708	e
TYPE OF EXPENDITURE	X Political Non-Politic	al
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 challenge coins for campaign
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	nt Office held

SCHEDULE F4

Advertising Expense Accounting/Banking	Event Expense Fees	Office Ove	ayment/Reimbursement rhead/Rental Expense	Transportation E	draising Expense Equipment & Related Expense
Consulting Expense Contributions/ Donations Made By		Polling Ex Printing Ex	pense	Travel in District	strict
Candidate/Officeholder/Politica	al Committee Legal Services The Instruction Guide exp		ages/Contract Labor	OTHER (enter a	a category not listed above)
1 Total pages Schedule F4:	·			3 Filer ID	(Ethics Commission Filers)
Sch: 14/19 Rpt: 48/57	Birdwell, Brian D. (The Honorable))		00062137	,
4 TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED	TO A CRE	DIT CARD	\$	1,458.44
5 Date	6 Payee name				
07/06/2023	Mail Chimp				
7 Amount (\$)	8 Payee address; City;	State; Zip Co	de		
\$84.32	512 Means St, Suite 404				
	Atlanta, GA 30318				
9 TYPE OF EXPENDITURE	X Political	Non-Poli	tical		
10 PURPOSE	(a) Category (See Categories listed at the top of t	his schedule)	(b) Description		
OF EXPENDITURE	Advertising Expense		<u> </u>	outside of Texas. Com	
			political adve	n, TX, officeholder living	g expense
			political dave	itionig	
11 Complete ONLY if direct	Candidate/Officeholder name	Office sou	ght	Office h	eld
expenditure to benefit C/O	Н				
Date	Payee name				
08/06/2023	Mail Chimp				
Amount (\$)	Payee address; City;	State; Zip Co	de		
\$84.32	512 Means St, Suite 404				
	AH CA 20010				
TVDE OF	Atlanta, GA 30318				
TYPE OF EXPENDITURE	X Political	Non-Poli	tical		
PURPOSE OF	(a) Category (See Categories listed at the top of t	his schedule)	(b) Description		
EXPENDITURE	Advertising Expense		<u> </u>	outside of Texas. Com n, TX, officeholder living	•
			political adve		5 p
			·	· ·	
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sou	ght	Office h	eld
Ī					

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 15/19 Rpt: 49/57 Birdwell, Brian D. (The Honorable) 00062137 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,458.44 5 Date Payee name 09/06/2023 Mail Chimp Amount (\$) Payee address; City; State; Zip Code \$84.32 512 Means St, Suite 404 Atlanta, GA 30318 **TYPE OF** Non-Political Х Political **EXPENDITURE 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 political advertising Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 10/06/2023 Mail Chimp Payee address: Amount (\$) City; State; Zip Code \$84.32 512 Means St, Suite 404

EXPENDITURES MADE BY CREDIT CARD SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. Total pages Schedule F4: 2 FILER NAME Filer ID (Ethics Commission Filers) Sch: 16/19 Rpt: 50/57 Birdwell, Brian D. (The Honorable) 00062137 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ 1,458.44 5 Date Payee name 11/06/2023 Mail Chimp Amount (\$) Payee address; City; State; Zip Code \$84.32 512 Means St, Suite 404 Atlanta, GA 30318 **TYPE OF** Non-Political Х Political **EXPENDITURE 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 political advertising Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 12/06/2023 Mail Chimp Payee address: Amount (\$) City; State; Zip Code \$84.32 512 Means St, Suite 404

SCHEDULE F4

	Event Expense Fees	Loan Repayment/Reimbursement Office Overhead/Rental Expense	Solicitation/Fundraising Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/ Donations Made By		Polling Expense Printing Expense	Travel in District Travel Out of District
Candidate/Officeholder/Politica	I Committee Legal Services The Instruction Guide explains	Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)
1 Total marine Cohodule E4.	·	now to complete this form.	2 Files ID (Ethica Commission Files)
1 Total pages Schedule F4: Sch: 17/19 Rpt: 51/57	Birdwell, Brian D. (The Honorable)		3 Filer ID (Ethics Commission Filers) 00062137
4	Enavoli, Enail E. (The Henerasie)		
TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO	A CREDIT CARD	\$ 1,458.44
5 Date	6 Payee name		
07/19/2023	Maudie's Tex-Mex		
7 Amount (\$)		e; Zip Code	
\$218.23	10205 N Lamar, Suite 131		
	Austin, TX 78701		
9 TYPE OF EXPENDITURE	X Political	Non-Political	
10 PURPOSE	(a) Category (See Categories listed at the top of this so	hedule) (b) Description	
OF EXPENDITURE	Food/Beverage Expense	. <u> </u>	outside of Texas. Complete Schedule T.
		<u> </u>	n, TX, officeholder living expense and staff meeting
		Oniceriolaer	and stan meeting
11 Complete ONLY if direct	Candidate/Officeholder name	 Office sought	Office held
expenditure to benefit C/OI		omoc oddgm	Cilido Hold
Date	Payee name		
08/29/2023	Maudie's Tex-Mex		
Amount (\$)	Payee address; City; State	e; Zip Code	
\$45.87	10205 N Lamar, Suite 131		
	Austin, TX 78701		
TYPE OF EXPENDITURE	X Political	Non-Political	
EXPENDITORE			
PURPOSE	(a) Category (See Categories listed at the top of this sci	hedule) (b) Description	
	(a) Category (See Categories listed at the top of this sci Food/Beverage Expense	Check if travel	outside of Texas. Complete Schedule T.
PURPOSE OF		Check if travel	, TX, officeholder living expense
PURPOSE OF		Check if travel	•
PURPOSE OF EXPENDITURE	Food/Beverage Expense	Check if travel Check if Austir	a, TX, officeholder living expense
PURPOSE OF	Food/Beverage Expense Candidate/Officeholder name	Check if travel	, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	Food/Beverage Expense Candidate/Officeholder name	Check if travel Check if Austir	a, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	Food/Beverage Expense Candidate/Officeholder name	Check if travel Check if Austir	a, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	Food/Beverage Expense Candidate/Officeholder name	Check if travel Check if Austir	a, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	Food/Beverage Expense Candidate/Officeholder name	Check if travel Check if Austir	a, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	Food/Beverage Expense Candidate/Officeholder name	Check if travel Check if Austir	a, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	Food/Beverage Expense Candidate/Officeholder name	Check if travel Check if Austir	a, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	Food/Beverage Expense Candidate/Officeholder name	Check if travel Check if Austir	a, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	Food/Beverage Expense Candidate/Officeholder name	Check if travel Check if Austir	a, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	Food/Beverage Expense Candidate/Officeholder name	Check if travel Check if Austir	a, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	Food/Beverage Expense Candidate/Officeholder name	Check if travel Check if Austir	a, TX, officeholder living expense
PURPOSE OF EXPENDITURE Complete ONLY if direct	Food/Beverage Expense Candidate/Officeholder name	Check if travel Check if Austir	a, TX, officeholder living expense

SCHEDULE **F4**

Accounting/Banking Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politica	al Committee Legal Services	Salaries/Wages/Contrac	Expense T T T t Labor C	olicitation Fundasing Expense ransportation Equipment & Related Expense ravel in District ravel Out of District ITHER (enter a category not listed above)
	<u>. </u>	plains how to complete this		
1 Total pages Schedule F4:				iler ID (Ethics Commission Filers)
Sch: 18/19 Rpt: 52/57	Birdwell, Brian D. (The Honorable)	0	0062137
TOTAL OF UNITEMI	ZED EXPENDITURES CHARGED	TO A CREDIT CAR	\$	1,458.44
5 Date	6 Payee name			
12/13/2023	Santa Rita			
7 Amount (\$) \$201.00	1206 W. 38th St	State; Zip Code		
	Austin, TX 78705			
9 TYPE OF EXPENDITURE	X Political	Non-Political		
10 PURPOSE	(a) Category (See Categories listed at the top of	·		
OF EXPENDITURE	Food/Beverage Expense	<u> </u>		of Texas. Complete Schedule T.
		-	Christmas lur	ficeholder living expense
		Stair	onnounas iui	ICH
11 Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought		Office held
Date	Payee name			
09/02/2023	Staples			
Amount (\$)	<u> </u>	State; Zip Code		
\$238.14	301 E Hwy 377, Suite 112	otate, Zip Code		
Ψ230.14	301 L 11Wy 377, Suite 112			
	Granbury, TX 76048			
TYPE OF EXPENDITURE	X Political	Non-Political		
PURPOSE	(a) Category (See Categories listed at the top of	this schedule) (b) Descrip	otion	
OF EXPENDITURE	Office Overhead/Rental Expense			of Texas. Complete Schedule T.
				ficeholder living expense
		i camo	aign office su	applies
		Camp		
Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name H	Office sought		Office held
				Office held

SCHEDULE F4

Accounting/Banking	Fees O	oan Repayment/Reimbursement Solicitation/Fundraising Expense ffice Overhead/Rental Expense Transportation Equipment & Related Expense
Consulting Expense Contributions/ Donations Made By	r - Gift/Awards/Memorials Expense Pr	olling Expense Travel in District inting Expense Travel Out of District
Candidate/Officeholder/Politica	Il Committee Legal Services Si The Instruction Guide explains how	alaries/Wages/Contract Labor OTHER (enter a category not listed above)
1 Total marine Cohodule E4.	•	
1 Total pages Schedule F4: Sch: 19/19 Rpt: 53/57	Birdwell, Brian D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062137
4	Birdwell, Birdin B. (The Honorable)	00002137
TOTAL OF UNITEMIZ	ZED EXPENDITURES CHARGED TO A	CREDIT CARD \$ 1,458.44
5 Date 12/29/2023	6 Payee name Staples	
7 Amount (\$)	8 Payee address; City; State; Z	in Code
\$60.60	301 E Hwy 377, Suite 112	
·		
	Granbury, TX 76048	
9 TYPE OF EXPENDITURE	X Political No	n-Political
10 PURPOSE	(a) Category (See Categories listed at the top of this schedu	(b) Description
OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
L/A LINDINGAL		Check if Austin, TX, officeholder living expense
		campaign office supplies
11 Complete ONLY if direct	Candidate/Officeholder name Offic	ce sought Office held
expenditure to benefit C/OI		ac sought Clinice Held
Date	Payee name	
10/21/2023	Vonlane	
Amount (\$)	Payee address; City; State; Z	Cip Code
#222 AA	2000 Manla Ava Suita 265	
\$223.00	3800 Maple Ave, Suite 265	
\$223.00		
	Dallas, TX 75219	
TYPE OF EXPENDITURE	Dallas, TX 75219	on-Political
TYPE OF EXPENDITURE PURPOSE	Dallas, TX 75219	(b) Description
TYPE OF EXPENDITURE	Dallas, TX 75219	(b) Description Check if travel outside of Texas. Complete Schedule T.
TYPE OF EXPENDITURE PURPOSE OF	Dallas, TX 75219 X Political No (a) Category (See Categories listed at the top of this schedu	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
TYPE OF EXPENDITURE PURPOSE OF	Dallas, TX 75219 X Political No (a) Category (See Categories listed at the top of this schedu	(b) Description Check if travel outside of Texas. Complete Schedule T.
TYPE OF EXPENDITURE PURPOSE OF	Dallas, TX 75219 X Political No (a) Category (See Categories listed at the top of this schedu Travel Out of District Candidate/Officeholder name Office	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder transportation to Austin for legislative
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Dallas, TX 75219 X Political No (a) Category (See Categories listed at the top of this schedu Travel Out of District Candidate/Officeholder name Office	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder transportation to Austin for legislative meetings
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Dallas, TX 75219 X Political No (a) Category (See Categories listed at the top of this schedu Travel Out of District Candidate/Officeholder name Office	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder transportation to Austin for legislative meetings
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Dallas, TX 75219 X Political No (a) Category (See Categories listed at the top of this schedu Travel Out of District Candidate/Officeholder name Office	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder transportation to Austin for legislative meetings
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Dallas, TX 75219 X Political No (a) Category (See Categories listed at the top of this schedu Travel Out of District Candidate/Officeholder name Office	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder transportation to Austin for legislative meetings
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Dallas, TX 75219 X Political No (a) Category (See Categories listed at the top of this schedu Travel Out of District Candidate/Officeholder name Office	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder transportation to Austin for legislative meetings
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Dallas, TX 75219 X Political No (a) Category (See Categories listed at the top of this schedu Travel Out of District Candidate/Officeholder name Office	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder transportation to Austin for legislative meetings
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Dallas, TX 75219 X Political No (a) Category (See Categories listed at the top of this schedu Travel Out of District Candidate/Officeholder name Office	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder transportation to Austin for legislative meetings
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Dallas, TX 75219 X Political No (a) Category (See Categories listed at the top of this schedu Travel Out of District Candidate/Officeholder name Office	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder transportation to Austin for legislative meetings
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Dallas, TX 75219 X Political No (a) Category (See Categories listed at the top of this schedu Travel Out of District Candidate/Officeholder name Office	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder transportation to Austin for legislative meetings
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Dallas, TX 75219 X Political No (a) Category (See Categories listed at the top of this schedu Travel Out of District Candidate/Officeholder name Office	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder transportation to Austin for legislative meetings
TYPE OF EXPENDITURE PURPOSE OF EXPENDITURE Complete ONLY if direct	Dallas, TX 75219 X Political No (a) Category (See Categories listed at the top of this schedu Travel Out of District Candidate/Officeholder name Office	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder transportation to Austin for legislative meetings

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 1/4 Rpt: 54/57	
2	FILER NAME		3	Filer I	D (Ethics Commission Filers)	
	Birdwell, Bria	Birdwell, Brian D. (The Honorable)				
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	12/29/2023	First National Bank of Granbury			\$41.8	84
		1				
		6 Address of person from whom amount is received; City; State; Zip Code				
		Granbury, TX 76048				
				!	tuibution votuvood to filov	
		<u> </u>	politi	cai cor	tribution returned to filer	
		interest earned on campaign account				
	Date	Name of person from whom amount is received			Amount (\$)	
	11/30/2023	First National Bank of Granbury			\$38.0	66
		Address of person from whom amount is received; City; State; Zip Code				
		Granbury, TX 76048				
		Purpose for which amount is received Check if	politi	cal cor	tribution returned to filer	
		interest earned on campaign account	•			
	Date	Name of person from whom amount is received			Amount (\$)	_
	10/31/2023	First National Bank of Granbury			\$229.	57
	10/31/2023					51
		Address of person from whom amount is received; City; State; Zip Code				
		Granbury, TX 76048				
		<u> </u>	noliti	cal cor	I tribution returned to filer	
		interest earned on campaign account	ponti	cai coi	urbation retained to lilei	
						_
	Date	Name of person from whom amount is received			Amount (\$)	
	09/29/2023	First National Bank of Granbury			\$688.4	45
		Address of person from whom amount is received; City; State; Zip Code				
		Granbury, TX 76048				
		Purpose for which amount is received	politi	cal cor	tribution returned to filer	
		interest earned on campaign account				
	Date	Name of person from whom amount is received			Amount (\$)	_
	08/31/2023	First National Bank of Granbury			\$711.8	81
		Address of person from whom amount is received; City; State; Zip Code				
		Address of person from whom amount is received, Oily, State, 2th Code				
		Granbury, TX 76048				
			noliti	cal cor	I tribution returned to filer	
		interest earned on campaign account	POIIL	cui cui	ansation retained to lile	
		mores same on sampaign associate				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1			ages Schedule K: /4 Rpt: 55/57	
2	FILER NAME Birdwell, Brian D. (The Honorable) 3 Filer ID 00062					(Ethics Commiss	ion Filers)
)621	137	
4	Date 07/31/2023	 Name of person from whom amount is received First National Bank of Granbury Address of person from whom amount is received; City; State; Zip Code 				8 Amount (\$)	\$580.92
		Granbury, TX 76048					
		7 Purpose for which amount is received	olitio	cal c	ontri	bution returned to f	iler
	Date	Name of person from whom amount is received				Amount (\$)	
	12/08/2023	First National Bank of Granbury					\$2,712.33
		Address of person from whom amount is received; City; State; Zip Code					
		Granbury, TX 76048					
		Purpose for which amount is received	olitio	cal c	ontri	bution returned to f	iler
		interest earned on campaign account					
	Date	Name of person from whom amount is received				Amount (\$)	
	11/10/2023	First National Bank of Granbury					\$2,802.73
		Address of person from whom amount is received; City; State; Zip Code					
		Granbury, TX 76048					
		Purpose for which amount is received	olitio	cal c	ontri	bution returned to f	iler
		interest earned on campaign account					
	Date	Name of person from whom amount is received				Amount (\$)	
	10/06/2023	First National Bank of Granbury					\$1,027.40
		Address of person from whom amount is received; City; State; Zip Code					
		Granbury, TX 76048					
		Purpose for which amount is received	olitio	cal c	ontri	bution returned to f	iler
		interest earned on campaign account					
	Date	Name of person from whom amount is received				Amount (\$)	
	09/07/2023	First National Bank of Granbury					\$1,061.64
		Address of person from whom amount is received; City; State; Zip Code					
		Granbury, TX 76048					
		Purpose for which amount is received	olitio	cal c	ontri	bution returned to f	iler
		interest earned on campaign account		_			

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: 3/4 Rpt: 56/57	
2	FILER NAME		1		(Ethics Commission	n Filers)
	Birdwell, Bria	an D. (The Honorable)	00062	137		
4	Date 08/07/2023	 Name of person from whom amount is received First National Bank of Granbury Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$) \$	31,061.65
		Granbury, TX 76048				
		7 Purpose for which amount is received	oolitic	al conti	ribution returned to file	ſ
	Date	Name of person from whom amount is received			Amount (\$)	
	07/07/2023	First National Bank of Granbury			\$	1,027.39
		Address of person from whom amount is received; City; State; Zip Code Granbury, TX 76048	•••••			
		Purpose for which amount is received Check if p	olitic	al conti	ribution returned to filer	r
		interest earned on campaign account	Jonas	our corne	insuleri returned to mer	'
	Date	Name of parson from whom amount is received			Amount (\$)	
	07/10/2023	Name of person from whom amount is received Independent Bank			Amount (\$)	\$23.87
	0111012023	Address of person from whom amount is received; City; State; Zip Code				Ψ23.01
		McKinney, TX 75070				
			olitic	al conti	ribution returned to file	r
		interest earned on campaign account				
	Date	Name of person from whom amount is received			Amount (\$)	
	08/08/2023	Independent Bank				\$19.91
		Address of person from whom amount is received; City; State; Zip Code				
		McKinney, TX 75070				
			olitic	al conti	ribution returned to file	r
		interest earned on campaign account				
	Date	Name of person from whom amount is received			Amount (\$)	
	09/10/2023	Independent Bank				\$20.91
		Address of person from whom amount is received; City; State; Zip Code	•••••			
		McKinney, TX 75070				
		Purpose for which amount is received	olitic	al conti	ribution returned to file	r
		interest earned on campaign account				

INTEREST, CREDITS, GAINS, REFUNDS, AND SCHEDULE K **CONTRIBUTIONS RETURNED TO FILER** Total pages Schedule K: The Instruction Guide explains how to complete this form. Sch: 4/4 Rpt: 57/57 2 FILER NAME Filer ID (Ethics Commission Filers) Birdwell, Brian D. (The Honorable) 00062137 8 Amount (\$) Date 5 Name of person from whom amount is received 10/10/2023 Independent Bank \$17.76 6 Address of person from whom amount is received; City; State; Zip Code McKinney, TX 75070 Purpose for which amount is received Check if political contribution returned to filer interest earned on campaign account Name of person from whom amount is received Amount (\$) Date 11/08/2023 Independent Bank \$17.29 Address of person from whom amount is received; City; State; Zip Code McKinney, TX 75070 Purpose for which amount is received Check if political contribution returned to filer interest earned on campaign account Date Name of person from whom amount is received Amount (\$) 12/10/2023 Independent Bank \$17.87 Address of person from whom amount is received; City; State; Zip Code McKinney, TX 75070 Purpose for which amount is received Check if political contribution returned to filer interest earned on campaign account