

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

| | | | | |
|---|---|---|--|--|
| The C/OH Instruction Guide explains how to complete this form. | | 1 Filer ID (Ethics Commission Filers) 00085786 | 2 Total pages filed: 45 | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR The Honorable | FIRST Brian E. | MI | OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/16/2024 |
| | NICKNAME | LAST Harrison | SUFFIX | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 661 E Main Street #200-240 Midlothian, TX 76065 | | Date Hand-delivered or Date Postmarked | |
| | | | Receipt # Amount | |
| | | | Date Processed | |
| | | | Date Imaged | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR Ms. | FIRST Catherine E. | MI | |
| | NICKNAME | LAST Bird | SUFFIX | |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 420 W. Franklin Apt 11 Waxahachie, TX 75165 | | | |
| | | | | |
| 7 CAMPAIGN TREASURER PHONE | AREA CODE (214) | PHONE NUMBER 499-5750 | EXTENSION | |
| 8 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) | | | |
| 9 PERIOD COVERED | Month Day Year 07/01/2023 | THROUGH | Month Day Year 12/31/2023 | |
| 10 ELECTION | ELECTION DATE Month Day Year 03/05/2024 | | ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special | |
| | | | | |
| 11 OFFICE | OFFICE HELD (if any) State Representative District 10 | | 12 OFFICE SOUGHT (if known) State Representative District 10 | |

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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| | |
|--|---|
| 13 C / OH NAME Harrison, Brian E. (The Honorable) | 14 Filer ID (Ethics Commission Filers) 00085786 |
|--|---|

| | | | | | | | | | | | |
|--|--|--------------------------|----------------------------------|--------------------------|-----------------------------------|--|--|---|--|--|--|
| 15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages | This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures. | | | | | | | | | | |
| <table border="1" style="width:100%"> <tr> <td style="width:25%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td rowspan="2">COMMITTEE ADDRESS</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td colspan="2">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table> | COMMITTEE TYPE | COMMITTEE NAME | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | <input type="checkbox"/> SPECIFIC | COMMITTEE CAMPAIGN TREASURER NAME | | COMMITTEE CAMPAIGN TREASURER ADDRESS | | | |
| | COMMITTEE TYPE | COMMITTEE NAME | | | | | | | | | |
| | <input type="checkbox"/> GENERAL | COMMITTEE ADDRESS | | | | | | | | | |
| | <input type="checkbox"/> SPECIFIC | | | | | | | | | | |
| COMMITTEE CAMPAIGN TREASURER NAME | | | | | | | | | | | |
| COMMITTEE CAMPAIGN TREASURER ADDRESS | | | | | | | | | | | |

| | | | |
|--------------------------------|---|----|------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ | 0.00 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ | 33,201.60 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ | 45,631.95 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 113,841.16 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ | 50,000.00 |

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.

 The Honorable Brian E. Harrison
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

_____ Signature of officer administering
 _____ Printed name of officer administering
 _____ Title of officer administering oath

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

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| | |
|--|---|
| 18 FILER NAME Harrison, Brian E. (The Honorable) | 19 Filer ID (Ethics Commission Filers) 00085786 |
|--|---|

| 20 SCHEDULE SUBTOTALS | | SUBTOTAL AMOUNT |
|------------------------------|---|------------------------|
| NAME OF SCHEDULE | | |
| 1. | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 33,201.60 |
| 2. | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ |
| 3. | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input type="checkbox"/> SCHEDULE E: LOANS | \$ |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ 45,631.95 |
| 6. | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | \$ |
| 7. | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS | \$ |
| 8. | <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | \$ |
| 9. | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS | \$ |
| 10. | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH | \$ |
| 11. | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS | \$ |
| 12. | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$ |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 1/9 Rpt: 4/45 |
| 2 FILER NAME Harrison, Brian E. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 12/18/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Chad <hr/> 6 Contributor address; City; State; Zip Code Midlothian, TX 76065 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Developer | | 9 Employer (See Instructions) Henry Building |
| Date 12/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betchan, Bradley <hr/> Contributor address; City; State; Zip Code Spring, TX 77386 | Amount of Contribution (\$) \$10.00 |
| Principal occupation / Job title (See Instructions) Electrician | | Employer (See Instructions) Chevron |
| Date 12/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bittmann, George <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165 | Amount of Contribution (\$) \$52.05 |
| Principal occupation / Job title (See Instructions) Developer | | Employer (See Instructions) Self |
| Date 12/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brumfield, Roger <hr/> Contributor address; City; State; Zip Code Montesano, WA 98563 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 12/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Colin <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75167 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/9 Rpt: 5/45 |
| 2 FILER NAME Harrison, Brian E. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 12/30/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carson, Bill <hr/> 6 Contributor address; City; State; Zip Code Streetman, TX 75859 | 7 Amount of Contribution (\$) \$25.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 12/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Carolyn <hr/> Contributor address; City; State; Zip Code Ovilla, TX 75154 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 10/26/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daley, Carol <hr/> Contributor address; City; State; Zip Code Arlington, TX 76005 | Amount of Contribution (\$) \$260.25 |
| Principal occupation / Job title (See Instructions) Rental management | | Employer (See Instructions) Self |
| Date 09/20/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Defend Texas Liberty PAC <hr/> Contributor address; City; State; Zip Code Willow Park, TX 76087 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 12/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denton County Conservative COA <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226 | Amount of Contribution (\$) \$250.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/9 Rpt: 6/45 |
| 2 FILER NAME Harrison, Brian E. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 11/14/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis County Young Republicans <hr/> 6 Contributor address; City; State; Zip Code Waxahachie, TX 75165 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 07/03/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engels, Tom and Judi <hr/> Contributor address; City; State; Zip Code Cottage Grove, TX 53527 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Wisconsin State Senate | | Employer (See Instructions) Sergeant-At-Arms |
| Date 07/05/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gore, Rex <hr/> Contributor address; City; State; Zip Code Austin, TX 78704 | Amount of Contribution (\$) \$10,000.00 |
| Principal occupation / Job title (See Instructions) President | | Employer (See Instructions) PJS of Texas |
| Date 12/18/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Don <hr/> Contributor address; City; State; Zip Code Red Oak, TX 75154 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 07/07/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOSPAC-State <hr/> Contributor address; City; State; Zip Code Austin, TX 78701 | Amount of Contribution (\$) \$1,500.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/9 Rpt: 7/45 |
| 2 FILER NAME Harrison, Brian E. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 08/14/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Barry <hr/> 6 Contributor address; City; State; Zip Code Spicewood, TX 78669 | 7 Amount of Contribution (\$) \$5,205.08 |
| 8 Principal occupation / Job title (See Instructions) Event Management | | 9 Employer (See Instructions) Self Employed |
| Date 12/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lord, James <hr/> Contributor address; City; State; Zip Code Euless, TX 76040 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) unemployed | | Employer (See Instructions) unemployed |
| Date 12/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mavridis, Brenda <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165 | Amount of Contribution (\$) \$52.05 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 12/30/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mentzel, Jim <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065 | Amount of Contribution (\$) \$104.10 |
| Principal occupation / Job title (See Instructions) Mortgage Banking | | Employer (See Instructions) Mid America Mortgage SW |
| Date 07/08/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Caryn <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75165 | Amount of Contribution (\$) \$1,000.00 |
| Principal occupation / Job title (See Instructions) The Greenery | | Employer (See Instructions) Sales |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/9 Rpt: 8/45 |
| 2 FILER NAME Harrison, Brian E. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 12/31/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, Pamela <hr/> 6 Contributor address; City; State; Zip Code Red Oak, TX 75154 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 12/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Potwin, Timothy <hr/> Contributor address; City; State; Zip Code Irving, TX 75062 | Amount of Contribution (\$) \$300.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 12/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ricks, George <hr/> Contributor address; City; State; Zip Code Midlothian, TX 76065 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 10/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, William <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) W Robert Eissler |
| Date 11/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, William <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) W Robert Eissler |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/9 Rpt: 9/45 |
| 2 FILER NAME Harrison, Brian E. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 09/27/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, William <hr/> 6 Contributor address; City; State; Zip Code The Woodlands, TX 77380 | 7 Amount of Contribution (\$) \$50.00 |
| 8 Principal occupation / Job title (See Instructions) Consultant | | 9 Employer (See Instructions) W Robert Eissler |
| Date 08/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, William <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) W Robert Eissler |
| Date 07/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, William <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) W Robert Eissler |
| Date 12/27/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert, William <hr/> Contributor address; City; State; Zip Code The Woodlands, TX 77380 | Amount of Contribution (\$) \$50.00 |
| Principal occupation / Job title (See Instructions) Consultant | | Employer (See Instructions) W Robert Eissler |
| Date 12/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salcedo, Chris <hr/> Contributor address; City; State; Zip Code Arlington, TX 76016 | Amount of Contribution (\$) \$26.03 |
| Principal occupation / Job title (See Instructions) Media | | Employer (See Instructions) The Salcedo Storm Podcast |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 7/9 Rpt: 10/45 |
| 2 FILER NAME Harrison, Brian E. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 07/01/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Anne <hr/> 6 Contributor address; City; State; Zip Code Red Oak, TX 75154 | 7 Amount of Contribution (\$) \$520.51 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 07/13/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sharaf, Mohamed <hr/> Contributor address; City; State; Zip Code Red Oak, TX 75154 | Amount of Contribution (\$) \$5,000.00 |
| Principal occupation / Job title (See Instructions) Victron Energy | | Employer (See Instructions) Business |
| Date 09/23/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shinn, Shann <hr/> Contributor address; City; State; Zip Code Cypress, TX 77429 | Amount of Contribution (\$) \$104.10 |
| Principal occupation / Job title (See Instructions) CPA | | Employer (See Instructions) Lanier Law Firm |
| Date 12/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Christopher <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850 | Amount of Contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) Photography | | Employer (See Instructions) Chris Sean Smith Photography |
| Date 07/04/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southerland, Daniel <hr/> Contributor address; City; State; Zip Code Waxahachie, TX 75167 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) Ready Real Estate | | Employer (See Instructions) Realtor |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 8/9 Rpt: 11/45 |
| 2 FILER NAME Harrison, Brian E. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 12/29/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tubbs, Clinton <hr/> 6 Contributor address; City; State; Zip Code Midlothian, TX 76065 | 7 Amount of Contribution (\$) \$104.10 |
| 8 Principal occupation / Job title (See Instructions) retired | | 9 Employer (See Instructions) retired |
| Date 12/31/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vines, Cheryl <hr/> Contributor address; City; State; Zip Code Ovilla, TX 75154 | Amount of Contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 12/28/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watson, David <hr/> Contributor address; City; State; Zip Code waxahachie, TX 75165 | Amount of Contribution (\$) \$208.20 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |
| Date 12/29/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Caroline <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815 | Amount of Contribution (\$) \$104.10 |
| Principal occupation / Job title (See Instructions) Admin | | Employer (See Instructions) Greenberg TRAUIG |
| Date 09/21/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Workman, Carla <hr/> Contributor address; City; State; Zip Code Dallas, TX 75252 | Amount of Contribution (\$) \$26.03 |
| Principal occupation / Job title (See Instructions) retired | | Employer (See Instructions) retired |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 9/9 Rpt: 12/45 |
| 2 FILER NAME Harrison, Brian E. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 08/10/2023 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deZevallos, EdD, Shelly <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77094 | 7 Amount of Contribution (\$) \$1,000.00 |
| 8 Principal occupation / Job title (See Instructions) Aviation | | 9 Employer (See Instructions) West houston airport |

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.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 1/28 Rpt: 13/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 08/03/2023 | 5 Payee name 2 AMIGOS TAQUERIA | |
| 6 Amount (\$) \$40.89 | 7 Payee address; City; State; Zip Code 241 N Monroe St Waxahachie, TX 75165 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/29/2023 | Payee name AMERICAN AIRLINES | |
| Amount (\$) \$9.90 | Payee address; City; State; Zip Code 1 Skyview Drive Ft Worth, TX 76155 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to conference |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/27/2023 | Payee name AMERICAN AIRLINES | |
| Amount (\$) \$314.90 | Payee address; City; State; Zip Code 1 Skyview Drive Ft Worth, TX 76155 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to conference |
| 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.

| | | | | | | |
|----------|--|---|---|---------------|---|--|
| 1 | Total pages Schedule F1: Sch: 2/28 Rpt: 14/45 | 2 | FILER NAME Harrison, Brian E. (The Honorable) | 3 | Filer ID (Ethics Commission Filers) 00085786 | |
| 4 | Date 11/27/2023 | 5 | Payee name AMERICAN AIRLINES | | | |
| 6 | Amount (\$) \$229.80 | 7 | Payee address; City; State; Zip Code 1 Skyview Drive Ft Worth, TX 76155 | | | |
| 8 | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to conference | | | |
| 9 | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | Date 09/18/2023 | | Payee name AMERICAN AIRLINES | | | |
| | Amount (\$) \$178.19 | | Payee address; City; State; Zip Code 1 Skyview Drive Ft Worth, TX 76155 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to conference | | | |
| | | Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held | |
| | Date 11/30/2023 | | Payee name AMERICAN LEGISLATIVE EXCHANGE COUNCIL | | | |
| | Amount (\$) \$375.00 | | Payee address; City; State; Zip Code 2900 Crystal Dr #6 Arlington, VA 22202 | | | |
| | PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Conference | | | |
| | | 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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 3/28 Rpt: 15/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 12/31/2023 | 5 Payee name Anedot | |
| 6 Amount (\$) \$30.89 | 7 Payee address; City; State; Zip Code 1340 Poydras Street Suite 1770 New Orleans, LA 70112 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/04/2023 | Payee name BLUE MESA GRILL - FT W FORT WORTH | |
| Amount (\$) \$60.07 | Payee address; City; State; Zip Code 612 Carroll St Ft Worth, TX 76107 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/27/2023 | Payee name BRAD NORMAN FOR SHERIFF | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code PO Box 1237 Midlothian, TX 76065 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation |
| 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 4/28 Rpt: 16/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 10/30/2023 | 5 Payee name BRANDED REPUBLIC | |
| 6 Amount (\$) \$64.95 | 7 Payee address; City; State; Zip Code 106 Industrial Dr Ste A Waxahachie, TX 75165 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber event donated item |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/30/2023 | Payee name CONSTANT CONTACT | |
| Amount (\$) \$160.97 | Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/30/2023 | Payee name CONSTANT CONTACT | |
| Amount (\$) \$160.97 | Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing |
| 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 5/28 Rpt: 17/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 10/02/2023 | 5 Payee name CONSTANT CONTACT | |
| 6 Amount (\$) \$160.97 | 7 Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/30/2023 | Payee name CONSTANT CONTACT | |
| Amount (\$) \$130.05 | Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/31/2023 | Payee name CONSTANT CONTACT | |
| Amount (\$) \$130.05 | Payee address; City; State; Zip Code 1601 Trapelo Road Waltham, MA 02451 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing |
| 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.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 6/28 Rpt: 18/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
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|-----------------------------|--|
| 4 Date 12/08/2023 | 5 Payee name EL ENCANTO WAXAHACHIE |
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|---------------------------------|---|
| 6 Amount (\$) \$39.58 | 7 Payee address; City; State; Zip Code 100 N College St. Suite 101 Waxahachie, TX 75165 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

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|--------------------|---|
| Date 11/14/2023 | Payee name ENNIS CHAMBER OF COMMERCE |
|--------------------|---|

| | |
|------------------------|--|
| Amount (\$) \$20.00 | Payee address; City; State; Zip Code 207 NW Main Ennis, TX 75119 |
|------------------------|--|

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|------------------------|--|--|
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber Event Ticket |
|------------------------|--|--|

| | | | |
|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

| | |
|--------------------|---|
| Date 12/19/2023 | Payee name Ellis County Republican Party |
|--------------------|---|

| | |
|-------------------------|---|
| Amount (\$) \$750.00 | Payee address; City; State; Zip Code 613 Ferris Ave Suite 107 Waxahachie, TX 75165 |
|-------------------------|---|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Filing Fee |
|------------------------|---|--|

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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

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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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 7/28 Rpt: 19/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 11/27/2023 | 5 Payee name GMASS | |
| 6 Amount (\$) \$19.95 | 7 Payee address; City; State; Zip Code 9433 Ridings Blvd Dayton, OH 45458 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/27/2023 | Payee name GMASS | |
| Amount (\$) \$19.95 | Payee address; City; State; Zip Code 9433 Ridings Blvd Dayton, OH 45458 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/27/2023 | Payee name GMASS | |
| Amount (\$) \$19.95 | Payee address; City; State; Zip Code 9433 Ridings Blvd Dayton, OH 45458 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing |
| 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.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 8/28 Rpt: 20/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 08/28/2023 | 5 Payee name GMASS | |
| 6 Amount (\$) \$19.95 | 7 Payee address; City; State; Zip Code 9433 Ridings Blvd Dayton, OH 45458 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email accounts |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/27/2023 | Payee name GMASS | |
| Amount (\$) \$19.95 | Payee address; City; State; Zip Code 9433 Ridings Blvd Dayton, OH 45458 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/27/2023 | Payee name GMASS | |
| Amount (\$) \$19.95 | Payee address; City; State; Zip Code 9433 Ridings Blvd Dayton, OH 45458 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Emailing |
| 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.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 9/28 Rpt: 21/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 08/29/2023 | 5 Payee name GODADDY | |
| 6 Amount (\$) \$19.62 | 7 Payee address; City; State; Zip Code 2155 E. GoDaddy Way Tempe, AZ 85284 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign website |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/03/2023 | Payee name GOOGLE | |
| Amount (\$) \$19.19 | Payee address; City; State; Zip Code 600 Amphitheatre Parkway Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email accounts |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/04/2023 | Payee name GOOGLE | |
| Amount (\$) \$25.58 | Payee address; City; State; Zip Code 600 Amphitheatre Parkway Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email accounts |
| 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.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 10/28 Rpt: 22/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 12/04/2023 | 5 Payee name GOOGLE | |
| 6 Amount (\$) \$2.11 | 7 Payee address; City; State; Zip Code 600 Amphitheatre Parkway Mountain View, CA 94043 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic storage |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/01/2023 | Payee name GOOGLE | |
| Amount (\$) \$2.11 | Payee address; City; State; Zip Code 600 Amphitheatre Parkway Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic storage |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/01/2023 | Payee name GOOGLE | |
| Amount (\$) \$25.58 | Payee address; City; State; Zip Code 600 Amphitheatre Parkway Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email accounts |
| 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.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 11/28 Rpt: 23/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 10/02/2023 | 5 Payee name GOOGLE | |
| 6 Amount (\$) \$2.11 | 7 Payee address; City; State; Zip Code 600 Amphitheatre Parkway Mountain View, CA 94043 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic storage |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/05/2023 | Payee name GOOGLE | |
| Amount (\$) \$22.07 | Payee address; City; State; Zip Code 600 Amphitheatre Parkway Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email accounts |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/05/2023 | Payee name GOOGLE | |
| Amount (\$) \$2.11 | Payee address; City; State; Zip Code 600 Amphitheatre Parkway Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Electronic storage |
| 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.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 12/28 Rpt: 24/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 08/02/2023 | 5 Payee name GOOGLE | |
| 6 Amount (\$) \$19.19 | 7 Payee address; City; State; Zip Code 600 Amphitheatre Parkway Mountain View, CA 94043 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email accounts |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/29/2023 | Payee name GOOGLE | |
| Amount (\$) \$25.58 | Payee address; City; State; Zip Code 600 Amphitheatre Parkway Mountain View, CA 94043 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign email accounts |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/14/2023 | Payee name H-E-B #672 WACO | |
| Amount (\$) \$18.62 | Payee address; City; State; Zip Code 1821 S Valley Mills Dr Waco, TX 76711 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies |
| 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.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 13/28 Rpt: 25/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 07/11/2023 | 5 Payee name HOUSTON CHRONICLE | |
| 6 Amount (\$) \$19.96 | 7 Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/26/2023 | Payee name HOUSTON CHRONICLE | |
| Amount (\$) \$23.96 | Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/28/2023 | Payee name HOUSTON CHRONICLE | |
| Amount (\$) \$23.96 | Payee address; City; State; Zip Code 3771 Vinecrest Drive Dallas, TX 75229 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 14/28 Rpt: 26/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 10/31/2023 | 5 Payee name HOUSTON CHRONICLE | |
| 6 Amount (\$) \$23.96 | 7 Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 10/03/2023 | Payee name HOUSTON CHRONICLE | |
| Amount (\$) \$23.96 | Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/05/2023 | Payee name HOUSTON CHRONICLE | |
| Amount (\$) \$19.96 | Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
| 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.

| | | |
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| 1 Total pages Schedule F1: Sch: 15/28 Rpt: 27/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
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| 4 Date 08/08/2023 | 5 Payee name HOUSTON CHRONICLE |
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| 6 Amount (\$) \$19.96 | 7 Payee address; City; State; Zip Code 4747 Southwest Fwy Houston, TX 77027 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 12/31/2023 | Payee name Hoyer, Catherine |
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| Amount (\$) \$400.00 | Payee address; City; State; Zip Code 420 W Franklin St Apt 11 Waxahachie, TX 75165 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 10/05/2023 | Payee name LOCKHART SMOKEHOUSE |
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| Amount (\$) \$94.86 | Payee address; City; State; Zip Code 400 W Davis St Dallas, TX 75208 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 16/28 Rpt: 28/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
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| 4 Date 08/02/2023 | 5 Payee name MIDLOTHIAN CHAMBER OF COMMERCE |
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| 6 Amount (\$) \$60.00 | 7 Payee address; City; State; Zip Code 116 N 8th St Midlothian, TX 76065 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Chamber Event Ticket |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 12/19/2023 | Payee name Marathon Strategic Communications |
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| Amount (\$) \$35,000.00 | Payee address; City; State; Zip Code 3771 Vinecrest Drive Dallas, TX 75229 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 11/07/2023 | Payee name NESPRESSO USA |
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| Amount (\$) \$65.00 | Payee address; City; State; Zip Code 111 W 33rd St 5th Floor New York, NY 10120 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Office supplies |
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| 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.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 17/28 Rpt: 29/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 11/27/2023 | 5 Payee name Newsmax | |
| 6 Amount (\$) \$54.11 | 7 Payee address; City; State; Zip Code P.O. Box 20989 West Palm Beach, FL 33416 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense News Subscription |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/31/2023 | Payee name Osborn, Maurice | |
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code 210 Panther Peak Dr Midlothian, TX 76065 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Work |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 12/31/2023 | Payee name Osborn, Maurice | |
| Amount (\$) \$99.00 | Payee address; City; State; Zip Code 210 Panther Peak Dr Midlothian, TX 76065 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Reimbursements for office supplies |
| 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.

| | | |
|---|---|--|
| 1 Total pages Schedule F1: Sch: 18/28 Rpt: 30/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 12/01/2023 | 5 Payee name PRICELINE | |
| 6 Amount (\$) \$213.63 | 7 Payee address; City; State; Zip Code 800 Connecticut Avenue Norwalk, CT 06854 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for Austin work trip |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/17/2023 | Payee name PRICELINE | |
| Amount (\$) \$126.97 | Payee address; City; State; Zip Code 800 Connecticut Avenue Norwalk, CT 06854 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for Austin work trip |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/03/2023 | Payee name PRICELINE | |
| Amount (\$) \$96.97 | Payee address; City; State; Zip Code 800 Connecticut Avenue Norwalk, CT 06854 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for Austin work trip |
| 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 19/28 Rpt: 31/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 10/31/2023 | 5 Payee name PRICELINE | |
| 6 Amount (\$) \$112.97 | 7 Payee address; City; State; Zip Code 800 Connecticut Avenue Norwalk, CT 06854 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for Austin work trip |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/25/2023 | Payee name PRICELINE | |
| Amount (\$) \$368.44 | Payee address; City; State; Zip Code 800 Connecticut Avenue Norwalk, CT 06854 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for work conference |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/13/2023 | Payee name Priceline | |
| Amount (\$) \$269.96 | Payee address; City; State; Zip Code 800 Connecticut Avenue Norwalk, CT 06854 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Hotel for Austin work trip |
| 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.

| | | |
|--|--|--|
| 1 Total pages Schedule F1: Sch: 20/28 Rpt: 32/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 10/03/2023 | 5 Payee name RUSTON CATTLE CO | |
| 6 Amount (\$) \$25.98 | 7 Payee address; City; State; Zip Code 3701 I-45 Ennis, TX 75119 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/21/2023 | Payee name Red State Solutions | |
| Amount (\$) \$750.00 | Payee address; City; State; Zip Code 3426 Yale St Houston, TX 77018 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/21/2023 | Payee name Red State Solutions | |
| Amount (\$) \$750.00 | Payee address; City; State; Zip Code 3426 Yale St Houston, TX 77018 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Consulting Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Consulting |
| 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 21/28 Rpt: 33/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
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| 4 Date 11/17/2023 | 5 Payee name Republican Party of Texas |
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| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code 807 Brazos St Austin, TX 78701 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsor |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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|--------------------|------------------------------|
| Date 12/31/2023 | Payee name Rice, McKennon |
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|-------------------------|---|
| Amount (\$) \$100.00 | Payee address; City; State; Zip Code P.O. Box 160284 Austin, TX 78716 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense work |
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|--|-----------------------------|---------------|-------------|
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 09/13/2023 | Payee name SCHLOTZSKYS |
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| Amount (\$) \$18.49 | Payee address; City; State; Zip Code 204 SE Georgia Ave Sweetwater, TX 79556 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Food during work travel |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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.

| | | |
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| 1 Total pages Schedule F1: Sch: 22/28 Rpt: 34/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
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| 4 Date 11/03/2023 | 5 Payee name SHELL GAS STATION |
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|---------------------------------|---|
| 6 Amount (\$) \$20.72 | 7 Payee address; City; State; Zip Code 110 E Louetta Rd Spring, TX 77373 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Transportation Equipment & Related Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Gas for campaign trip |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 11/27/2023 | Payee name SKIPLAGGED |
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|------------------------|--|
| Amount (\$) \$10.00 | Payee address; City; State; Zip Code PO Box 318 New York, NY 10116 |
|------------------------|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to conference |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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|--------------------|--------------------------|
| Date 11/27/2023 | Payee name SKIPLAGGED |
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|------------------------|--|
| Amount (\$) \$22.98 | Payee address; City; State; Zip Code PO Box 318 New York, NY 10116 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to conference |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 23/28 Rpt: 35/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
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|-----------------------------|-----------------------------------|
| 4 Date 09/18/2023 | 5 Payee name SKIPLAGGED |
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| 6 Amount (\$) \$35.00 | 7 Payee address; City; State; Zip Code PO Box 318 New York, NY 10116 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to conference |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 07/24/2023 | Payee name SPIRIT AIRLINES |
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|-------------------------|---|
| Amount (\$) \$349.78 | Payee address; City; State; Zip Code 2800 Executive Way Miramar, FL 33025 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Flight for work conference |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 10/20/2023 | Payee name STUBB'S BAR-B-Q |
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| Amount (\$) \$95.40 | Payee address; City; State; Zip Code 801 Red River St Austin, TX 78701 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 24/28 Rpt: 36/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 12/06/2023 | 5 Payee name TEXAS CHILI PARLOR | |
| 6 Amount (\$) \$38.42 | 7 Payee address; City; State; Zip Code 1409 Lavaca St Austin, TX 78701 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/18/2023 | Payee name TEXAS STATE DIRECTORY | |
| Amount (\$) \$241.40 | Payee address; City; State; Zip Code 1800 Nueces St. Austin, TX 78701 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email list |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 08/07/2023 | Payee name TEXAS YOUNG REPUBLICANS | |
| Amount (\$) \$500.00 | Payee address; City; State; Zip Code 2437 Bent Horn Dr Plano, TX 75025 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsor |
| 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 25/28 Rpt: 37/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
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| 4 Date 11/10/2023 | 5 Payee name THE CAPITOL GRILL |
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| 6 Amount (\$) \$12.99 | 7 Payee address; City; State; Zip Code 1400 Congress Ave. Austin, TX 78701 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Food/Beverage Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Meeting |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 11/03/2023 | Payee name THE POST OAK RESTAURANT VALET |
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| Amount (\$) \$22.00 | Payee address; City; State; Zip Code 1600 W Loop S Houston, TX 77027 |
|------------------------|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Valet at campaign event |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| | |
|--------------------|---|
| Date 11/03/2023 | Payee name THE POST OAK RESTAURANT VALET |
|--------------------|---|

| | |
|------------------------|--|
| Amount (\$) \$22.00 | Payee address; City; State; Zip Code 1600 W Loop S Houston, TX 77027 |
|------------------------|--|

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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Valet at campaign event |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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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.

| | | |
|---|---|---|
| 1 Total pages Schedule F1: Sch: 26/28 Rpt: 38/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 11/14/2023 | 5 Payee name THE UPS STORE | |
| 6 Amount (\$) \$10.00 | 7 Payee address; City; State; Zip Code 661 E Main St #200 Midlothian, TX 76065 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Notary for ballot application |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 07/12/2023 | Payee name TWITTER | |
| Amount (\$) \$90.72 | Payee address; City; State; Zip Code 1355 Market St #900 San Francisco, CA 94103 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Twitter Blue |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/18/2023 | Payee name Texas Right to Life | |
| Amount (\$) \$1,000.00 | Payee address; City; State; Zip Code 4500 Bissonnet St #305 Bellaire, TX 77401 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Event Sponsor |
| 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.

| | | |
|--|---|---|
| 1 Total pages Schedule F1: Sch: 27/28 Rpt: 39/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Date 11/30/2023 | 5 Payee name UBER | |
| 6 Amount (\$) \$40.94 | 7 Payee address; City; State; Zip Code 1515 3rd St San Francisco, CA 94158 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to conference |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 11/30/2023 | Payee name UBER | |
| Amount (\$) \$46.94 | Payee address; City; State; Zip Code 1515 3rd St San Francisco, CA 94158 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to conference |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 09/21/2023 | Payee name UBER | |
| Amount (\$) \$44.93 | Payee address; City; State; Zip Code 1515 3rd St San Francisco, CA 94158 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Travel Out of District | (b) Description <input checked="" type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Travel to conference |
| 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.

| | | |
|--|---|--|
| 1 Total pages Schedule F1: Sch: 28/28 Rpt: 40/45 | 2 FILER NAME Harrison, Brian E. (The Honorable) | 3 Filer ID (Ethics Commission Filers) 00085786 |
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| 4 Date 07/25/2023 | 5 Payee name USPS MIDLOTHIAN |
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| 6 Amount (\$) \$13.20 | 7 Payee address; City; State; Zip Code 211 E Avenue G Midlothian, TX 76065 |
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| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Stamps |
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| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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|--------------------|-------------------------------|
| Date 08/08/2023 | Payee name WASHINGTON POST |
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|-------------------------|--|
| Amount (\$) \$127.92 | Payee address; City; State; Zip Code 1301 K Street NW Washington, DC 20071 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Newspaper Subscription |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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| Date 12/31/2023 | Payee name WinRed |
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| Amount (\$) \$513.76 | Payee address; City; State; Zip Code 1776 WILSON BLVD Suite 530 Arlington, VA 22209 |
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| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Fees | (b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee |
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| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
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IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

| | | |
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| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule T: Sch: 1/5 Rpt: 41/45 |
| 2 FILER NAME Harrison, Brian E. (The Honorable) | | 3 Filer ID (Ethics Commission Filers) 00085786 |
| 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee AMERICAN AIRLINES | | |
| 5 Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC | | |
| 6 Dates of Travel 09/21/2023 09/24/2023 | 7 Name of person(s) traveling Harrison, Brian | |
| | 8 Departure city or name of departure location Dallas | |
| | 9 Destination city or name of destination location District of Columbia | |
| 10 Means of transportation Commercial Airplane | 11 Purpose of travel (including name of conference, seminar, or other event) Club for Growth Foundation Fellowship | |
| Name of Contributor / Corporation or Labor Organization / Pledgor /Payee AMERICAN AIRLINES | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC | | |
| Dates of Travel 11/29/2023 11/29/2023 | Name of person(s) traveling Harrison, Brian | |
| | Departure city or name of departure location Dallas | |
| | Destination city or name of destination location Phoenix | |
| Means of transportation Commercial Airplane | Purpose of travel (including name of conference, seminar, or other event) American Legislative Exchange Council | |
| Name of Contributor / Corporation or Labor Organization / Pledgor /Payee AMERICAN AIRLINES | | |
| Contribution / Expenditure reported on: <input type="checkbox"/> Schedule A2 <input type="checkbox"/> Schedule B <input type="checkbox"/> Schedule B(J) <input type="checkbox"/> Schedule C2 <input type="checkbox"/> Schedule D <input checked="" type="checkbox"/> Schedule F1 <input type="checkbox"/> Schedule F2 <input type="checkbox"/> Schedule F4 <input type="checkbox"/> Schedule G <input type="checkbox"/> Schedule H <input type="checkbox"/> Schedule COH-UC | | |
| Dates of Travel 11/29/2023 11/29/2023 | Name of person(s) traveling Harrison, Brian | |
| | Departure city or name of departure location Dallas | |
| | Destination city or name of destination location Phoenix | |
| Means of transportation Commercial Airplane | Purpose of travel (including name of conference, seminar, or other event) American Legislative Exchange Council | |

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

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
AMERICAN AIRLINES

5 Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

| | |
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| 6 Dates of Travel 11/29/2023 11/29/2023 | 7 Name of person(s) traveling Harrison, Brian |
| | 8 Departure city or name of departure location Dallas |
| | 9 Destination city or name of destination location Phoenix |

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|--|--|
| 10 Means of transportation Commercial Airplane | 11 Purpose of travel (including name of conference, seminar, or other event) American Legislative Exchange Council |
|--|--|

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
AMERICAN LEGISLATIVE EXCHANGE COUNCIL

Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

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| Dates of Travel 11/29/2023 11/29/2023 | Name of person(s) traveling Harrison, Brian |
| | Departure city or name of departure location Dallas |
| | Destination city or name of destination location Phoenix |

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| Means of transportation Conference Costs | Purpose of travel (including name of conference, seminar, or other event) American Legislative Exchange Council |
|---|--|

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
PRICELINE

Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

| | |
|---|---|
| Dates of Travel 07/24/2023 07/28/2023 | Name of person(s) traveling HOYER, CATHERINE |
| | Departure city or name of departure location Dallas |
| | Destination city or name of destination location Orlando |

| | |
|--|--|
| Means of transportation Commercial Airplane | Purpose of travel (including name of conference, seminar, or other event) American Legislative Exchange Council |
|--|--|

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

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
SKIPLAGGED

5 Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

| | |
|---|--|
| 6 Dates of Travel 09/21/2023 09/24/2023 | 7 Name of person(s) traveling Harrison, Brian |
| | 8 Departure city or name of departure location Dallas |
| | 9 Destination city or name of destination location District of Columbia |

| | |
|---|---|
| 10 Means of transportation Commercial Airplane | 11 Purpose of travel (including name of conference, seminar, or other event) Club for Growth Foundation Fellowship |
|---|---|

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
SKIPLAGGED

Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

| | |
|---|---|
| Dates of Travel 11/29/2023 11/29/2023 | Name of person(s) traveling Harrison, Brian |
| | Departure city or name of departure location Dallas |
| | Destination city or name of destination location Phoenix |

| | |
|--|--|
| Means of transportation Commercial Airplane | Purpose of travel (including name of conference, seminar, or other event) American Legislative Exchange Council |
|--|--|

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
SKIPLAGGED

Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

| | |
|---|---|
| Dates of Travel 11/29/2023 11/29/2023 | Name of person(s) traveling Harrison, Brian |
| | Departure city or name of departure location Dallas |
| | Destination city or name of destination location Phoenix |

| | |
|--|--|
| Means of transportation Commercial Airplane | Purpose of travel (including name of conference, seminar, or other event) American Legislative Exchange Council |
|--|--|

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

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
SPIRIT AIRLINES

5 Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

| | |
|---|---|
| 6 Dates of Travel 07/24/2023 07/28/2023 | 7 Name of person(s) traveling HOYER, CATHERINE |
| | 8 Departure city or name of departure location Dallas |
| | 9 Destination city or name of destination location Orlando |

| | |
|---|---|
| 10 Means of transportation Commercial Airplane | 11 Purpose of travel (including name of conference, seminar, or other event) American Legislative Exchange Council |
|---|---|

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UBER

Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

| | |
|---|--|
| Dates of Travel 09/21/2023 09/24/2023 | Name of person(s) traveling Harrison, Brian |
| | Departure city or name of departure location Dallas |
| | Destination city or name of destination location District of Columbia |

| | |
|--|--|
| Means of transportation Commercial Automobile | Purpose of travel (including name of conference, seminar, or other event) Club for Growth Foundation Fellowship |
|--|--|

Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UBER

Contribution / Expenditure reported on:
 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

| | |
|---|---|
| Dates of Travel 11/29/2023 11/29/2023 | Name of person(s) traveling Harrison, Brian |
| | Departure city or name of departure location Dallas |
| | Destination city or name of destination location Phoenix |

| | |
|--|--|
| Means of transportation Commercial Automobile | Purpose of travel (including name of conference, seminar, or other event) American Legislative Exchange Council |
|--|--|

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

SCHEDULE T

4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee
UBER

5 Contribution / Expenditure reported on:

- Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F1
 Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC

6 Dates of Travel

11/29/2023

11/29/2023

7 Name of person(s) traveling

Harrison, Brian

8 Departure city or name of departure location

Dallas

9 Destination city or name of destination location

Phoenix

10 Means of transportation

Commercial Automobile

11 Purpose of travel (including name of conference, seminar, or other event)

American Legislative Exchange Council