FORM JC/OH JUDICIAL CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Total pages filed: Filer ID The JC/OH Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00087885 29 CANDIDATE / MS / MRS / MR **FIRST** MI **OFFICE USE ONLY OFFICEHOLDER** Ms. Brandi J. NAME Date Received **ELECTRONICALLY FILED** 01/15/2024 NICKNAME LAST **SUFFIX** Croffie CANDIDATE / ADDRESS / PO BOX; APT / SUITE #; CITY; Date Hand-delivered or Date Postmarked ZIP CODE **OFFICEHOLDER** 5051 Westheimer MAILING Amount Receipt # **ADDRESS Suite 1200** Change of Address Houston, TX 77056 Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Mrs. Shawn R. NAME NICKNAME LAST **SUFFIX** Caselberry STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE **CAMPAIGN** APT / SUITE #; CITY; STATE: **TREASURER** 25627 Canyon Crossing Dr. **ADDRESS** (Residence or Business) Richmond, TX 77406 **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (713) 890-2746 **PHONE** REPORT TYPE 30th day before election Runoff 15th day after campaign treasurer January 15 lx l appointment (officeholder only) July 15 8th day before election Exceeded modified Final Report (Attach C/OH-FR) reporting limit PERIOD Month Month Day Year Day Year **COVERED THROUGH** 07/01/2023 12/31/2023

ELECTION DATE

Year

Day

03/05/2024

OFFICE HELD (if any)

Month

10 ELECTION

11 OFFICE

χ Primary

General

ELECTION TYPE

12 OFFICE SOUGHT (if known)

District Judge District 133rd

Other

Runoff

Special

JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH COVER SHEET PG 2

2 of 29

13 C / OH NAME	Croffie, Brandi J. (Ms	.)		14 Filer ID 00087885	(Ethics Com	mission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	These expenditure	ns accepted or political expenditures may have been made without trequired to report this information	the candidate's or off	iceholder's kno	owledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NA	ME			
	GENERAL					
		COMMITTEE AD	DRESS			
	SPECIFIC					
		COMMITTEE CA	MPAIGN TREASURER NAME			
		COMMITTEE CA	MPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			CONTRIBUTIONS(OTHER THAN R CONTRIBUTIONS MADE ELEC		\$ \$	0.00
		ICAL CONTRIBI		c)	\$	6,435.00
EXPENDITURE	(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) EXPENDITURE 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES				\$	0.00
TOTALS					Ψ	
	4. TOTAL POLIT	ICAL EXPENDIT	TURES		\$	5,027.17
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE		NS MAINTAINED AS OF THE LA	AST DAY OF THE	\$	1,023.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR		ALL OUTSTANDING LOANS AS	OF THE LAST DAY	\$	0.00
17 AFFIDAVIT						
			I swear, or affirm, under penalty true and correct and includes al under Title 15, Election Code.	of perjury, that the a	accompanying d to be reporte	report is d by me
			Ms.	Brandi J. Croffie		
			Signature of	Candidate or Officeh	older	
AFFIX NO	TARY STAMP / SEAL AB	OVE				
				, this the		day
of	, 20, to c	ertify which, witnes	s my hand and seal of office.			
Signature of offi	cer administering oath	Printed name	e of officer administering oath	Title of office	cer administeri	ng oath

SUBTOTALS - JC/OH

FORM JC/OH COVER SHEET PG 3

			3 of 29					
	L8 FILER NAME Croffie, Brandi J. (Ms.) 19 Filer ID (Ethics Commission Filers) 00087885							
	SCHEDULE SUBTOTALS NAME OF SCHEDULE							
1. X	1. X SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)							
2. X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	0.00				
3. X	SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)		\$	0.00				
4. X	SCHEDULE E(J): LOANS (JUDICIAL)		\$	0.00				
5. X	5. X SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS							
6. X	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	0.00				
7. X	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIO	NS	\$	0.00				
8. X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	0.00				
9. X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	0.00				
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS C	F C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIO	NS	\$					
12.	\$							
			•					

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 1/14 Rpt: 4/29
2	FILER NAME Croffie, Bran	ndi J. (Ms.)			3	Filer ID (Ethics Commission Filers) 00087885
4	Date 09/15/2023	–		7	Amount of Contribution (\$) \$25.00	
Ļ				In a 17 1 1 1 70		
8		Principal Occupation		9 Contributor's Job Title		
_	Yoga Instructor Yoga Instructor					
10	10 Contributor's employer/law firm Unknown				oous	se (If any)
12		s a child, law firm of parent(s) (i	f any)			
	. II continuator i	o a orma, raw mm or parom(o) (r				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	09/15/2023 Ayiteyo, Dorothy			\$50.00		
		Contributor address; City; Sugar Land, TX 77479	State; Zip Code			
	Contributor's I	I Principal Occupation		Contributor's Job Title	<u> </u>	
	Unknown	.		Unknown		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Unknown					
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/21/2023	Ballases J.D., Michael				\$700.00
		Contributor address; City; Houston, TX 77055	State; Zip Code			
	Contributor's I	rincipal Occupation		Contributor's Job Title		
	Lawyer			Lawyer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hoover Slov	acek LLP				
	If contributor is	s a child, law firm of parent(s) (i	f any)	•		

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 2/14 Rpt: 5/29
2	FILER NAME Croffie, Bran	ndi J. (Ms.)			3	Filer ID (Ethics Commission Filers) 00087885
4	Date 10/25/2023	10/25/2023 Beecham, Margaret 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$50.00	
		Hatfield, PA 19440				
8		Principal Occupation		9 Contributor's Job Title		
	retired retired					
10	10 Contributor's employer/law firm Merc- Retired 11 Law firm of contributor's sp				oous	se (if any)
12	! If contributor i	s a child, law firm of parent(s) (if	any)	1		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/16/2023 Bolfrey, David Contributor address; City; State; Zip Code				\$25.00	
		Oklahoma City, OK 7315	59			
		Principal Occupation		Contributor's Job Title		
	Unknown			Unknown		
	Contributor's of Unknown	employer/law firm		Law firm of contributor's sp	oous	se (if any)
		s a child, law firm of parent(s) (if	anv)			
		(-)	,			
_	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	11/27/2023	Cloud, Josh				\$100.00
Contributor address; City; State; Zip Code Sprng, TX 77386						
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	IT Specialist			IT Specialist		
	Contributor's employer/law firm Law firm of contributor's s				oous	se (if any)
	Unknown					
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 3/14 Rpt: 6/29
2	FILER NAME Croffie, Bran	ndi J. (Ms.)			3	Filer ID (Ethics Commission Filers) 00087885
4	Date 09/16/2023			7	Amount of Contribution (\$) \$100.00	
		<u>l</u>	⁷ 43			
8		Principal Occupation		9 Contributor's Job Title		
_	Unknown					
10	10 Contributor's employer/law firm Unknown			oous	se (if any)	
12		s a child, law firm of parent(s) (i	· anul			
12	i contributor i	s a criliu, iaw iiriri oi parent(s) (i	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	09/15/2023 Croffie, Andrew Contributor address; City; State; Zip Code				\$50.00	
		San Antonio, TX 78254				
		Principal Occupation		Contributor's Job Title		
	Unknown			Unknown		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Toyota					
	If contributor i	s a child, law firm of parent(s) (i	any)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	08/20/2023	Croffie, Debra				\$25.00
		Contributor address; City; Humble, TX 77396	State; Zip Code			
\vdash	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Unemployed			Unemployed		
Contributor's employer/law firm Law firm of contributor's s				oous	se (if any)	
	Unemployed					
	If contributor i	s a child, law firm of parent(s) (i	any)	1		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	ow to complete this	form.	1	Total pages Schedule A(J)1: Sch: 4/14 Rpt: 7/29
2	FILER NAME Croffie, Bran	ndi J. (Ms.)			3	Filer ID (Ethics Commission Filers) 00087885
4	Date 09/17/2023	09/17/2023 Croffie, Pius 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$50.00	
		Humble, TX 77346		<u> </u>		
8	Contributor's I Retired	Principal Occupation		9 Contributor's Job Title Retired		
10					and (if any)	
10	LO Contributor's employer/law firm NOV-Retired 11 Law firm of contributor's sp				Jous	se (II ariy)
12	! If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/25/2023 Croffie, Pius Contributor address; City; State; Zip Code				\$100.00	
	O- mtaile at and a	Humble, TX 77346		Contribute to the Title		
	Retired	Principal Occupation		Contributor's Job Title Retired		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	NOV-Retired	t				
	If contributor i	s a child, law firm of parent(s) (i	f any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
12/25/2023 Croffie, Pius Contributor address; City; State; Zip Code				\$100.00		
	Contributor's I	Humble, TX 77346 Principal Occupation		Contributor's Job Title		
	Engineer	тпісіраї Оссираціон		Engineer		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Union Pacifi					(1, 7)
	If contributor i	s a child, law firm of parent(s) (i	f any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 5/14 Rpt: 8/29
2	FILER NAME Croffie, Bran	ndi J. (Ms.)			3	Filer ID (Ethics Commission Filers) 00087885
4	Date 09/17/2023	5 Full name of contributor Hansen, Stacey6 Contributor address; City; SHouston, TX 77077	out-of-state PAC (ID#:)	7	Amount of Contribution (\$) \$100.00
Ļ	Contributorio			9 Contributor's Job Title		
8		Principal Occupation				
_	Speech Pathologist Speech Pathologist					C.C.
10	10 Contributor's employer/law firm Unknown				oous	se (If any)
12	If contributor is	s a child, law firm of parent(s) (if	any)			
H	Date	Full name of contributor	out-of-state PAC (ID#:	,	Т	Amount of Contribution (\$)
	11/13/2023 Hoover Slovacek LLP)		\$1,000.00	
		Contributor address; City; \$ Houston, TX 77056	State; Zip Code			
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Continuators	-ппсіраї Оссираціон		Continuator \$ 300 Title		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/01/2023	Johnson, Germaine	_			\$300.00
		Contributor address; City; S Largo, MD 20774	State; Zip Code			
Г	Contributor's F	rincipal Occupation		Contributor's Job Title		
	Consultant			Consultant		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Booze Allen	Hamilton				
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1
	The Instru	ction Guide explains ho	v to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 6/14 Rpt: 9/29
2	FILER NAME Croffie, Bran	di J. (Ms.)			3	Filer ID (Ethics Commission Filers) 00087885
4	Date 10/06/2023	5 Full name of contributor Kell J.D., Angeline6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$50.00
		Houston, TX 77096				
8		Principal Occupation		9 Contributor's Job Title		
	Lawyer					
10	10 Contributor's employer/law firm Hoover Slovacek LLP				ous	se (if any)
12	! If contributor is	s a child, law firm of parent(s) (if	any)	L		
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	12/01/2023 Knop J.D., Mark Contributor address; City; State; Zip Code				\$50.00	
		Houston, TX 77056				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Lawyer			Lawyer		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Hoover Slov					
	If contributor is	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Π	Amount of Contribution (\$)
	09/16/2023	Lawrence J.D., A'Lys	_			\$100.00
		Contributor address; City; S Midland, TX 79710	State; Zip Code		•	
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>	
	Lawyer	molpai oodapailon		Layer		
		employer/law firm		Law firm of contributor's sp	ous	se (if any)
	Unknown					
	If contributor is	s a child, law firm of parent(s) (if	any)			

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A	A(J)1
	The Instru	ction Guide explains ho	w to complete this	form.		al pages Schedule A(J)1: n: 7/14 Rpt: 10/29	
2	FILER NAME Croffie, Bran	ndi J. (Ms.)				r ID (Ethics Commission)87885	n Filers)
4	Date 10/01/2023			7 Am	ount of Contribution (\$)	\$50.00	
Ļ	0	l .		In a			
8		Principal Occupation		9 Contributor's Job Title			
_	Unknown						
10	LO Contributor's employer/law firm Unknown				oouse (If	any)	
12	! If contributor i	s a child, law firm of parent(s) (i	f any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)	Am	ount of Contribution (\$)	
	09/20/2023 Mapel J.D., Frank			(,,	\$100.00		
		Contributor address; City; Houston, TX 77043	State; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Lawyer	Filiopal Occupation		Lawyer			
		employer/law firm		Law firm of contributor's sp	nouse (if	anvi	
	Hoover Slov	• •		Law iiiiii oi continbutoi 3 3	Jouse (II	arry)	
		s a child, law firm of parent(s) (i	f anv)				
	ii continuator i	s a clina, law iiiii of parcha(s) (i	r arry)				
-	Date	Full name of contributor	out-of-state PAC (ID#:	,	Am	ount of Contribution (\$)	
	12/03/2023	Marinucci, Julie	out of state 1710 (IBM)	'""	ount of Continuation (4)	\$250.00
		Contributor address; City;	State: Zin Code				,
			, — _F				
		Houston, TX 77088		T			
		Principal Occupation		Contributor's Job Title			
	Tax Accountant Tax Accountant Contributor's employer/law firm Law firm of contributor's sp			(:f	201		
	Self	етіріоуетлам інті		Law firm of contributor's sp	Jouse (II	any)	
	If contributor i	s a child, law firm of parent(s) (i	f any)	1			

	MONET	ARY POLITICAL	CONTRIBUTIO	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 8/14 Rpt: 11/29	
2	FILER NAME Croffie, Bran	ndi J. (Ms.)			3	Filer ID (Ethics Commission Filers) 00087885	
4	Date 09/16/2023			7	Amount of Contribution (\$) \$50.00		
Ļ	0	l	80	In a 17 1 1 1 7 1			
8		Principal Occupation		9 Contributor's Job Title			
_	Unknown						
10	10 Contributor's employer/law firm NOV 11 Law firm of contributor's s				oous	se (If any)	
12	! If contributor i	s a child, law firm of parent(s) (if	any)				
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)	
	08/18/2023 Martin M.D., Kahlil Contributor address; City; State; Zip Code				\$250.00		
		Missouri City, TX 77459					
	Contributor's I	Principal Occupation		Contributor's Job Title			
	Doctor			Doctor			
	Contributor's of Self	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor i	s a child, law firm of parent(s) (if	any)	1			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)	
	09/15/2023	Menka, Nanayaa				\$100.00	
		Contributor address; City; : Richmond, TX 77407	State; Zip Code				
	Contributor's I	Principal Occupation		Contributor's Job Title	<u> </u>		
	Unknown			Unknown			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	Unknown						
	If contributor i	s a child, law firm of parent(s) (if	any)	•			

	MONET	ARY POLITICAL CO	ONTRIBUTIO	ONS	SCHEDULE A(J)1
	The Instru	ction Guide explains how to	o complete this f	orm.	1 Total pages Schedule A(J)1: Sch: 9/14 Rpt: 12/29
2	FILER NAME Croffie, Bran				3 Filer ID (Ethics Commission Filers) 00087885
4	Date 11/02/2023				7 Amount of Contribution (\$) \$100.00
8	Contributor's F	I Principal Occupation		9 Contributor's Job Title	_ L
	Unknown			Unknown	
10	Contributor's e	employer/law firm		11 Law firm of contributor's sp	pouse (if any)
12	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_)	Amount of Contribution (\$)
	10/03/2023 Murphy, Kathryn Contributor address; City; State; Zip Code Kingwood, TX 77339			\$35.00	
	Contributor's F	Principal Occupation		Contributor's Job Title	_ L
	Paralegal			Paralegal	
	Contributor's	employer/law firm		Law firm of contributor's sp	pouse (if any)
	Hoover Slov	acek LLP			
	If contributor is	s a child, law firm of parent(s) (if any)		
	Date	Full name of contributor	out-of-state PAC (ID#:_		Amount of Contribution (\$)
	12/15/2023	Nkegbe, Cecil Contributor address; City; State Humble, TX 77346	e; Zip Code		\$100.00
	Contributor's I	Principal Occupation		Contributor's Job Title	•
	Unknown			Unknown	
Contributor's employer/law firm Law firm of contributor's sp				pouse (if any)	
	Unknown				
	If contributor is	s a child, law firm of parent(s) (if any)		

	MONET	ARY POLITICAL	CONTRIBUTION	ONS		SCHEDULE A(J)1	
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 10/14 Rpt: 13/29	
2	FILER NAME Croffie, Bran	ndi J. (Ms.)			3	Filer ID (Ethics Commission Filers) 00087885	
4	Date 09/15/2023	09/15/2023 Ofori, Afua 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$25.00		
		Spring, TX 77388					
8		Principal Occupation		9 Contributor's Job Title			
	Nurse Nurse						
10	.0 Contributor's employer/law firm Accentcare 11 Law firm of contributor's sp			oous	se (if any)		
12	If contributor is	s a child, law firm of parent(s) (i	f any)				
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	09/16/2023 Paintsil, Joan Contributor address; City; State; Zip Code			-	\$250.00		
		Bethany, CT 06524					
		Principal Occupation		Contributor's Job Title			
	Nurse			Nurse			
	Contributor's e	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	If contributor is	s a child, law firm of parent(s) (i	f any)				
H	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)	
	11/09/2023	Parks J.D., Gary				\$250.00	
l ' '		State; Zip Code		•			
	Contributor's I	I Principal Occupation		Contributor's Job Title			
	Lawyer			Lawyer			
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)	
	Self						
	If contributor is	s a child, law firm of parent(s) (i	f any)				

	MONET	SCHEDULE A(J)1				
	The Instru	ction Guide explains ho	w to complete this t	form.	1	Total pages Schedule A(J)1: Sch: 11/14 Rpt: 14/29
2	FILER NAME Croffie, Bran	ndi J. (Ms.)			3	Filer ID (Ethics Commission Filers) 00087885
4	Date 12/29/2023	5 Full name of contributor Pickford, Tom6 Contributor address; City; S	out-of-state PAC (ID#:		7	Amount of Contribution (\$) \$100.00
		Cypress, TX 77433				
8		Principal Occupation		9 Contributor's Job Title		
	Lawyer			Lawyer		
10	Contributor's (employer/law firm		11 Law firm of contributor's sp	oous	e (if any)
42			A			
12	i i contributor i	s a child, law firm of parent(s) (if	any)			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	12/29/2023	Pobee Mensah, Anthony Contributor address; City; S				\$100.00
	Contributor's	Greenville, NC 27858 Principal Occupation		Contributor's Job Title		
	Unknown	Principal Occupation		Unknown		
		employer/law firm		Law firm of contributor's sp	ากเเร	e (if any)
	Unknown	Simple yelliaw iiiiii		Law iiiii oi continuatoi 3 3	Jous	c (ii diiy)
-		s a child, law firm of parent(s) (if	anv)			
		, , , , , , , , , , , , , , , , , , , ,	3,			
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	10/11/2023	Russe J.D., Caroline				\$50.00
		Contributor address; City; S The Woodlands, TX 773	State; Zip Code			
	Contributor's I	rincipal Occupation		Contributor's Job Title	<u> </u>	
	Lawyer			Lawyer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	e (if any)
	Warren Bak	er LLP				
	If contributor i	s a child, law firm of parent(s) (if	any)	•		

	MONET	SCHEDULE A(J)1				
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 12/14 Rpt: 15/29
2	FILER NAME Croffie, Bran	ndi J. (Ms.)			3	Filer ID (Ethics Commission Filers) 00087885
4	Date 09/16/2023	Russel J.D., Dylan 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$100.00
		Missouri City, TX 77459	1			
8		Principal Occupation		9 Contributor's Job Title		
_	Lawyer			Lawyer		
10	Hoover Slov	employer/law firm acek LLP		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (i	f any)			
	. II continuator i	o a orma, law mm or paremiles) (i	i dily)			
F	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	09/22/2023	Samuel J.D., Sarah	out of state 1 Me (15m.)		\$250.00
		Contributor address; City;	State; Zip Code			
		Houston, TX 77035				
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Lawyer			Lawyer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hirsch & We	stheimer, P.C.				
	If contributor is	s a child, law firm of parent(s) (i	f any)			
=	Date	Full name of contributor	out-of-state PAC (ID#:)	Τ	Amount of Contribution (\$)
	11/14/2023	Sarpong, Esther	_			\$100.00
		Contributor address; City;	State; Zip Code		1	
		Spring, TX 77373				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Unknown			Unknown		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Unknown					
	If contributor is	s a child, law firm of parent(s) (i	f any)			

	MONET	SCHEDULE A(J)1				
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 13/14 Rpt: 16/29
2	FILER NAME Croffie, Bran	ndi J. (Ms.)			3	Filer ID (Ethics Commission Filers) 00087885
4	Date 09/21/2023	/21/2023 Savage J.D., Greg 6 Contributor address; City; State; Zip Code		7	Amount of Contribution (\$) \$100.00	
		Houston, TX 77079				
8		Principal Occupation		9 Contributor's Job Title		
_	Lawyer			Lawyer		
10	Hoover Slov	employer/law firm		11 Law firm of contributor's sp	oous	se (if any)
12		s a child, law firm of parent(s) (if	anv)			
		o a oa, .a.v o. pa. o(o) (,			
	Date	Full name of contributor	out-of-state PAC (ID#:)	Т	Amount of Contribution (\$)
	11/28/2023	Sullivan J.D., Patrick Contributor address; City;	<u> </u>			\$500.00
	Contributor's I	Houston, TX 77056 Principal Occupation		Contributor's Job Title		
	Lawyer			Lawyer		
	Contributor's	employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hoover Slov	acek LLP				
	If contributor i	s a child, law firm of parent(s) (if	any)	•		
	Date	Full name of contributor	out-of-state PAC (ID#:)		Amount of Contribution (\$)
	11/09/2023 Tran J.D., Thi Contributor address; City; State; Zip Code				\$250.00	
		Houston, TX 77079				
	Contributor's I	Principal Occupation		Contributor's Job Title	_	
	Lawyer			Lawyer		
		employer/law firm		Law firm of contributor's sp	oous	se (if any)
	Hoover Slov	acek LLP				
	If contributor i	s a child, law firm of parent(s) (if	any)			

	MONET	SCHEDULE A(J)1				
	The Instru	ction Guide explains ho	w to complete this	form.	1	Total pages Schedule A(J)1: Sch: 14/14 Rpt: 17/29
2	FILER NAME Croffie, Bran	ndi J. (Ms.)			1	Filer ID (Ethics Commission Filers) 00087885
4	Date 10/24/2023	Vandagriff, Susan 6 Contributor address; City; State; Zip Code			7	Amount of Contribution (\$) \$100.00
		Houston, TX 77095		_		
8		Principal Occupation		9 Contributor's Job Title		
	Association			Association Manger		
10	Contributor's e VanMor Pro	employer/law firm perties, Inc.		11 Law firm of contributor's sp	oouse	e (if any)
12	! If contributor is	s a child, law firm of parent(s) (i	f any)			
	Data	Full pages of acesteileuter				Amount of Contribution (A)
	Date 09/15/2023	Full name of contributor Wilmot, Januah	out-of-state PAC (ID#:)		Amount of Contribution (\$) \$50.00
		Cypress, TX 77433				
	Contributor's I	Principal Occupation		Contributor's Job Title		
	Unknown			Unknown		
	Contributor's e	employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	If contributor is	s a child, law firm of parent(s) (i	f any)	l		
	5 /	I = 1			_	Α
	Date 11/06/2023	Full name of contributor Wilmot, Januah	out-of-state PAC (ID#:)	'	Amount of Contribution (\$) \$200.00
	11/00/2023		01-1 7'- 0-1-		.	\$200.00
		Contributor address; City;	State, Zip Code			
		Cypress, TX 77433				
		Principal Occupation		Contributor's Job Title		
	Unknown Unknown					
		employer/law firm		Law firm of contributor's sp	oouse	e (if any)
	Unkown					
	If contributor is	s a child, law firm of parent(s) (i	fany)			

PLEDGE	CONTRIBUTIONS (JUDICI	AL)		SCHEDUI	E B(J)
The Inst	ruction Guide explains how to comple	ete this form.	1 Total pages Sch Sch: 1/1 Rpt: :		
2 FILER NAME Croffie, Brandi J	. (Ms.)		3 Filer ID (E 00087885	thics Commission F	Filers)
4 TOTAL OF UN	NITEMIZED PLEDGES			\$	0.00
5 Date	6 Full name of pledgor out-of-state PAC (ID#:)	8 Amount of pledge (\$)	9 In-kind de:	scription cable)
	7 Pledgor Address; City; State; Zip	Code		i 	
			Check if travel ou	I I utside of Texas. Co	mplete Schedule T.
10 Pledgor's principa	I occupation	11 Pledgor's job title			
12 Pledgor's employe	er/law firm	13 Law firm of pledgor's	spouse (if any)		
14 If pledgor is a chil	d, law firm of parent(s) (if any)	<u> </u>			

	LOANS (JUDICIAL)					SCHEDULE E(J)		
	The Instructio	n Guide explains how to complete this	form.	1	Total pages Schedule E(J): Sch: 1/1 Rpt: 19/29			
2	FILER NAME Croffie, Brandi J.	. (Ms.)		1	Filer ID 000878	(Ethics Com	nmission Fil	ers)
4	TOTAL OF UN	ITEMIZED LOANS		<u> </u>		\$		0.00
5	Date of loan	7 Name of lender out-of-state Pr	AC (ID#:			9 Loan Am	ount (\$)	
6	Is lender a financial institution?	8 Lender address; City; State;	Zip Code			10 Interest F		
						11 Maturity	Date	
12	2 Lender's Principal	Occupation	13 Lender's Job Title					
14	1 Lender's Employer	/Law Firm	15 Law Firm of lender's spous	se (if	any)			
16	If lender is child, la	w firm of parent(s) (if any)	1					
17	7 Description of Coll	ateral	18 Check if personal funds were deposited into political account (See Instructions)					
19	GUARANTOR INFORMATION	20 Name of guarantor	22 Amount Guaranteed			l (\$)		
23	not applicable not applicable	21 Guarantor address; City; State; Dal Occupation	Zip Code Zip Code					
25	5 Guarantor's Emplo	over/Law Firm	26 Law Firm of guarantor's sp	201100	(if any)			
	· 		20 Law Firm Or guaranter 5 Sp		(11 (21.13)			
27	' If guarantor is child	d, law firm of parent(s) (if any)						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	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: 1/10 Rpt: 20/29	Croffie, Brandi J. (Ms.) 00087885
4	Date	5 Payee name
	11/15/2023	Amazon Marketplace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$65.84	Unknown
		Unknown, TX 00000-0000
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Party decorations and supplies for meet and greet
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
⊨	Date	Power name
	11/16/2023	Payee name Amazon Marketplace
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$382.22	Unknown
		Unknown, TX 00000-0000
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	2/11/2/10/12	Check if Austin, TX, officeholder living expense
		Party decorations and supplies
L	Commiste ONII V if diseast	Condidate/Officeholder name
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
H	Date	Payee name
	11/16/2023	Amazon Marketplace
H	Amount (\$)	Payee address; City; State; Zip Code
	\$24.94	Unknown
	Ψ24.34	CHAIGWII
		Unknown, TX 00000-0000
	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
		Promotional gear
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

Advertising Expense Ever
Accounting/Banking Fees
Consulting Expense Food
Contributions/ Donations Made By - Gift/

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/10 Rpt: 21/29	Croffie, Brandi J. (Ms.) 00087885
4	Date	5 Payee name
	11/17/2023	Amazon Marketplace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$36.10	Unknown
		Unknown, TX 00000-0000
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
		Promotional gear material
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	11/29/2023	Amazon Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$123.38	Unknown
		Unknown, TX 00000-0000
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Party supplies and disposable chafing dishes
		Tary supplies and disposable straining district
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
-	Date	Payee name
	12/01/2023	Amazon Marketplace
	Amount (\$)	Payee address; City; State; Zip Code
	\$21.69	Unknown
	Ψ21.09	OTKHOWH
		Unknown, TX 00000-0000
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Event supplies
	0 1 0 0 1 1 1 1	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	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: 3/10 Rpt: 22/29	Croffie, Brandi J. (Ms.) 00087885
4	Date	5 Payee name
	10/31/2023	Bank of America
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$13.33	6414 San Felipe
		Houston, TX 77057
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Accounting/Banking Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Campaign checks
		Campaign checks
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
H	Date	Payee name
	11/20/2023	Colon, Eunice
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$70.10	2800 Janetta
	Ψ10.10	
		Apt 611
		Houston, TX 77063
	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
		Reimbursement for promotional gear material
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
F	Date	Payee name
	11/21/2023	Colon, Eunice
H	Amount (\$)	Payee address; City; State; Zip Code
	\$24.84	2800 Janetta
		Apt 611
		Houston, TX 77063
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Reimbursement for promotional gear material
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
L	expenditure to benefit C/Ol	1

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)
ense Event Expense Loan Repayment/Reimbu

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

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

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

ent Solicitation/Fundraising Expense
se Transportation Equipment & Related Expense
Travel in District
Travel Out of District

	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: 4/10 Rpt: 23/29	Croffie, Brandi J. (Ms.) 00087885
4	Date	5 Payee name
	12/15/2023	Harris County Democratic Party
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	4619 Lyons Ave
		Houston, TX 77020
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Filling Fee Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Filing Fee
		T ming t cc
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
_		
	Date	Payee name
	11/07/2023	Hester & Helsey Enterprises
	Amount (\$)	Payee address; City; State; Zip Code
	\$38.93	1010 Rayburn Road
		Spring, TX 77386
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Printing Expense Check if travel outside of Texas. Complete Schedule T.
		Candidate Flyers
		Candidate Fiyers
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	11/14/2023	Koolers Prom
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.92	Unknown
		Unknown, TX 00000-0000
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense
		Party supplies and decor
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/OH	
_		
L		

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

	Candidate/Officeholder/Politica Credit Card Payment	d Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 5/10 Rpt: 24/29	Croffie, Brandi J. (Ms.) 00087885				
4	Date	5 Payee name				
	12/04/2023	Kroger				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$44.87	1505 Wirt Road				
		Houston, TX 77055				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense Finger food trays for event				
		Filiger lood trays for event				
_	Complete CNI V if direct	Candidate/Officeholder name Office cought Office hold				
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held				
_	·					
	Date	Payee name				
	11/28/2023	Name Badge.com				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$42.94	Unknown				
		Unknown, TX 00000-0000				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Candidate Name Badge				
		Candidate Name Badge				
		Candidate Name Badge				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/O					
_	Data					
	Date	Payee name Nething Bundt Calca				
	12/04/2023	Nothing Bundt Cake				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$150.00	1407 S. Voss Rd.				
L	<u></u>	Houston, TX 77057				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Cupcakes for events				
		Cupcakes for events				
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	Complete ONLY if direct expenditure to benefit C/O					
	·					

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

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

Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1 Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
Sch: 6/10 Rpt: 25/29	Croffie, Brandi J. (Ms.) 00087885
4 Date	5 Payee name
12/04/2023	Sam's Club
6 Amount (\$) \$240.34	7 Payee address; City; State; Zip Code 10488 Katy Freeway Houston, TX 77043
9 DUDDOSE	
8 PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Beverage/supplies for event
Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
12/04/2023	Sunny's
Amount (\$)	Payee address; City; State; Zip Code
\$9.92	Unknown
	Unknown, TX 00000-0000
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Ice for event
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
Date	Payee name
10/31/2023	Vista Print
Amount (\$)	Payee address; City; State; Zip Code
\$42.21	Unknown
	Unknown, TX 00000-0000
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expanse (b) Description Check if travel outside of Texas. Complete Schedule T.
EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
	Advertising/Marketing- Flyers
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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 7/10 Rpt: 26/29	Croffie, Brandi J. (Ms.)	00087885					
4		Payee name						
	10/23/2023	Vista Print						
6	Amount (\$)	Payee address; City; State; Zip Code						
	\$42.21	Unknown						
		Unknown, TX 00000-0000						
8	PURPOSE		D) Description					
٥	OF	Category (See Categories listed at the top of this schedule) Advertising Expense	Check if travel outside of Texas. Complete Schedule T.					
	EXPENDITURE		Check if Austin, TX, officeholder living expense					
			Advertising/Marketing/Flyers					
9	Complete ONLY if direct	Candidate/Officeholder name Office sough	office held					
ľ	expenditure to benefit C/Oh	earthaute emberiolaer name	. Onice had					
H	Date	Payee name						
	10/27/2023	Vista Print						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$66.01	Unknown						
		Unknown, TX 00000-0000						
	PURPOSE OF		Description					
	EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense					
			Flyers					
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sough	office held					
	Date 11/07/2023	Payee name Vista Print						
	Amount (\$) \$61.68	Payee address; City; State; Zip Code Unknown	:					
	401.00							
		Unknown, TX 00000-0000						
	PURPOSE	Category (See Categories listed at the top of this schedule)) Description					
	OF EXPENDITURE	Advertising Expense	Check if travel outside of Texas. Complete Schedule T.					
			Check if Austin, TX, officeholder living expense Promotional Gear					
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ot Office held					
L	expenditure to benefit C/OH							

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Event Expense Loan Repayment/Reimbu

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 8/10 Rpt: 27/29	2 FILER NAME Croffie, Brandi J. (Ms.) 3 Filer ID (Ethics Commission Filers) 00087885
4	Date 11/14/2023	5 Payee name Vista Print
6	Amount (\$) \$117.99	7 Payee address; City; State; Zip Code Unknown
8	PURPOSE OF EXPENDITURE	Unknown, TX 00000-0000 (a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense Promotional gear
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/14/2023	Payee name Vista Print
	Amount (\$) \$116.67	Payee address; City; State; Zip Code Unknown
		Unknown, TX 00000-0000
	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 Promotional gear
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 11/16/2023	Payee name Vista Print
	Amount (\$) \$161.29	Payee address; City; State; Zip Code Unknown
		Unknown, TX 00000-0000
	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 Promotional Gear and flyers
	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

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

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

	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: 9/10 Rpt: 28/29	Croffie, Brandi J. (Ms.) 00087885
4	Date	5 Payee name
	12/08/2023	Vista Print
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$52.15	Unknown
		Unknown, TX 00000-0000
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 Flyers
		i iyota
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Data	David and the second se
	Date	Payee name
	12/01/2023	Wal-Mart
	Amount (\$)	Payee address; City; State; Zip Code
	\$85.91	1118 Silber
		Houston, TX 77055
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Event supplies and decorations
		Event supplies and decorations
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 11/14/2023	Payee name Yaya Creations
		-
	Amount (\$)	Payee address; City; State; Zip Code
	\$287.75	Unknown
		Unknown, TX 00000-0000
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Event supplies and decorations
		270.11 Supplies and associations
	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

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

	Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	/ - Il Committee	Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Overheat Polling Expension Printing Expension	ad/Rental Expense se se s/Contract Labor	Transportation I Travel in Distric Travel Out of Di	
	Credit Card Payment		The Instruction Guide expl	ains how to comp	ete this form.		
1	Total pages Schedule F1:	2 FILER NAME			I	3 Filer ID	(Ethics Commission Filers)
	Sch: 10/10 Rpt: 29/29	Croffie, Bra	ndi J. (Ms.)			00087885	
4	Date	5 Payee name					
	11/28/2023	Yaya Creati	ons				
6	Amount (\$) \$117.94	7 Payee addre	ss; City; S	tate; Zip Code			
		Unknown, T	X 00000-0000				
8	PURPOSE OF EXPENDITURE	(a) Category _{(Si} Event Expe	e Categories listed at the top of th	(b)	ш	utside of Texas. Con TX, officeholder livin S and decorati	g expense
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Offi H	ceholder name	Office sought		Office h	eld