

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM **JC/OH**  
COVER SHEET PG 1

|   |   |   |  |  |  |
|---|---|---|--|--|--|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00087885 | <b>2</b> Total pages filed:<br><br>29  |  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>Ms.  | FIRST<br>Brandi J.  | MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>01/15/2024 |  |
|   | NICKNAME  | LAST<br>Croffie   | SUFFIX   |  |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>5051 Westheimer<br>Suite 1200<br>Houston, TX 77056   |   |  | Date Hand-delivered or Date Postmarked   |  |
|   |   |   |  | Receipt #      Amount  |  |
|   |   |   |  | Date Processed   |  |
|   |   |   |  | Date Imaged  |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mrs.   | FIRST<br>Shawn R.   | MI   |  |  |
|   | NICKNAME  | LAST<br>Caselberry  | SUFFIX   |  |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>25627 Canyon Crossing Dr.<br><br>Richmond, TX 77406  |   |  |  |  |
|   |   |   |  |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(713)  | PHONE NUMBER<br>890-2746                                    | EXTENSION  |  |  |
| <b>8</b> REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |  |  |  |
|   | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)                         |   |  |  |  |
| <b>9</b> PERIOD COVERED   | Month    Day    Year<br>07/01/2023  |   | THROUGH  | Month    Day    Year<br>12/31/2023   |  |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>03/05/2024   |   | ELECTION TYPE<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input type="checkbox"/> General <input type="checkbox"/> Special |  |  |
|   |   |   |  |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)  |   | <b>12</b> OFFICE SOUGHT (if known)<br>District Judge District 133rd  |  |  |

**GO TO PAGE 2**

# 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 (Ethics Commission Filers)  
00087885

**15** NOTICE FROM POLITICAL COMMITTEE(S)  
This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. *These expenditures may have been made without the candidate's or officeholder's knowledge or consent.* Candidates and officeholders are required to report this information only if they receive notice of such expenditures.

Additional Pages

|   |                                      |
|---|--------------------------------------|
| COMMITTEE TYPE<br><br><input type="checkbox"/> GENERAL<br><br><input type="checkbox"/> SPECIFIC | COMMITTEE NAME                       |
|   | COMMITTEE ADDRESS                    |
|   | COMMITTEE CAMPAIGN TREASURER NAME    |
|   | COMMITTEE CAMPAIGN TREASURER ADDRESS |

|                               |  |    |          |
|-------------------------------|--|----|----------|
| <b>16</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00     |
|                               | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 6,435.00 |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 0.00     |
|                               | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 5,027.17 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 1,023.01 |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD  | \$ | 0.00     |

**17** AFFIDAVIT

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

Ms. Brandi J. Croffie  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - JC/OH

|  |   |
|--|---|
| <b>18</b> FILER NAME<br>Croffie, Brandi J. (Ms.) | <b>19</b> Filer ID (Ethics Commission Filers)<br>00087885 |
|--|---|

| <b>20</b> SCHEDULE SUBTOTALS |   | SUBTOTAL AMOUNT |
|------------------------------|---|-----------------|
| NAME OF SCHEDULE             |   |                 |
| 1.                           | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)             | \$ 6,435.00     |
| 2.                           | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS             | \$ 0.00         |
| 3.                           | <input checked="" type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                         | \$ 0.00         |
| 4.                           | <input checked="" type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)   | \$ 0.00         |
| 5.                           | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$ 5,027.17     |
| 6.                           | <input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS                                | \$ 0.00         |
| 7.                           | <input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS       | \$ 0.00         |
| 8.                           | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ 0.00         |
| 9.                           | <input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$ 0.00         |
| 10.                          | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$              |
| 11.                          | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$              |
| 12.                          | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$              |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |   |  |
|--|---|--|
| <b>The Instruction Guide explains how to complete this form.</b> |   | 1 Total pages Schedule A(J)1:<br>Sch: 1/14 Rpt: 4/29 |
| 2 FILER NAME<br>Croffie, Brandi J. (Ms.)                         |   | 3 Filer ID (Ethics Commission Filers)<br>00087885    |
| 4 Date<br>09/15/2023   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Alford , Julia       | 7 Amount of Contribution (\$) \$25.00                |
|  | 6 Contributor address; City; State; Zip Code<br><br>Spring, TX 77382                                      |  |
| 8 Contributor's Principal Occupation<br>Yoga Instrutor           |   | 9 Contributor's Job Title<br>Yoga Instructor         |
| 10 Contributor's employer/law firm<br>Unknown                    |   | 11 Law firm of contributor's spouse (if any)         |
| 12 If contributor is a child, law firm of parent(s) (if any)     |   |  |
| Date<br>09/15/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ayiteyo, Dorothy       | Amount of Contribution (\$) \$50.00                  |
|  | Contributor address; City; State; Zip Code<br><br>Sugar Land, TX 77479                                    |  |
| Contributor's Principal Occupation<br>Unknown                    |   | Contributor's Job Title<br>Unknown                   |
| Contributor's employer/law firm<br>Unknown                       |   | Law firm of contributor's spouse (if any)            |
| If contributor is a child, law firm of parent(s) (if any)        |   |  |
| Date<br>09/21/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ballases J.D., Michael | Amount of Contribution (\$) \$700.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Houston, TX 77055                                       |  |
| Contributor's Principal Occupation<br>Lawyer                     |   | Contributor's Job Title<br>Lawyer                    |
| Contributor's employer/law firm<br>Hoover Slovacek LLP           |   | Law firm of contributor's spouse (if any)            |
| If contributor is a child, law firm of parent(s) (if any)        |   |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 2/14 Rpt: 5/29 |
| <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885    |
| <b>4</b> Date<br>10/25/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Beecham, Margaret<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Hatfield, PA 19440 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00         |
| <b>8</b> Contributor's Principal Occupation<br>retired              |  | <b>9</b> Contributor's Job Title<br>retired                 |
| <b>10</b> Contributor's employer/law firm<br>Merc- Retired          |  | <b>11</b> Law firm of contributor's spouse (if any)         |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>09/16/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Bolfrey, David<br><hr/> Contributor address; City; State; Zip Code<br><br>Oklahoma City, OK 73159                 | Amount of Contribution (\$)<br><br>\$25.00                  |
| Contributor's Principal Occupation<br>Unknown                       |  | Contributor's Job Title<br>Unknown                          |
| Contributor's employer/law firm<br>Unknown                          |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>11/27/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Cloud, Josh<br><hr/> Contributor address; City; State; Zip Code<br><br>Sprng, TX 77386                            | Amount of Contribution (\$)<br><br>\$100.00                 |
| Contributor's Principal Occupation<br>IT Specialist                 |  | Contributor's Job Title<br>IT Specialist                    |
| Contributor's employer/law firm<br>Unknown                          |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 3/14 Rpt: 6/29 |
| <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885    |
| <b>4</b> Date<br>09/16/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Coleman, Brad<br>.....<br><b>6</b> Contributor address; City; State; Zip Code<br><br>Capitol Heights, MD 20743 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00        |
| <b>8</b> Contributor's Principal Occupation<br>Unknown              |  | <b>9</b> Contributor's Job Title<br>Unknown                 |
| <b>10</b> Contributor's employer/law firm<br>Unknown                |  | <b>11</b> Law firm of contributor's spouse (if any)         |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>09/15/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Croffie, Andrew<br>.....<br>Contributor address; City; State; Zip Code<br><br>San Antonio, TX 78254                     | Amount of Contribution (\$)<br><br>\$50.00                  |
| Contributor's Principal Occupation<br>Unknown                       |  | Contributor's Job Title<br>Unknown                          |
| Contributor's employer/law firm<br>Toyota                           |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>08/20/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Croffie, Debra<br>.....<br>Contributor address; City; State; Zip Code<br><br>Humble, TX 77396                           | Amount of Contribution (\$)<br><br>\$25.00                  |
| Contributor's Principal Occupation<br>Unemployed                    |  | Contributor's Job Title<br>Unemployed                       |
| Contributor's employer/law firm<br>Unemployed                       |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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| <b>The Instruction Guide explains how to complete this form.</b> |  | 1 Total pages Schedule A(J)1:<br>Sch: 4/14 Rpt: 7/29 |
| 2 FILER NAME<br>Croffie, Brandi J. (Ms.)                         |  | 3 Filer ID (Ethics Commission Filers)<br>00087885    |
| 4 Date<br>09/17/2023   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Croffie, Pius | 7 Amount of Contribution (\$) \$50.00                |
|  | 6 Contributor address; City; State; Zip Code<br><br>Humble, TX 77346                               |  |
| 8 Contributor's Principal Occupation<br>Retired                  |  | 9 Contributor's Job Title<br>Retired                 |
| 10 Contributor's employer/law firm<br>NOV-Retired                |  | 11 Law firm of contributor's spouse (if any)         |
| 12 If contributor is a child, law firm of parent(s) (if any)     |  |  |
| Date<br>12/25/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Croffie, Pius   | Amount of Contribution (\$) \$100.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Humble, TX 77346                                 |  |
| Contributor's Principal Occupation<br>Retired                    |  | Contributor's Job Title<br>Retired                   |
| Contributor's employer/law firm<br>NOV-Retired                   |  | Law firm of contributor's spouse (if any)            |
| If contributor is a child, law firm of parent(s) (if any)        |  |  |
| Date<br>12/25/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Croffie, Pius   | Amount of Contribution (\$) \$100.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Humble, TX 77346                                 |  |
| Contributor's Principal Occupation<br>Engineer                   |  | Contributor's Job Title<br>Engineer                  |
| Contributor's employer/law firm<br>Union Pacific                 |  | Law firm of contributor's spouse (if any)            |
| If contributor is a child, law firm of parent(s) (if any)        |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 5/14 Rpt: 8/29 |
| <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885    |
| <b>4</b> Date<br>09/17/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hansen, Stacey | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00        |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77077                               |   |
| <b>8</b> Contributor's Principal Occupation<br>Speech Pathologist   |  | <b>9</b> Contributor's Job Title<br>Speech Pathologist      |
| <b>10</b> Contributor's employer/law firm<br>Unknown                |  | <b>11</b> Law firm of contributor's spouse (if any)         |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>11/13/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Hoover Slovacek LLP     | Amount of Contribution (\$)<br><br>\$1,000.00               |
|   | Contributor address; City; State; Zip Code<br><br>Houston, TX 77056  |   |
| Contributor's Principal Occupation                                  |  | Contributor's Job Title                                     |
| Contributor's employer/law firm                                     |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>12/01/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Johnson, Germaine       | Amount of Contribution (\$)<br><br>\$300.00                 |
|   | Contributor address; City; State; Zip Code<br><br>Largo, MD 20774  |   |
| Contributor's Principal Occupation<br>Consultant                    |  | Contributor's Job Title<br>Consultant                       |
| Contributor's employer/law firm<br>Booze Allen Hamilton             |  | Law firm of contributor's spouse (if any)                   |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | 1 Total pages Schedule A(J)1:<br>Sch: 6/14 Rpt: 9/29 |
| 2 FILER NAME<br>Croffie, Brandi J. (Ms.)                         |  | 3 Filer ID (Ethics Commission Filers)<br>00087885    |
| 4 Date<br>10/06/2023   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Kell J.D., Angeline | 7 Amount of Contribution (\$) \$50.00                |
|  | 6 Contributor address; City; State; Zip Code<br><br>Houston, TX 77096                                    |  |
| 8 Contributor's Principal Occupation<br>Lawyer                   |  | 9 Contributor's Job Title<br>Lawyer                  |
| 10 Contributor's employer/law firm<br>Hoover Slovacek LLP        |  | 11 Law firm of contributor's spouse (if any)         |
| 12 If contributor is a child, law firm of parent(s) (if any)     |  |  |
| Date<br>12/01/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Knop J.D., Mark       | Amount of Contribution (\$) \$50.00                  |
|  | Contributor address; City; State; Zip Code<br><br>Houston, TX 77056                                      |  |
| Contributor's Principal Occupation<br>Lawyer                     |  | Contributor's Job Title<br>Lawyer                    |
| Contributor's employer/law firm<br>Hoover Slovacek LLP           |  | Law firm of contributor's spouse (if any)            |
| If contributor is a child, law firm of parent(s) (if any)        |  |  |
| Date<br>09/16/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lawrence J.D., A'Lys  | Amount of Contribution (\$) \$100.00                 |
|  | Contributor address; City; State; Zip Code<br><br>Midland, TX 79710                                      |  |
| Contributor's Principal Occupation<br>Lawyer                     |  | Contributor's Job Title<br>Layer                     |
| Contributor's employer/law firm<br>Unknown                       |  | Law firm of contributor's spouse (if any)            |
| If contributor is a child, law firm of parent(s) (if any)        |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 7/14 Rpt: 10/29 |
| <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885     |
| <b>4</b> Date<br>10/01/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Lee, Kesha<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77007 | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00          |
| <b>8</b> Contributor's Principal Occupation<br>Unknown              |  | <b>9</b> Contributor's Job Title<br>Unknown                  |
| <b>10</b> Contributor's employer/law firm<br>Unknown                |  | <b>11</b> Law firm of contributor's spouse (if any)          |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |  |
| Date<br>09/20/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Mapel J.D., Frank<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77043            | Amount of Contribution (\$)<br><br>\$100.00                  |
| Contributor's Principal Occupation<br>Lawyer                        |  | Contributor's Job Title<br>Lawyer                            |
| Contributor's employer/law firm<br>Hoover Slovacek LLP              |  | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |
| Date<br>12/03/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Marinucci, Julie<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77088             | Amount of Contribution (\$)<br><br>\$250.00                  |
| Contributor's Principal Occupation<br>Tax Accountant                |  | Contributor's Job Title<br>Tax Accountant                    |
| Contributor's employer/law firm<br>Self                             |  | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |
| (Empty space for additional information)                            |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |  |
|---|--|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 8/14 Rpt: 11/29 |
| <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885     |
| <b>4</b> Date<br>09/16/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Martin, Mickey | <b>7</b> Amount of Contribution (\$)<br><br>\$50.00          |
|   | <b>6</b> Contributor address; City; State; Zip Code<br><br>The Woodlands, TX 77380                         |  |
| <b>8</b> Contributor's Principal Occupation<br>Unknown              |  | <b>9</b> Contributor's Job Title<br>Unknown                  |
| <b>10</b> Contributor's employer/law firm<br>NOV                    |  | <b>11</b> Law firm of contributor's spouse (if any)          |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |  |
| Date<br>08/18/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Martin M.D., Kahlil     | Amount of Contribution (\$)<br><br>\$250.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Missouri City, TX 77459                                  |  |
| Contributor's Principal Occupation<br>Doctor                        |  | Contributor's Job Title<br>Doctor                            |
| Contributor's employer/law firm<br>Self                             |  | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |
| Date<br>09/15/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Menka, Nanayaa          | Amount of Contribution (\$)<br><br>\$100.00                  |
|   | Contributor address; City; State; Zip Code<br><br>Richmond, TX 77407                                       |  |
| Contributor's Principal Occupation<br>Unknown                       |  | Contributor's Job Title<br>Unknown                           |
| Contributor's employer/law firm<br>Unknown                          |  | Law firm of contributor's spouse (if any)                    |
| If contributor is a child, law firm of parent(s) (if any)           |  |  |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b> |  | 1 Total pages Schedule A(J)1:<br>Sch: 9/14 Rpt: 12/29 |
| 2 FILER NAME<br>Croffie, Brandi J. (Ms.)                         |  | 3 Filer ID (Ethics Commission Filers)<br>00087885     |
| 4 Date<br>11/02/2023   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Miller, Deralyn | 7 Amount of Contribution (\$) \$100.00                |
|  | 6 Contributor address; City; State; Zip Code<br><br>Richmond, TX 77406                               |   |
| 8 Contributor's Principal Occupation<br>Unknown                  |  | 9 Contributor's Job Title<br>Unknown                  |
| 10 Contributor's employer/law firm<br>Unknown                    |  | 11 Law firm of contributor's spouse (if any)          |
| 12 If contributor is a child, law firm of parent(s) (if any)     |  |   |
| Date<br>10/03/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Murphy, Kathryn   | Amount of Contribution (\$) \$35.00                   |
|  | Contributor address; City; State; Zip Code<br><br>Kingwood, TX 77339                                 |   |
| Contributor's Principal Occupation<br>Paralegal                  |  | Contributor's Job Title<br>Paralegal                  |
| Contributor's employer/law firm<br>Hoover Slovacek LLP           |  | Law firm of contributor's spouse (if any)             |
| If contributor is a child, law firm of parent(s) (if any)        |  |   |
| Date<br>12/15/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Nkegbe, Cecil     | Amount of Contribution (\$) \$100.00                  |
|  | Contributor address; City; State; Zip Code<br><br>Humble, TX 77346                                   |   |
| Contributor's Principal Occupation<br>Unknown                    |  | Contributor's Job Title<br>Unknown                    |
| Contributor's employer/law firm<br>Unknown                       |  | Law firm of contributor's spouse (if any)             |
| If contributor is a child, law firm of parent(s) (if any)        |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |  |   |
|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 10/14 Rpt: 13/29 |
| <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885      |
| <b>4</b> Date<br>09/15/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Ofori, Afua<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Spring, TX 77388 | <b>7</b> Amount of Contribution (\$)<br><br>\$25.00           |
| <b>8</b> Contributor's Principal Occupation<br>Nurse                |  | <b>9</b> Contributor's Job Title<br>Nurse                     |
| <b>10</b> Contributor's employer/law firm<br>Accentcare             |  | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>09/16/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Paintsil, Joan<br><hr/> Contributor address; City; State; Zip Code<br><br>Bethany, CT 06524               | Amount of Contribution (\$)<br><br>\$250.00                   |
| Contributor's Principal Occupation<br>Nurse                         |  | Contributor's Job Title<br>Nurse                              |
| Contributor's employer/law firm<br>Yale                             |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>11/09/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Parks J.D., Gary<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77057             | Amount of Contribution (\$)<br><br>\$250.00                   |
| Contributor's Principal Occupation<br>Lawyer                        |  | Contributor's Job Title<br>Lawyer                             |
| Contributor's employer/law firm<br>Self                             |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 11/14 Rpt: 14/29 |
| <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)                     |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885      |
| <b>4</b> Date<br>12/29/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pickford, Tom<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Cypress, TX 77433 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00          |
| <b>8</b> Contributor's Principal Occupation<br>Lawyer               |   | <b>9</b> Contributor's Job Title<br>Lawyer                    |
| <b>10</b> Contributor's employer/law firm<br>Hoover Slovacek LLP    |   | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |   |
| Date<br>12/29/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Pobee Mensah, Anthony<br><hr/> Contributor address; City; State; Zip Code<br><br>Greenville, NC 27858        | Amount of Contribution (\$)<br><br>\$100.00                   |
| Contributor's Principal Occupation<br>Unknown                       |   | Contributor's Job Title<br>Unknown                            |
| Contributor's employer/law firm<br>Unknown                          |   | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |
| Date<br>10/11/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Russe J.D., Caroline<br><hr/> Contributor address; City; State; Zip Code<br><br>The Woodlands, TX 77375      | Amount of Contribution (\$)<br><br>\$50.00                    |
| Contributor's Principal Occupation<br>Lawyer                        |   | Contributor's Job Title<br>Lawyer                             |
| Contributor's employer/law firm<br>Warren Baker LLP                 |   | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

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|---|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |  | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 12/14 Rpt: 15/29 |
| <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)                     |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885      |
| <b>4</b> Date<br>09/16/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Russel J.D., Dylan<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Missouri City, TX 77459 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00          |
| <b>8</b> Contributor's Principal Occupation<br>Lawyer               |  | <b>9</b> Contributor's Job Title<br>Lawyer                    |
| <b>10</b> Contributor's employer/law firm<br>Hoover Slovacek LLP    |  | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |  |   |
| Date<br>09/22/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Samuel J.D., Sarah<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77035                         | Amount of Contribution (\$)<br><br>\$250.00                   |
| Contributor's Principal Occupation<br>Lawyer                        |  | Contributor's Job Title<br>Lawyer                             |
| Contributor's employer/law firm<br>Hirsch & Westheimer, P.C.        |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |
| Date<br>11/14/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sarpong, Esther<br><hr/> Contributor address; City; State; Zip Code<br><br>Spring, TX 77373                             | Amount of Contribution (\$)<br><br>\$100.00                   |
| Contributor's Principal Occupation<br>Unknown                       |  | Contributor's Job Title<br>Unknown                            |
| Contributor's employer/law firm<br>Unknown                          |  | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |  |   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |   |   |
|---|---|---|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 13/14 Rpt: 16/29 |
| <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)                     |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885      |
| <b>4</b> Date<br>09/21/2023   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Savage J.D., Greg<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Houston, TX 77079 | <b>7</b> Amount of Contribution (\$)<br><br>\$100.00          |
| <b>8</b> Contributor's Principal Occupation<br>Lawyer               |   | <b>9</b> Contributor's Job Title<br>Lawyer                    |
| <b>10</b> Contributor's employer/law firm<br>Hoover Slovacek LLP    |   | <b>11</b> Law firm of contributor's spouse (if any)           |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |   |
| Date<br>11/28/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Sullivan J.D., Patrick<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77056              | Amount of Contribution (\$)<br><br>\$500.00                   |
| Contributor's Principal Occupation<br>Lawyer                        |   | Contributor's Job Title<br>Lawyer                             |
| Contributor's employer/law firm<br>Hoover Slovacek LLP              |   | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |
| Date<br>11/09/2023  | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Tran J.D., Thi<br><hr/> Contributor address; City; State; Zip Code<br><br>Houston, TX 77079                      | Amount of Contribution (\$)<br><br>\$250.00                   |
| Contributor's Principal Occupation<br>Lawyer                        |   | Contributor's Job Title<br>Lawyer                             |
| Contributor's employer/law firm<br>Hoover Slovacek LLP              |   | Law firm of contributor's spouse (if any)                     |
| If contributor is a child, law firm of parent(s) (if any)           |   |   |



# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|  |  |  |
|--|--|--|
| <b>The Instruction Guide explains how to complete this form.</b> |  | 1 Total pages Schedule A(J)1:<br>Sch: 14/14 Rpt: 17/29 |
| 2 FILER NAME<br>Croffie, Brandi J. (Ms.)                         |  | 3 Filer ID (Ethics Commission Filers)<br>00087885      |
| 4 Date<br>10/24/2023   | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Vandagriff, Susan | 7 Amount of Contribution (\$) \$100.00                 |
|  | 6 Contributor address; City; State; Zip Code<br><br>Houston, TX 77095                                  |  |
| 8 Contributor's Principal Occupation<br>Association Manager      |  | 9 Contributor's Job Title<br>Association Manger        |
| 10 Contributor's employer/law firm<br>VanMor Properties, Inc.    |  | 11 Law firm of contributor's spouse (if any)           |
| 12 If contributor is a child, law firm of parent(s) (if any)     |  |  |
| Date<br>09/15/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wilmot, Januah      | Amount of Contribution (\$) \$50.00                    |
|  | Contributor address; City; State; Zip Code<br><br>Cypress, TX 77433                                    |  |
| Contributor's Principal Occupation<br>Unknown                    |  | Contributor's Job Title<br>Unknown                     |
| Contributor's employer/law firm<br>Unknown                       |  | Law firm of contributor's spouse (if any)              |
| If contributor is a child, law firm of parent(s) (if any)        |  |  |
| Date<br>11/06/2023   | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>Wilmot, Januah      | Amount of Contribution (\$) \$200.00                   |
|  | Contributor address; City; State; Zip Code<br><br>Cypress, TX 77433                                    |  |
| Contributor's Principal Occupation<br>Unknown                    |  | Contributor's Job Title<br>Unknown                     |
| Contributor's employer/law firm<br>Unkown                        |  | Law firm of contributor's spouse (if any)              |
| If contributor is a child, law firm of parent(s) (if any)        |  |  |

# PLEGGED CONTRIBUTIONS (JUDICIAL)

## SCHEDULE B(J)

**The Instruction Guide explains how to complete this form.**

**1** Total pages Schedule B(J):  
Sch: 1/1 Rpt: 18/29

**2** FILER NAME  
Croffie, Brandi J. (Ms.)

**3** Filer ID (Ethics Commission Filers)  
00087885

**4** TOTAL OF UNITEMIZED PLEDGES \$ 0.00

|   |  |                                |  |
|---|--|--------------------------------|--|
| <b>5</b> Date   | <b>6</b> Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>8</b> Amount of pledge (\$) | <b>9</b> In-kind description (If applicable) |
|   | <b>7</b> Pledgor Address; City; State; Zip Code                                      |                                |  |
| <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. |  |                                |  |

**10** Pledgor's principal occupation **11** Pledgor's job title

**12** Pledgor's employer/law firm **13** Law firm of pledgor's spouse (if any)

**14** If pledgor is a child, law firm of parent(s) (if any)

# LOANS (JUDICIAL)

# SCHEDULE E(J)

|  |  |   |
|--|--|---|
| <b>The Instruction Guide explains how to complete this form.</b>           |  | <b>1</b> Total pages Schedule E(J):<br>Sch: 1/1 Rpt: 19/29  |
| <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)                            |  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885  |
| <b>4</b> TOTAL OF UNITEMIZED LOANS   |  | <b>\$</b> 0.00  |
| <b>5</b> Date of loan  | <b>7</b> Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) | <b>9</b> Loan Amount (\$)   |
| <b>6</b> Is lender a financial institution?                                | <b>8</b> Lender address; City; State; Zip Code                                 | <b>10</b> Interest Rate   |
|  |  | <b>11</b> Maturity Date   |
| <b>12</b> Lender's Principal Occupation                                    |  | <b>13</b> Lender's Job Title  |
| <b>14</b> Lender's Employer/Law Firm                                       |  | <b>15</b> Law Firm of lender's spouse (if any)  |
| <b>16</b> If lender is child, law firm of parent(s) (if any)               |  |   |
| <b>17</b> Description of Collateral<br><input type="checkbox"/> None       |  | <b>18</b> Check if personal funds were deposited into political account<br>(See Instructions)<br><input type="checkbox"/> |
| <b>19</b> GUARANTOR INFORMATION<br><input type="checkbox"/> not applicable | <b>20</b> Name of guarantor  | <b>22</b> Amount Guaranteed (\$)  |
|  | <b>21</b> Guarantor address; City; State; Zip Code                             |   |
| <b>23</b> Guarantor's Principal Occupation                                 |  | <b>24</b> Guarantor's Job Title   |
| <b>25</b> Guarantor's Employer/Law Firm                                    |  | <b>26</b> Law Firm of guarantor's spouse (if any)   |
| <b>27</b> If guarantor is child, law firm of parent(s) (if any)            |  |   |
|  |  |   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/10 Rpt: 20/29    | <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885  |
| <b>4</b> Date<br>11/15/2023                                  | <b>5</b> Payee name<br>Amazon Marketplace  |   |
| <b>6</b> Amount (\$)<br>\$65.84                              | <b>7</b> Payee address; City; State; Zip Code<br>Unknown<br><br>Unknown, TX 00000-0000         |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Party decorations and supplies for meet and greet |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/16/2023   | Payee name<br>Amazon Marketplace   |   |
| Amount (\$)<br>\$382.22                                      | Payee address; City; State; Zip Code<br>Unknown<br><br>Unknown, TX 00000-0000                  |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Party decorations and supplies                    |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/16/2023   | Payee name<br>Amazon Marketplace   |   |
| Amount (\$)<br>\$24.94                                       | Payee address; City; State; Zip Code<br>Unknown<br><br>Unknown, TX 00000-0000                  |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Promotional gear                                  |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/10 Rpt: 21/29    | <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885   |
| <b>4</b> Date<br>11/17/2023                                  | <b>5</b> Payee name<br>Amazon Marketplace  |  |
| <b>6</b> Amount (\$)<br>\$36.10                              | <b>7</b> Payee address; City; State; Zip Code<br>Unknown<br><br>Unknown, TX 00000-0000         |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Promotional gear material                    |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>11/29/2023   | Payee name<br>Amazon Marketplace   |  |
| Amount (\$)<br>\$123.38                                      | Payee address; City; State; Zip Code<br>Unknown<br><br>Unknown, TX 00000-0000                  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Party supplies and disposable chafing dishes |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>12/01/2023   | Payee name<br>Amazon Marketplace   |  |
| Amount (\$)<br>\$21.69                                       | Payee address; City; State; Zip Code<br>Unknown<br><br>Unknown, TX 00000-0000                  |  |
| <b>PURPOSE OF EXPENDITURE</b>                                | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event supplies                               |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 3/10 Rpt: 22/29    | <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885  |
| <b>4</b> Date<br>10/31/2023                                  | <b>5</b> Payee name<br>Bank of America   |   |
| <b>6</b> Amount (\$)<br>\$13.33                              | <b>7</b> Payee address; City; State; Zip Code<br>6414 San Felipe<br><br>Houston, TX 77057      |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Accounting/Banking  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign checks                             |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/20/2023   | Payee name<br>Colon, Eunice  |   |
| Amount (\$)<br>\$70.10                                       | Payee address; City; State; Zip Code<br>2800 Janetta<br>Apt 611<br>Houston, TX 77063           |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimbursement for promotional gear material |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/21/2023   | Payee name<br>Colon, Eunice  |   |
| Amount (\$)<br>\$24.84                                       | Payee address; City; State; Zip Code<br>2800 Janetta<br>Apt 611<br>Houston, TX 77063           |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimbursement for promotional gear material |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/10 Rpt: 23/29           | <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885   |
| <b>4</b> Date<br>12/15/2023   | <b>5</b> Payee name<br>Harris County Democratic Party                                       |  |
| <b>6</b> Amount (\$)<br>\$2,500.00                                  | <b>7</b> Payee address; City; State; Zip Code<br>4619 Lyons Ave<br><br>Houston, TX 77020    |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Filing Fee       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Filing Fee               |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>11/07/2023  | Payee name<br>Hester & Helsey Enterprises   |  |
| Amount (\$)<br>\$38.93  | Payee address; City; State; Zip Code<br>1010 Rayburn Road<br><br>Spring, TX 77386           |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Printing Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Candidate Flyers         |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>11/14/2023  | Payee name<br>Koolers Prom  |  |
| Amount (\$)<br>\$85.92  | Payee address; City; State; Zip Code<br>Unknown<br><br>Unknown, TX 00000-0000               |  |
| <b>PURPOSE OF EXPENDITURE</b>                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense    | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Party supplies and decor |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |   |
|--|--|---|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/10 Rpt: 24/29    | <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885  |
| <b>4</b> Date<br>12/04/2023                                  | <b>5</b> Payee name<br>Kroger  |   |
| <b>6</b> Amount (\$)<br>\$44.87                              | <b>7</b> Payee address; City; State; Zip Code<br>1505 Wirt Road<br><br>Houston, TX 77055         |   |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Finger food trays for event |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>11/28/2023   | Payee name<br>Name Badge.com   |   |
| Amount (\$)<br>\$42.94                                       | Payee address; City; State; Zip Code<br>Unknown<br><br>Unknown, TX 00000-0000                    |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Candidate Name Badge  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Candidate Name Badge        |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |
| Date<br>12/04/2023   | Payee name<br>Nothing Bundt Cake   |   |
| Amount (\$)<br>\$150.00                                      | Payee address; City; State; Zip Code<br>1407 S. Voss Rd.<br><br>Houston, TX 77057                |   |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Food/Beverage Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Cupcakes for events         |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held   |



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 7/10 Rpt: 26/29 | <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885   |
| <b>4</b> Date<br>10/23/2023                               | <b>5</b> Payee name<br>Vista Print   |  |
| <b>6</b> Amount (\$)<br>\$42.21                           | <b>7</b> Payee address; City; State; Zip Code<br>Unknown<br><br>Unknown, TX 00000-0000                                       |  |
| <b>8</b> PURPOSE OF EXPENDITURE                           | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Advertising/Marketing/Flyers |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |  |
| Date<br>10/27/2023  | Payee name<br>Vista Print  |  |
| Amount (\$)<br>\$66.01                                    | Payee address; City; State; Zip Code<br>Unknown<br><br>Unknown, TX 00000-0000  |  |
| <b>PURPOSE OF EXPENDITURE</b>                             | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Flyers                       |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |  |
| Date<br>11/07/2023  | Payee name<br>Vista Print  |  |
| Amount (\$)<br>\$61.68                                    | Payee address; City; State; Zip Code<br>Unknown<br><br>Unknown, TX 00000-0000  |  |
| <b>PURPOSE OF EXPENDITURE</b>                             | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense                               | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Promotional Gear             |
|   | <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH<br>Candidate/Officeholder name Office sought Office held |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

### EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 9/10 Rpt: 28/29    | <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885   |
| <b>4</b> Date<br>12/08/2023                                  | <b>5</b> Payee name<br>Vista Print   |  |
| <b>6</b> Amount (\$)<br>\$52.15                              | <b>7</b> Payee address; City; State; Zip Code<br>Unknown<br><br>Unknown, TX 00000-0000         |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Flyers                         |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>12/01/2023   | Payee name<br>Wal-Mart   |  |
| Amount (\$)<br>\$85.91                                       | Payee address; City; State; Zip Code<br>1118 Silber<br><br>Houston, TX 77055                   |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event supplies and decorations |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>11/14/2023   | Payee name<br>Yaya Creations   |  |
| Amount (\$)<br>\$287.75                                      | Payee address; City; State; Zip Code<br>Unknown<br><br>Unknown, TX 00000-0000                  |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense       | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event supplies and decorations |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 10/10 Rpt: 29/29          | <b>2</b> FILER NAME<br>Croffie, Brandi J. (Ms.)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00087885   |
| <b>4</b> Date<br>11/28/2023   | <b>5</b> Payee name<br>Yaya Creations  |  |
| <b>6</b> Amount (\$)<br>\$117.94                                    | <b>7</b> Payee address; City; State; Zip Code<br>Unknown<br><br>Unknown, TX 00000-0000   |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Event supplies and decorations |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought  |
|   |  | Office held  |