# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

# FORM C/OH COVER SHEET PG 1

The C/OH Instruction (	Guide explains how to compl	ete this form.	1 Filer ID (Ethics Commis 00085786	ssion Filers)	2 Total pages file			
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR	FIRST		MI	OFFICE U	ISE ONLY		
NAME	The Honorable	Brian E.			Date Received  ELECTRONICA	JIY FII FD		
	NICKNAME	LAST		SUFFIX	07/12/2024			
	NICKNAWIE	Harrison		SUFFIX	01/12/2021			
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Υ;	ZIP CODE	Date Hand-delivered or	Date Postmarked		
OFFICEHOLDER MAILING	791 Hwy 77 N							
ADDRESS	STE 501-C				Receipt #	Amount		
X Change of Address	Waxahachie, TX 75165				Date Processed			
					Date Imaged			
5 CAMPAIGN	MS / MRS / MR	FIRST		MI				
TREASURER NAME	Ms.	Catherine E.						
	NICKNAME	LAST		SUFFIX				
		Bird						
	OTDEET ADDRESS (NO DO	PO// PI 5405)	4.00	- / OLUTE # OLTY	074	715 0055		
6 CAMPAIGN TREASURER	STREET ADDRESS (NO PO	BOX PLEASE);	AP	/ SUITE #; CITY;	STA	TE; ZIP CODE		
ADDRESS	420 W. Franklin Apt 11							
(Residence or Business)	Waxahachie, TX 75165							
7 CAMPAIGN	AREA CODE PHON	E NUMBER E	EXTENSION					
TREASURER PHONE	(214) 499-5750							
8 REPORT								
TYPE	January 15	30th day before	election	Runoff	15th day after cam appointment (office			
	X July 15	8th day before	election	Exceeded modified	Final Report (Attac			
				reporting limit				
9 PERIOD COVERED	Month Day Year			Month Day	Year			
COVERED	01/01/2024	TH	IROUGH	06/30/202	24			
10 ELECTION	ELECTION DATE	_		ELECTION TYPE	_			
	Month Day Year	P	rimary	Runoff	Other			
	11/05/2024	ΧG	eneral	Special				
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT				
	State Representative Distr	ict 10 Ellis		State Represent	ative District 10			
				1				
	GO TO PAGE 2							

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 43

13 C / OH NAME	<b>14</b> Filer ID (00085786	(Ethics Commission Filers)					
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political These expenditures may have been made I officeholders are required to report this in	e without the candidate's or office	eholder's knowledge or			
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME					
	GENERAL	COMMITTEE ADDRESS					
	SPECIFIC						
		COMMITTEE CAMPAIGN TREASURER	RNAME				
		COMMITTEE CAMPAIGN TREASURER	RADDRESS				
16 CONTRIBUTION TOTALS	HER THAN PLEDGES, LOANS, ADE ELECTRONICALLY)	\$ 0.00					
	DF LOANS)	<b>\$</b> 16,222.59					
EXPENDITURE TOTALS							
	4. TOTAL POLITICAL EXPENDITURES						
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS C	OF THE LAST DAY OF THE	<b>\$</b> 119,879.73			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIF OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOTING PERIOD	DANS AS OF THE LAST DAY	\$ 50,000.00			
17 AFFIDAVIT			ler penalty of perjury, that the acc ncludes all information required to n Code.				
		ТІ	he Honorable Brian E. Harriso	on			
		Sig	gnature of Candidate or Officehol	der			
AFFIX NO	TARY STAMP / SEAL AB	DVE					
Sworn to and subs	day						
	cer administering	Printed name of officer administerin		r administaring oath			
Signature of offi	cei auministenny	Printed name of officer administering	y i lue oi officel	r administering oath			

### **SUBTOTALS - C/OH**

# FORM C/OH COVER SHEET PG 3

			CC	OVER SH	3 of 43
	LER NA arrison	ME Brian E. (The Honorable)	<b>19</b> Filer ID 00085786	(Ethics Comr	mission Filers)
		LE SUBTOTALS	•	SUBTO	TAL AMOUNT
N.	AME OF	SCHEDULE			
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	16,222.59
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE E: LOANS		\$	
5.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	\$	8,168.04	
6.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$		
7.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
8.	X	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	241.92
9.	X	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$	513.51
10	). <u> </u>	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$	
13	l. 🔲	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$	
12	2.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$	

	MONET	ARY POLITICAL (	CONTRIBUTIO	N	S		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how	to complete this fo	orr	n.	1	Total pages Schedule A1: Sch: 1/12 Rpt: 4/43	
2	FILER NAME Harrison, Bri	an E. (The Honorable)				3	Filer ID (Ethics Commission 00085786	on Filers)
4	Date 06/07/2024	6 Contributor address; City; St	out-of-state PAC (ID#:_ ate; Zip Code		)	7	Amount of Contribution (\$)	\$260.25
8	Principal occu	Waxahachie, TX 75167 pation / Job title (See Instructions	)	9	Employer (See Instructions Registered Nurse	<u> </u> s)		
	Date 06/16/2024	Full name of contributor Bartley, Tina Contributor address; City; Si Houston, TX 77057					Amount of Contribution (\$)	\$104.10
	Principal occu Legal Assista	pation / Job title (See Instructions ant	5)		Employer (See Instructions Legal Assistant	s)		
	Date 01/24/2024	Full name of contributor Bartley, Tina Contributor address; City; Si	out-of-state PAC (ID#:_ ate; Zip Code		)		Amount of Contribution (\$)	\$260.25
	Deinsinal assu	Houston, TX 77057	<u>,                                      </u>		Franksian (Cooksatiusetians	_		
	Legal Assista	pation / Job title (See Instructions ant	)	Employer (See Instructions) Legal Assistant				
	Date Full name of contributor out-of-state PAC (ID#:		)		Amount of Contribution (\$)	\$2,000.00		
	Principal occu CEO	pation / Job title (See Instructions	)		Employer (See Instructions Ashford, Inc	5)		
	Date 06/30/2024	Full name of contributor Bernhard, Carol Contributor address; City; Si Austin, TX 78727	out-of-state PAC (ID#:_			•	Amount of Contribution (\$)	\$50.00
	Principal occu Staff Svc	pation / Job title (See Instructions	)		Employer (See Instructions Tjcs	s)		
			•					

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 2/12 Rpt: 5/43	
2	FILER NAME Harrison, Bri	ian E. (The Honorable)		3	Filer ID (Ethics Commission 00085786	n Filers)
4	Date 06/30/2024	<ul> <li>5 Full name of contributor  out-of-state PAC (ID#:_Blair, Vickie</li> <li>6 Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$100.00
_		Waxahachie, TX 75165	I			
8	retired	pation / Job title (See Instructions)	9 Employer (See Instructions retired	)		
	Date 02/23/2024	Full name of contributor out-of-state PAC (ID#:_ Blair, Vickie Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$250.00
	Principal occu	Waxahachie, TX 75165  pation / Job title (See Instructions)	Employer (See Instructions	)		
	Retired	,	Reitred	,		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Cappelletti, Dana Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Mansfield, TX 76063				
	Principal occu Business de	pation / Job title (See Instructions) velopment	Employer (See Instructions Charter Communication	)		
	Date 05/29/2024	Full name of contributor out-of-state PAC (ID#:_ Carson, Bill Contributor address; City; State; Zip Code  Streetman, TX 75859			Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 04/29/2024	Full name of contributor out-of-state PAC (ID#:_ Carson, Bill Contributor address; City; State; Zip Code Streetman, TX 75859			Amount of Contribution (\$)	\$25.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDULI	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 3/12 Rpt: 6/43	
2	FILER NAME Harrison, Bri	ian E. (The Honorable)		3	Filer ID (Ethics Commission 00085786	n Filers)
4	Date 03/29/2024	5 Full name of contributor out-of-state PAC (ID#:_ Carson, Bill 6 Contributor address; City; State; Zip Code	)	7	Amount of Contribution (\$)	\$25.00
		Streetman, TX 75859				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions retired	)		
	Date 02/29/2024	Full name of contributor out-of-state PAC (ID#:_Carson, Bill  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$25.00
	Principal occu	Streetman, TX 75859  pation / Job title (See Instructions)	Employer (See Instructions	)		
	retired	, , , , , , , , , , , , , , , , , , , ,	retired			
	Date 02/02/2024	Full name of contributor out-of-state PAC (ID#:_ Carson, Bill Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$25.00
		Streetman, TX 75859				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 06/03/2024	Full name of contributor out-of-state PAC (ID#:_ Carson, William Contributor address; City; State; Zip Code Streetman, TX 75859	)		Amount of Contribution (\$)	\$50.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (ID#:_ Coulson, Sylvia Contributor address; City; State; Zip Code Waxahachie, TX 75165	)		Amount of Contribution (\$)	\$25.00
	Principal occu Dietitian	pation / Job title (See Instructions)	Employer (See Instructions Dietitian	)		

	MONET	ARY POLITICAL CONTRIBUTION	DNS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 4/12 Rpt: 7/43	
2	FILER NAME Harrison, Bri	an E. (The Honorable)		3	Filer ID (Ethics Commission 00085786	n Filers)
4	Date 06/29/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Cox, Carolyn</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$520.51
		Ovilla, TX 75154				
8	Principal occu retired	pation / Job title (See Instructions)	9 Employer (See Instructions retired	)		
	Date 01/26/2024	Full name of contributor out-of-state PAC (ID#:_ Danley, Tad  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$20.00
	Principal occu	Georgetown, TX 78633 pation / Job title (See Instructions)	Employer (See Instructions	)		
	retired	, ,	retired	,		
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Dollins, Karlene Contributor address; City; State; Zip Code	)		Amount of Contribution (\$)	\$100.00
		Midlothian, TX 76065				
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions retired	)		
	Date 06/13/2024	Full name of contributor out-of-state PAC (ID#:_ Fite, Ralph Contributor address; City; State; Zip Code  Houston, TX 77057			Amount of Contribution (\$)	\$500.00
	Principal occu SVP-Finance	pation / Job title (See Instructions)	Employer (See Instructions SVP-Finance	)		
	Date 06/09/2024	Full name of contributor out-of-state PAC (ID#:_Folk, James  Contributor address; City; State; Zip Code  York, PA 17406			Amount of Contribution (\$)	\$26.03
	Principal occu Loan Officer	pation / Job title (See Instructions)	Employer (See Instructions Loan Officer	)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUI	LE <b>A1</b>
	The Instru	ction Guide explains how to complete this 1	form.	1	Total pages Schedule A1: Sch: 5/12 Rpt: 8/43	
2	FILER NAME Harrison, Bri	ian E. (The Honorable)		3	Filer ID (Ethics Commission 00085786	on Filers)
4	Date 05/22/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#: Folk, James</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$25.00
_	Deignaignal annu	York, PA 17406	I C. Francis vor (Co. a Instructions			
8	Loan Officer	pation / Job title (See Instructions)	Employer (See Instructions     Loan Officer	)		
	Date 05/22/2024	Full name of contributor out-of-state PAC (ID#:_ Gardner, Margaret  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$100.00
	Principal occu	Katy, TX 77450  upation / Job title (See Instructions)	Employer (See Instructions	)		
	retired	pation 7 300 title (See instructions)	retired			
	Date 03/28/2024	Full name of contributor out-of-state PAC (ID#:_ Gary Gates for Texas Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$2,500.00
		Rosenberg, TX 77471				
	Principal occu	ipation / Job title (See Instructions)	Employer (See Instructions	)		
	Date 01/08/2024	Full name of contributor out-of-state PAC (ID#:_Grusendorf, Kent Contributor address; City; State; Zip Code  Austin, TX 78746			Amount of Contribution (\$)	\$1,000.00
	Principal occu retired	pation / Job title (See Instructions)	Employer (See Instructions Reitred	)		
	Date 06/01/2024	Full name of contributor out-of-state PAC (ID#:_HENRY, MARCUS  Contributor address; City; State; Zip Code  Garden City, ID 83714	)		Amount of Contribution (\$)	\$104.10
	Principal occu RSA	ipation / Job title (See Instructions)	Employer (See Instructions RSA	)		

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E <b>A1</b>
	The Instruc	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 6/12 Rpt: 9/43	
2	FILER NAME Harrison, Bri	an E. (The Honorable)			3	Filer ID (Ethics Commission 00085786	n Filers)
4	Date 06/30/2024	Hammond, Pamela	out-of-state PAC (ID#:		7	Amount of Contribution (\$)	\$50.00
8	Principal occu	Graford, TX 76449 pation / Job title (See Instructions)	lo.	Employer (See Instructions	.)		
•	retired	pation / 300 title (See Instructions)		retired	')		
	Date 06/30/2024	Full name of contributor Harrison, Ed  Contributor address; City; State;	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$500.00
	Dringing age	Ovilla, TX 75154		Employer (Coo Instructions	_		
	retired	pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 06/06/2024	Full name of contributor Hees, Miriam Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$26.03
		Austin, TX 78753					
	Principal occu Medical bille	pation / Job title (See Instructions) r		Employer (See Instructions Medical biller	i)		
	Date 06/07/2024	Full name of contributor Heizer, Richard Contributor address; City; State; WEATHERFORD, TX 76087		)		Amount of Contribution (\$)	\$26.03
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	()		
	Date 05/23/2024	Hickman, matt	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$260.25
	Principal occu consultant	pation / Job title (See Instructions)		Employer (See Instructions consultant	i)		
			•				

	MONET	ARY POLITICAL CONTRIBUT	TION	IS		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how to complete thi	is for	m.	1	Total pages Schedule A1: Sch: 7/12 Rpt: 10/43	
2	FILER NAME Harrison, Bri	an E. (The Honorable)			3	Filer ID (Ethics Commission 00085786	n Filers)
4	Date 05/22/2024	<ul> <li>Full name of contributor</li></ul>			7	Amount of Contribution (\$)	\$50.00
		Beaverton, OR 97007					
8	Principal occu retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 06/07/2024	Full name of contributor out-of-state PAC (II  Justice, Kellye  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$25.00
	Principal occu	Waxahachie, TX 75165 pation / Job title (See Instructions)		Employer (See Instructions	?) 		
	Real Estate	oduon / Job title (See mistractions)		Real Estate	"		
	Date 05/08/2024	Full name of contributor out-of-state PAC (I Laird, Craig Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$260.25
		Irving, TX 75061					
	Principal occu Attorney	pation / Job title (See Instructions)		Employer (See Instructions Attorney	5)		
	Date 06/30/2024	Full name of contributor out-of-state PAC (II Lavorgna, Theresa Contributor address; City; State; Zip Code Temple, TX 76502		)		Amount of Contribution (\$)	\$50.00
	Principal occu Admi	pation / Job title (See Instructions)		Employer (See Instructions) University of Texas at Austin			
	Date 06/07/2024	Full name of contributor out-of-state PAC (II Lord, James  Contributor address; City; State; Zip Code  Euless, TX 76040			•	Amount of Contribution (\$)	\$26.03
	Principal occu Mechanical I	pation / Job title (See Instructions)		Employer (See Instructions Mechanical Engineer	5)		
		<b>3</b> 252					

	MONET	ARY POLITICAL CO	NTRIBUTION	S		SCHEDUL	E A1
	The Instru	ction Guide explains how to	complete this form	n.	1	Total pages Schedule A1: Sch: 8/12 Rpt: 11/43	
2	FILER NAME Harrison, Bri	an E. (The Honorable)			3	Filer ID (Ethics Commission 00085786	on Filers)
4	Date 03/17/2024			)	7	Amount of Contribution (\$)	\$50.00
_	<u> </u>	Euless, TX 76040					
8	Mechanical I	pation / Job title (See Instructions) Engineer		Employer (See Instructions Mechanical Engineer	)		
	Date 06/28/2024	Full name of contributor  Mango, Paul  Contributor address; City; State;  Jackson, WY 83002	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$1,041.02
		pation / Job title (See Instructions)		Employer (See Instructions	)		
	President			President			
	Date 05/22/2024	Full name of contributor  Marinko, Tom  Contributor address; City; State;	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$5.00
		Kershaw, SC 29067					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
	Date Full name of contributor out-of-state PAC (ID# 06/08/2024 Marsh, Richard		out-of-state PAC (ID#:			Amount of Contribution (\$)	\$26.03
	Principal occu designer	pation / Job title (See Instructions)		Employer (See Instructions designer	)		
	Date 06/30/2024	Full name of contributor  McArthur, Barbara  Contributor address; City; State;  Arlington, TX 76017	out-of-state PAC (ID#:	)		Amount of Contribution (\$)	\$52.05
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	)		
			1				

	MONET	ARY POLITICAL C	ONTRIBUTION	N:	5		SCHEDUL	E <b>A1</b>
	The Instru	ction Guide explains how	to complete this for	rm	1.	1	Total pages Schedule A1: Sch: 9/12 Rpt: 12/43	
2	FILER NAME Harrison, Bri	an E. (The Honorable)				3	Filer ID (Ethics Commission 00085786	n Filers)
4	Date 06/09/2024	6 Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code			7	Amount of Contribution (\$)	\$520.51
8	Principal occu	Waxahachie, TX 75165 pation / Job title (See Instructions)	9	<b>)</b>	Employer (See Instructions	<u> </u> ;)		
	Sales-part tir				Sales-part time			
	Date 01/01/2024	Full name of contributor Nealy, Karen Contributor address; City; Sta	out-of-state PAC (ID#: ite; Zip Code				Amount of Contribution (\$)	\$100.00
		Waxahaxhie, TX 75167	1			_		
	Principal occu retired	pation / Job title (See Instructions)			Employer (See Instructions retired	5)		
	Date 05/22/2024	Full name of contributor O'Bannon, Glenn Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$50.00
		Glendale, AZ 85302						
	Principal occu retired	pation / Job title (See Instructions)			Employer (See Instructions retired	5)		
	Date 06/07/2024	Full name of contributor Potwin, Timothy Contributor address; City; Sta					Amount of Contribution (\$)	\$104.10
	Principal occu retired	pation / Job title (See Instructions)			Employer (See Instructions retired	5)		
	Date 03/04/2024	Full name of contributor Principles, American Contributor address; City; Sta	out-of-state PAC (ID#:				Amount of Contribution (\$)	\$250.00
	Principal occu N.A Feder	pation / Job title (See Instructions)			Employer (See Instructions N.A Federal PAC	5)		
	N.A reueli	ui i 70			N.A FEUEIAI FAC			

	MONET	ARY POLITICAL CONTRIBUTION	SCHEDULE A1			
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 10/12 Rpt: 13/43	
2	FILER NAME Harrison, Bri	ian E. (The Honorable)		3	Filer ID (Ethics Commission 00085786	on Filers)
4	Date 06/27/2024	<ul> <li>Full name of contributor  out-of-state PAC (ID#:_Puente, Sr., Vince E. Mona</li> <li>Contributor address; City; State; Zip Code</li> </ul>	)	7	Amount of Contribution (\$)	\$1,000.00
_		Fort Worth, TX 76112				
8	Principal occu Executive	ipation / Job title (See Instructions)	9 Employer (See Instructions Executive	)		
	Date Full name of contributor out-of-state PAC (ID#:)  06/30/2024 Ralsky, Michael  Contributor address; City; State; Zip Code				Amount of Contribution (\$)	\$250.00
	Principal occu	Dallas, TX 75204  upation / Job title (See Instructions)	Employer (See Instructions	)		
	External Affa		MV Transportation	•		
Date Full name of contributor out-of-state PAC (ID#:  06/30/2024 Reynolds, Jack  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$20.82	
		Azle, TX 76020				
	Principal occu Adjunct Prof	pation / Job title (See Instructions) Sessor	Employer (See Instructions Adjunct Professor	)		
	Date  Full name of contributor  O6/27/2024  Ricks, George  Contributor address; City; State; Zip Code  Midlothian, TX 76065				Amount of Contribution (\$)	\$200.00
Principal occupation / Job title (See Instructions) Employ retired retired			Employer (See Instructions retired	)		
	Date O1/27/2024 Full name of contributor out-of-state PAC (ID#:) Robert, William Contributor address; City; State; Zip Code The Woodlands, TX 77380			Amount of Contribution (\$)	\$50.00	
	Principal occu Consultant	ipation / Job title (See Instructions)	Employer (See Instructions Consultant	)		

MONETARY POLITICAL CONTRIBUTIONS						SCHEDULE A1		
	The Instruc	ction Guide explains how	to complete this fo	rn	n.	1	Total pages Schedule A1: Sch: 11/12 Rpt: 14/43	
2	FILER NAME Harrison, Bri	an E. (The Honorable)				3	Filer ID (Ethics Commission 00085786	on Filers)
4	Date 06/30/2024	5 Full name of contributor Russell, Kay	out-of-state PAC (ID#:ate; Zip Code		)	7	Amount of Contribution (\$)	\$50.00
_	<u> </u>	Boerne, TX 78015			-			
8	retired	pation / Job title (See Instructions	)		Employer (See Instructions retired	5)		
	Date 06/10/2024	Full name of contributor Severson, Randolph Contributor address; City; St					Amount of Contribution (\$)	\$104.10
	<u> </u>	Ennis, TX 75119	<b>.</b>					
			Employer (See Instructions Counselor	;)				
Date Full name of contributor out-of-state PAC (ID#:  06/12/2024 Sharaf, Mohamed  Contributor address; City; State; Zip Code		)		Amount of Contribution (\$)	\$2,500.00			
		Ovilla, TX 75154						
	Principal occu Businessma	pation / Job title (See Instructions n	)		Employer (See Instructions Businessman	i)		
Date  Full name of contributor  O6/30/2024  Sutterfield, Richard  Contributor address; City; State; Zip Code  Arlington, TX 76015					Amount of Contribution (\$)	\$26.03		
			Employer (See Instructions retired	5)				
	Date Full name of contributor out-of-state PAC (ID#:)  06/07/2024 Tryon, Sharon  Contributor address; City; State; Zip Code  Waxahachie, TX 75167			Amount of Contribution (\$)	\$250.00			
	Principal occu Sales	pation / Job title (See Instructions	)		Employer (See Instructions Sales	5)		

	MONET	ARY POLITICAL CONTRIBUTION	ONS		SCHEDUL	.E <b>А1</b>
	The Instru	ction Guide explains how to complete this f	orm.	1	Total pages Schedule A1: Sch: 12/12 Rpt: 15/43	
2	FILER NAME Harrison, Br	ian E. (The Honorable)		3	Filer ID (Ethics Commission 00085786	n Filers)
4	Date 01/02/2024	<ul> <li>Full name of contributor</li></ul>	)	7	Amount of Contribution (\$)	\$25.00
		Arlington, TX 76015				
8	Principal occu RN	ipation / Job title (See Instructions)	9 Employer (See Instructions JSP Health Network	s)		
	Date 06/26/2024	Full name of contributor out-of-state PAC (ID#:_Walden, Christopher  Contributor address; City; State; Zip Code			Amount of Contribution (\$)	\$104.10
	Waxahachie, TX 75167  Principal occupation / Job title (See Instructions)  Police Officer  Employer (See Instruction Police Officer					
	Date 06/30/2024	Full name of contributor out-of-state PAC (ID#:_ Woods, Dave Contributor address; City; State; Zip Code  Denison, TX 75020			Amount of Contribution (\$)	\$25.00
	Principal occurretired	upation / Job title (See Instructions)	Employer (See Instructions retired	s)		

#### SCHEDULE F1

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

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

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment		
<u> </u>	Tatalana C. I. I. T.	· · · · · · · · · · · · · · · · · · ·	
1	Total pages Schedule F1: Sch: 1/24 Rpt: 16/43	2 FILER NAME  Harrison, Brian E. (The Honorable)  3 Filer ID (Ethics Commission Filers) 00085786	
4	Date	5 Payee name	
	06/06/2024	AA WIFI	
6	Amount (\$) \$15.00	7 Payee address; City; State; Zip Code 1 Skyview Drive	
		Ft Worth, TX 76155	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District  X Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense	
		Flight Wifi	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held  H	
	Date	Payee name	
	03/06/2024	AIR BNB	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$178.32	888 Brannan St	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description	
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense	
		Lodging for trip to Houston	
		Loughing for trip to Flouston	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	03/08/2024	AVENIDA NORTH GARAGE	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$22.00	701 Avenida DeLas Americas	
L		Houston, TX 77003	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.	
		Check if Austin, TX, officeholder living expense  Airport parking	
		All port parking	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		

#### SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political Commit Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica	
	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 2/24 Rpt: 17/43	Harrison, Brian E. (The Honorable) 00085786
4	Date	5 Payee name
	03/18/2024	American Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
•	\$35.00	1 Skyview Drive
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ =g
		Ft Worth, TX 76155
8	PURPOSE	
0	OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  X Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Flight Wifi
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	06/30/2024	Anedot
	Amount (\$)	Payee address; City; State; Zip Code
	\$40.18	1776 WILSON BLVD
		Suite 530
		Arlington, VA 22209
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		Fees
	Commission ONII V if disposit	Condidate Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/22/2024	BOBS STEAK & CHOP
	Amount (\$)	Payee address; City; State; Zip Code
	\$98.08	301 LaVaca St
		Austin, TX 78701
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Meeting
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 3/24 Rpt: 18/43	Harrison, Brian E. (The Honorable) 00085786
4	Date	5 Payee name
	03/22/2024	CHICK-FIL-A
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$16.48	901 S 7th St
		Waco, TX 76706
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense
	EXI ENDITORE	Check if Austin, TX, officeholder living expense
		Meeting
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	Complete ONLY if direct expenditure to benefit C/OH	
_		
	Date	Payee name
	05/29/2024	CHICK-FIL-A
	Amount (\$)	Payee address; City; State; Zip Code
	\$9.95	3130 N 16th St
		Orange, TX 77630
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Meeting
		I Weeking
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
_	Date	Payee name
	01/02/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.97	1601 Trapelo Road
	φ100.91	1001 Hapelo Noau
		M-H MA 004F4
		Waltham, MA 02451
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Pental Evnense  (b) Description  Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense
		Emailing
l		
ı		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	Complete ONLY if direct expenditure to benefit C/O	

#### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

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

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

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

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in District
Travel Out of District
OTHER (orters a contrage), pet listed above)

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/24 Rpt: 19/43	Harrison, Brian E. (The Honorable) 00085786
4	Date	5 Payee name
	01/30/2024	Constant Contact
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$160.97	1601 Trapelo Road
		Waltham, MA 02451
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Emailing
		Linamy
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
F	Date	Payee name
	03/01/2024	Constant Contact
H	Amount (\$)	Payee address; City; State; Zip Code
	\$160.97	1601 Trapelo Road
	¥=****	
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Emailing
		Linamy
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	04/01/2024	Constant Contact
	Amount (\$)	Payee address; City; State; Zip Code
	\$160.97	1601 Trapelo Road
		Waltham, MA 02451
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense  Emailing
		Linaing
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
1	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·
$\vdash$		

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	Food/Severage Expense Gift/Awards/Memorials Expense ommittee Legal Services The Instruction Guide expla	ŭ	nse es/Contract Labor	Travel in District Travel Out of District OTHER (enter a category not li	sted above)
1	Total pages Schedule F1:				,	nmission Filers)
	Sch: 5/24 Rpt: 20/43	Harrison, Brian E. (The Honorable)			00085786	
4	Date	Payee name				
	04/30/2024	Constant Contact				
6	Amount (\$)		tate; Zip Code	!		
	\$160.97	1601 Trapelo Road				
		M/- M				
L		Waltham, MA 02451				
8	PURPOSE OF	A) Category (See Categories listed at the top of thi	s schedule) (b	Description  Check if travel (	outside of Texas. Complete Schedule	т
	EXPENDITURE	Office Overhead/Rental Expense		=	, TX, officeholder living expense	
				Emailing		
L						
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sough	t	Office held	
	Date	Payee name				
	05/30/2024	Constant Contact				
	Amount (\$)	Payee address; City; S	tate; Zip Code	!		
	\$160.97	1601 Trapelo Road				
		Waltham, MA 02451				
	PURPOSE	A) Category (See Categories listed at the top of thi	s schedule) (b	<b>)</b> Description		
	OF EXPENDITURE	Office Overhead/Rental Expense		<b>=</b>	outside of Texas. Complete Schedule	Т.
				Emailing	, TX, officeholder living expense	
	Complete ONLY if direct	Candidate/Officeholder name	Office sough	t	Office held	
	expenditure to benefit C/O		,			
	Date	Payee name				
	03/19/2024	EGGSQUISITE CAFE MIDLOTHIA	N			
	Amount (\$)	Payee address; City; S	tate; Zip Code			
	\$55.74	2050 FM 663				
		Ste 220				
		Midlothian, TX 76065				
	PURPOSE	A) Category (See Categories listed at the top of thi	s schedule) (b	) Description		
	OF EXPENDITURE	Food/Beverage Expense			outside of Texas. Complete Schedule	Т.
				Meeting	, TX, officeholder living expense	
				9		
	Complete ONLY if direct	Candidate/Officeholder name	Office sough	t	Office held	
	expenditure to benefit C/O		3			

### SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 6/24 Rpt: 21/43	Harrison, Brian E. (The Honorable)	00085786
4	Date	5 Payee name	
	04/30/2024	EGGSQUISITE CAFE MIDLOTHIAN	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$54.27	2050 FM 663	
		Ste 220	
		Midlothian, TX 76065	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	1 Cod/Beverage Expense	el outside of Texas. Complete Schedule T.
		☐ Check if Aus Meeting	tin, TX, officeholder living expense
		Weeting	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
ľ	expenditure to benefit C/O		Since neid
_	Date	Payee name	
	06/25/2024	Ellis County Republican Women	
_	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	613 Ferris Ave	
	Ψ500.00	Ste 107	
		Waxahachie, TX 75165	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  Check if travel	el outside of Texas. Complete Schedule T.
	EXPENDITURE	Event Expense	tin, TX, officeholder living expense
		Event spon:	sor
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/O	1	
	Date	Payee name	
	05/23/2024	FEDEX	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$148.29	1440 N Hwy 77	
		Ste 11	
		Waxahachie, TX 75165	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		el outside of Texas. Complete Schedule T.
	EXPENDITORE		tin, TX, officeholder living expense
		Campaign r	nateriais
	Operation ONLY if allowed	On the state of th	Office held
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	·		

#### SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

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

Event Expense Food/Beverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

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

	Candidate/Officeholder/Politica Credit Card Payment				s/Contract Labor	OTHER (enter	a category not listed above)	
	·		on Guide explains how to c	omple	ete this form.			
1	Total pages Schedule F1:	2 FILER NAME			3	Filer ID	(Ethics Commission F	ilers)
	Sch: 7/24 Rpt: 22/43	Harrison, Brian E. (The	Honorable)			00085786	i	
4	Date	5 Payee name			•			
	05/24/2024	FEDEX						
6	Amount (\$)	7 Payee address; City;	State; Zip C	ode				
	\$155.71	889 E Market St	, ,					
	,							
		Con Antonio TV 7020E						
		San Antonio, TX 78205						
8	PURPOSE OF	(a) Category (See Categories liste	ed at the top of this schedule)	(b)	Description			
	EXPENDITURE	Printing Expense			Check if travel out		mplete Schedule T.	
					Campaign mate		ng expense	
					oampaign max	oridio		
9	Complete ONLY if direct	Candidate/Officeholder nam	Office see	uaht		Office I	hold	
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		ne Office so	ugni		Office	ileiu	
	Date	Payee name						
	06/05/2024	FEDEX						
	Amount (\$)	Payee address; City;	State; Zip C	ode				
	\$13.72	1440 N Hwy 77						
		Ste 11						
		Waxahachie, TX 75165						
	PURPOSE			(h)	Description			
	OF	<ul><li>(a) Category (See Categories lists Printing Expense</li></ul>	ed at the top of this schedule)	(5)		side of Texas. Co	mplete Schedule T.	
	EXPENDITURE	Filling Expense			Check if Austin, T			
					Postage			
	Complete ONLY if direct	Candidate/Officeholder nam	ne Office so	ught		Office I	held	
	expenditure to benefit C/OI							
	Date	Payee name						
	05/17/2024	FUZZYS TACO SHOP	BEAUMONT					
	Amount (\$)	Payee address; City;	State; Zip C	oho				
	\$22.38	5655 E Eastex Fwy	State, Zip C	oue				
	ΨΖΖ.30	JOJJ L Lasiex Fwy						
		Beaumont, TX 77706						
	PURPOSE	(a) Category (See Categories liste	ed at the top of this schedule)	(b)	Description			
		Food/Beverage Expens	se		<u></u>			
					_	X, officeholder livi	ng expense	
					weemig			
	Occupation Chilly 11 "	Operational Community		<u> </u>		0		
			TIE OTTICE SO	ugnt		Office	neid	
	OF EXPENDITURE  Complete ONLY if direct expenditure to benefit C/OH	Food/Beverage Expens  Candidate/Officeholder name	se					

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment			Food/Beverage Expense Gift/Awards/Memorials Exp Legal Services The Instruction Guide	pense Pr Si	-	se s/Contract Labor	Travel (	n District Out of District R (enter a category not	listed above)
1	Total pages Schedule F1:	2 FILER NAM					3 Filer I	D (Ethics Co	ommission Filers)
	Sch: 8/24 Rpt: 23/43		Brian E. (The Honor	able)			0008	•	,
4	Date	5 Payee nam	e						
	06/28/2024	Frost Banl							
6	Amount (\$)	7 Payee addr	ess; City;	State; Z	Zip Code				
	\$5.00	100 N Wa	Inut Creek Dr						
		Mansfield,	TX 76063						
8	PURPOSE	(a) Category	See Categories listed at the to	op of this schedu	le) (b)	Description			
	OF EXPENDITURE	Fees				=		kas. Complete Schedu	le T.
						Bank fee	, TX, officehol	lder living expense	
						Dalik ice			
9	Complete ONLY if direct	Candidate/O	fficeholder name	Offic	ce sought		0	ffice held	
,	expenditure to benefit C/O		meenolder hame	Ollik	cc sought			The Held	
	Date	Payee nam	e						
	06/13/2024	GEORGE	S RESTAURANT						
	Amount (\$)	Payee addr	ess; City;	State; Z	Zip Code				
	\$57.65	1925 Spei	ght Ave						
		Waco, TX	76706						
	PURPOSE	(a) Category	See Categories listed at the to	op of this schedu	le) (b)	Description			
	OF EXPENDITURE	Food/Beve	erage Expense			<b>=</b>		kas. Complete Schedu	le T.
						_	, TX, officeho	lder living expense	
						Meeting			
	Complete ONLY if direct	Candidate/O	fficeholder name	Offic	ce sought			ffice held	
	expenditure to benefit C/O		meenoider name	Onn	cc sought		O	inice ricia	
_	Data								
	Date	Payee nam							
	05/28/2024	GRAND H							
	Amount (\$)	Payee addr		State; Z	Zip Code				
	\$101.76	600 E Mar	Ket St						
		_							
		San Antor	io, TX 78205						
	PURPOSE OF		See Categories listed at the to	op of this schedu	(b)	Description			
	EXPENDITURE	Travel Out	t of District					kas. Complete Schedu Ider living expense	le T.
						Parking at co		idel living expense	
						g 00			
	Complete ONLY if direct	Candidate/O	fficeholder name	Offic	ce sought		0	ffice held	
	expenditure to benefit C/O	H			J				

### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -Event Expense Fees Food/Beverage Expense

Gift/Awards/Memorials Expense

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

1 Total pages Schedule F1: 2 FILER NAME Harrison, Brian E. (The Honorable) 3 Filer ID (Effice Commission Filers) 00085786 4 Date 5 Pages name GRAND HYATT 6 FOR Size 2024 5 Pages address; City; State; Zip Code 5 San Antonio, TX 78205 8 San Antonio, TX 78205 8 San Antonio, TX 78205 8 San Antonio, TX 78205 9 Complete ONLY if direct expenditure to benefit C/OH 7 Pages address; City; State; Zip Code 5 San Antonio, TX 78205 9 San Antonio, T		Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
Date	1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
GRAND HYATT   Faves address: City: State: Zip Code   GOO E Market St   San Antonio, TX 78205   City: Scategorius island at the top of this schedule)   Check if travel outside of Texas Complete Schedule T. Travel Out of District   Check if Austin, TX, officeholder leving separate Lodging at convention   Check if Austin, TX, officeholder leving separate Lodging at convention   Check if Austin, TX, officeholder leving separate Lodging at convention   Check if Insert additional Check if Insert additional Check insert additional Ch		Sch: 9/24 Rpt: 24/43	Harrison, Brian E. (The Honorable) 00085786
Total Page   Factor   Travel Out of District   State; Zip Code	4	Date	5 Payee name
SS91.80 600 E Market St San Antonio, TX 78205  8 PURPOSE OF EXPENDITURE  (a) Category (see categories listed at the top of this schedule) Travel Out of District  (b) Description Check if smell outside of Treas. Compilete Schedule T. Check if Austin, TX, officeholder Inling expense Lodging at convention  9 Compilete DNLY if direct expenditure to benefit C/OH  Date 01/02/2024  Amount (\$) Payee name Gogle Amount (\$) PURPOSE OF EXPENDITURE  (a) Category (see categories listed at the top of this schedule) Office Overhead/Rental Expense  Date expenditure to benefit C/OH  Date Complete DNLY if direct expenditure to benefit C/OH  Payee name Gl/02/2024  Google  Amount (\$) Payee name Office Overhead/Rental Expense  Campaign email accounts  Payee name Gl/02/2024  Google  Amount (\$) Payee name Gl/02/2024  Gl/02		05/28/2024	GRAND HYATT
San Antonio, TX 78205  8    PURPOSE OF EXPENDITURE  (a) Category (see Categories letted at the top of this schedule)	6	Amount (\$)	7 Payee address; City; State; Zip Code
B PURPOSE OF EXPENDITURE		\$591.80	600 E Market St
B PURPOSE OF EXPENDITURE			
Creck if mavel outside of Texas. Complete Schedule T.   Creck if Austin, TX, officeholder fiving expense			San Antonio, TX 78205
### STATE   Complete ONLY if direct expenditure to benefit C/OH      Candidate/Officeholder name   Office sought   Office held	8		(a) Category (See Categories listed at the top of this schedule) (b) Description
9 Complete ONLY if direct expenditure to benefit C/OH  Date O1/02/2024 Google  Amount (\$) Payee address; City; State; Zip Code  \$25.58 1355 Market St #900 San Francisco, CA 94103  PURPOSE OF EXPENDITURE  (a) Category (see Categories listed at the top of this schedule) Office Sought Office held  Candidate/Officeholder name Office sought Office held  Payee address; City; State; Zip Code  1355 Market St #900 San Francisco, CA 94103  (b) Description Check if travel outside of Texas. Complete Schedule T. Candidate/Officeholder name Office sought Office held  Complete ONLY if direct expenditure to benefit C/OH  Date Google  Amount (\$) 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 held  Pose 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 held  Complete ONLY if direct  Office Overhead/Rental Expense  Complete ONLY if direct  Complete ONLY if direct  Candidate/Officeholder name Office sought Officeholder living expense  Storage  Complete ONLY if direct  Candidate/Officeholder name Office sought Office held			Travel out of Bistrict
9 Complete ONLY if direct expenditure to benefit C/OH  Date 01/02/2024			l
Date 01/02/2024  Amount (\$) Payee address; City; State; Zip Code 1.355 Market St #900 San Francisco, CA 94103  PURPOSE OF EXPENDITURE  Candidate/Office holder name  Office Sought  Office Sought  Office held  Payee address; City; State; Zip Code  1.355 Market St #900 San Francisco, CA 94103  (a) Category   See Categories listed at the top of this schedule)   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX. officeholder living expense Campaign email accounts  Complete ONLY if direct expenditure to benefit C/OH  Date 01/02/2024  Coogle  Amount (\$) Payee name 01/02/2024  Google  Amount (\$) Payee address; City; State; Zip Code 1.355 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  Complete ONLY if direct Candidate/Officeholder name Office Sought Office held  (b) Description   Check if Tavel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense Storage  Complete ONLY if direct Candidate/Officeholder name Office Sought Office held			Loughly at convention
Date 01/02/2024  Amount (\$) Payee address; City; State; Zip Code 1.355 Market St #900 San Francisco, CA 94103  PURPOSE OF EXPENDITURE  Candidate/Office holder name  Office Sought  Office Sought  Office held  Payee address; City; State; Zip Code  1.355 Market St #900 San Francisco, CA 94103  (a) Category   See Categories listed at the top of this schedule)   Check if travel outside of Texas. Complete Schedule T.   Check if Austin, TX. officeholder living expense Campaign email accounts  Complete ONLY if direct expenditure to benefit C/OH  Date 01/02/2024  Coogle  Amount (\$) Payee name 01/02/2024  Google  Amount (\$) Payee address; City; State; Zip Code 1.355 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  Complete ONLY if direct Candidate/Officeholder name Office Sought Office held  (b) Description   Check if Tavel outside of Texas. Complete Schedule T.   Check if Austin, TX, officeholder living expense Storage  Complete ONLY if direct Candidate/Officeholder name Office Sought Office held	_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south
Date 01/02/2024  Amount (\$) Payee address; City; State; Zip Code  \$25.58 \$25.58 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  Campaign email accounts  Complete ONLY if direct expenditure to benefit C/OH  Payee name 01/02/2024  Amount (\$) 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 sought Office held  Office held  (b) Description Office held  Office held  Office held  Office held  Candidate/Officeholder name Office sought Office held  Office held  Office held  Office held  Office Overhead//Rental Expense  Candidate/Officeholder name Office Sought Office Overhead//Rental Expense  Office Overhead//Rental Expense  Complete ONLY if direct Office Overhead//Rental Expense  Complete ONLY if direct Candidate/Officeholder name Office Sought Office held	9		
O1/02/2024  Amount (\$)			
Amount (\$)  Payee address; City; State; Zip Code  \$25.58  \$25.58  Purpose  OF  EXPENDITURE  (a) Category (see Categories listed at the top of this schedule)  Office Overhead/Rental Expense  Campaign email accounts  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign email accounts  Complete ONLY if direct expenditure to benefit C/OH  Date  O1/02/2024  Amount (\$)  Payee name  Google  Amount (\$)  Payee address; City; State; Zip Code  \$2.11  \$2.11  \$2.11  S2.11  S2.11  S2.11  S2.11  S3. 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  Check if travel outside of Texas. Complete Schedule T.  Check if austin, TX, officeholder Iving expense  Storage  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		Date	Payee name
\$25.58   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   Check if Tavate outside of Texas. Complete Schedule T.   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		01/02/2024	Google
#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   Check if travel outside of Texas. Complete Schedule T.     Check if Austin, TX, officeholder living expense     Campaign email accounts  Complete ONLY if direct expenditure to benefit C/OH  Date O1/02/2024  Amount (\$) Payee name Google Amount (\$) 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   Description   Check if austin, TX, officeholder Iving expense Storage  Complete ONLY if direct Candidate/Officeholder name Office sought Office held		Amount (\$)	Payee address; City; State; Zip Code
San Francisco, CA 94103  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description		\$25.58	1355 Market St
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email accounts  Complete ONLY if direct expenditure to benefit C/OH  Date O1/02/2024  Amount (\$) Payee name Google Amount (\$) Payee address; City; State; Zip Code \$2.11 \$2.11 \$2.11 \$355 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  Complete ONLY if direct Candidate/Officeholder name Office sought Office held			#900
Office Overhead/Rental Expense  Office Overhead/Rental Expense  Complete ONLY if direct expenditure to benefit C/OH  Date Payee name Google  Amount (\$) Payee address; City; State; Zip Code  \$2.11 1355 Market St #900 San Francisco, CA 94103  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Sought  Office Overhead/Rental Expense  Check if ravel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Campaign email accounts  Office held  (b) Description Check if ravel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage  Complete ONLY if direct Candidate/Officeholder name Office sought Office held			San Francisco, CA 94103
Complete ONLY if direct expenditure to benefit C/OH  Date			(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct expenditure to benefit C/OH  Date O1/02/2024 Google  Amount (\$) Payee address; City; State; Zip Code  \$2.11 \$2.11 \$355 Market St #900 San Francisco, CA 94103  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Noverhead/Rental Expense  Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Office Overficad/Nertial Experise
Complete ONLY if direct expenditure to benefit C/OH  Date			
Date 01/02/2024  Amount (\$)  Payee address; City; State; Zip Code  \$2.11  \$2.11  Purpose OF EXPENDITURE  Payee address; City; State; Zip Code  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			Campaign email accounts
Date 01/02/2024  Amount (\$)  Payee address; City; State; Zip Code  \$2.11  \$2.11  Purpose OF EXPENDITURE  Payee address; City; State; Zip Code  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held	_	Complete ONLY if direct	Candidate/Officeholder name Office cought Office hold
O1/02/2024  Google  Amount (\$) Payee address; City; State; Zip Code  \$2.11 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage  Complete ONLY if direct  Candidate/Officeholder name Office sought Office held			- · · · · · · · · · · · · · · · · · · ·
O1/02/2024  Google  Amount (\$) Payee address; City; State; Zip Code  \$2.11 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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage  Complete ONLY if direct  Candidate/Officeholder name Office sought Office held		_	
Amount (\$)  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 Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage  Complete ONLY if direct  Candidate/Officeholder name Office sought Office held			
\$2.11			
#900 San Francisco, CA 94103  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct Candidate/Officeholder name Office sought Office held			Payee address; City; State; Zip Code
San Francisco, CA 94103  PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  Complete ONLY if direct  Candidate/Officeholder name  Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held		\$2.11	1355 Market St
PURPOSE OF EXPENDITURE  (a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Storage  Complete ONLY if direct  Candidate/Officeholder name  Office sought  Office held			#900
OF EXPENDITURE Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Storage  Complete ONLY if direct Candidate/Officeholder name Office sought Office held			San Francisco, CA 94103
OF EXPENDITURE Office Overhead/Rental Expense  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Storage  Complete ONLY if direct Candidate/Officeholder name Office sought Office held			(a) Category (See Categories listed at the top of this schedule) (b) Description
Complete ONLY if direct  Candidate/Officeholder name  Check if Austin, TX, officeholder living expense  Storage  Office sought  Office held			
Complete ONLY if direct Candidate/Officeholder name Office sought Office held		EXPENDITORE	
			Storage
experiment to belief O'O'I			
		expenditure to beliefft C/Of	•

#### SCHEDULE F1

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

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

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

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

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/24 Rpt: 25/43	Harrison, Brian E. (The Honorable) 00085786
4	Date	5 Payee name
	02/01/2024	Google
6	Amount (\$) \$25.58	7 Payee address; City; State; Zip Code 1355 Market St #900 San Francisco, CA 94103
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign email accounts
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	02/01/2024	Google
	Amount (\$) \$2.11	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Storage
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date 03/01/2024	Payee name Google
	Amount (\$) \$25.58	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Campaign email accounts
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 11/24 Rpt: 26/43	Harrison, Brian E. (The Honorable) 00085786							
4	Date	Payee name							
	03/04/2024	Google							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2.11	1355 Market St							
		#900							
		San Francisco, CA 94103							
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Storage							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	·								
	Date	Payee name							
	04/01/2024	Google							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$21.32	1355 Market St							
		#900							
		San Francisco, CA 94103							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Office Overhead/Rental Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Campaign email accounts							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1							
	Date	Payee name							
	04/01/2024	Google							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$2.12	1355 Market St							
		#900							
		San Francisco, CA 94103							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description							
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense							
		Storage							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O	1							

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel in Dis

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)					
	Sch: 12/24 Rpt: 27/43	Harrison, Brian E. (The Honorable)	00085786					
4		5 Payee name						
L	05/01/2024	Google						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$2.12	1355 Market St						
		#900						
Ļ	DUDDOOF	San Francisco, CA 94103						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense  (b) Description Check if travel outside of Texas. Complete Schedule						
	EXPENDITURE		Check if Austin, TX, officeholder living expense					
		5	Storage					
Ļ	Onwellate ONII V if direct	Out distant Office had a second	Office hold					
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought	Office held					
⊨	Date	Davida nama						
	05/01/2024	Payee name Google						
⊢	Amount (\$)	Payee address; City; State; Zip Code						
	\$23.03	1355 Market St						
	,	#900						
		San Francisco, CA 94103						
H	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description					
	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.					
		L	Check if Austin, TX, officeholder living expense  Campaign email accounts					
Campaign email accounts								
┢	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held					
	expenditure to benefit C/O	1						
F	Date	Payee name						
	06/03/2024	Google						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$23.03	1355 Market St						
		#900						
		San Francisco, CA 94103						
	PURPOSE OF	· · · · · · · · · · · · · · · · · · ·	Description  Check if travel outside of Toyes, Complete Schoolule T					
	EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense					
			Campaign email accounts					
L								
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held					
_								

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)							
	Sch: 13/24 Rpt: 28/43	Harrison, Brian E. (The Honorable) 00085786							
4	Date	5 Payee name							
	06/03/2024	Google							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$2.12	1355 Market St							
		#900							
		San Francisco, CA 94103							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.							
	_	Check if Austin, TX, officeholder living expense  Storage							
		Siorage							
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								
	Date	Payee name							
	02/20/2024	HEB Gas #638							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$34.40	6767 Woodlands Parkway							
		The Woodlands, TX 77382							
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description							
EXPENDITURE		Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.  Expense Check if Austin, TX, officeholder living expense							
		Expense							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OH	1							
	Date	Payee name							
	05/23/2024	HEB Gas							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$31.80	800 N Hwy 77							
		Waxahachie, TX 75165							
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF EXPENDITURE	Transportation Equipment And Related							
		Expense							
		Gas for convention							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/O								

### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor

Travel Ir Travel C Intract Labor OTHER

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 14/24 Rpt: 29/43	2 FILER NAME Harrison, Brian E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085786
4	Date 06/30/2024	5 Payee name Harrison, Brian
6	Amount (\$) \$513.51	7 Payee address; City; State; Zip Code 791 N Hwy 77 N Ste 501-C Waxahachie, TX 75165
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Reimbursement for expenses paid with personal funds (itemized & smaller unitemized below
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 01/23/2024	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  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Newspaper Subscription
	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 06/30/2024	Payee name Hoyer, Catherine
	Amount (\$) \$400.00	Payee address; City; State; Zip Code 420 W Franklin St Apt 11 Waxahachie, TX 75165
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor  (b) Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense  Work
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

### SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 15/24 Rpt: 30/43	Harrison, Brian E. (The Honorable) 00085786								
4	Date	5 Payee name								
	04/15/2024	JALAPENOS LEMON PEPPER MIDLOTHIAN								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$69.82	400 W Ave F								
		Midlothian, TX 76065								
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  Meeting								
		ivice ung								
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
9	expenditure to benefit C/O									
$\vdash$	Data									
	Date	Payee name								
	06/10/2024	JW MARRIOTT INDY								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$17.17	10 S West St								
		Indianapolis, IN 46204								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  Meeting								
		Miceturig								
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
_	Data									
	Date	Payee name								
	05/24/2024	LA QUINTA								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$199.35	303 Blum St								
		San Antonio, TX 78205								
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.								
		☐ Check if Austin, TX, officeholder living expense  Lodging at convention								
		Loughly at convention								
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 16/24 Rpt: 31/43	Harrison, Brian E. (The Honorable) 00085786						
4	Date	5 Payee name						
	05/31/2024	MATTS EL RANCHO AUSTIN						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$65.58	2613 S Lamar Blvd						
		Austin, TX 78704						
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Meeting						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	1						
	Date	Payee name						
	05/17/2024	MCM ELEGANTE BEAUMONT						
Г	Amount (\$)	Payee address; City; State; Zip Code						
	\$119.06	2355 I-10						
		Beaumont, TX 77705						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Hotel for campaign trip						
	noter for campaign trip							
H	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI							
Г	Date	Payee name						
	05/17/2024	MCM ELEGANTE BEAUMONT						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$119.06	2355 I-10						
		Beaumont, TX 77705						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Hotel for campaign trip						
		Thotel for campaight trip						
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·						
$\vdash$								
I								

### SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Onations Made By -

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

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

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 17/24 Rpt: 32/43	Harrison, Brian E. (The Honorable) 00085786
4	Date	5 Payee name
	03/29/2024	OAN
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.99	4757 Morena Blvd
		San Diego, CA 92117
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense Online Network Subscription
		Chillie Network Subscription
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
$\vdash$	Date	Payee name
	04/29/2024	OAN
		Payee address; City; State; Zip Code
	Amount (\$)	
	\$4.99	4757 Morena Blvd
		San Diego, CA 92117
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Network Subscription
		Offilite Network Subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davida dama
	Date 05/29/2024	Payee name OAN
	Amount (\$)	Payee address; City; State; Zip Code
	\$4.99	4757 Morena Blvd
		San Diego, CA 92117
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense Online Network Subscription
		Offilite Network Subscription
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_		

### SCHEDULE F1

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

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

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

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Printing Expense Salaries/Wages/Contract Labor

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.						
1		2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
L	Sch: 18/24 Rpt: 33/43	Harrison, Brian E. (The Honorable) 00085786						
4	Date	5 Payee name						
Ļ	06/30/2024	Osborn, Maurice	_					
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$150.00	210 Panther Peak Dr						
		Midlothian, TX 76065						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	_					
	OF EXPENDITURE	Salaries/Wages/Contract Labor  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Work						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
ľ	expenditure to benefit C/OI							
F	Date	Payee name	_					
	03/11/2024	PAPPASITO'S CANTINA						
H	Amount (\$)	Payee address; City; State; Zip Code						
	\$27.57	1600 Lamar St						
		Houston, TX 77010						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense						
		Meeting						
Г	Complete ONLY if direct Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI	1						
	Date	Payee name						
	03/11/2024	PEAKY GRINDERS HOUSTON						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$8.66	606 Dennis St						
		Heusten TV 77000						
L		Houston, TX 77006						
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Food/Beverage Expense  (b) Description  Check if travel outside of Texas. Complete Schedule T.						
	EXPENDITURE	Check if Austin, TX, officeholder living expense						
		Meeting						
L								
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held						
$\vdash$	•							
l								

#### SCHEDULE F1

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

Event Expense Loan Repayment/Reimbursement
Fees Office Overhead/Rental Expense
Food/Beverage Expense Polling Expense
Gift/Awards/Memorials Expense Printing Expense
Legal Services Salaries/Wages/Contract Labor

	Candidate/Officeholder/Politica	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)								
	Sch: 19/24 Rpt: 34/43	Harrison, Brian E. (The Honorable) 00085786								
4	Date	5 Payee name								
	03/07/2024	ProPark								
6	Amount (\$)	7 Payee address; City; State; Zip Code								
	\$34.50	1001 McKinney St								
		Ste 450								
		Houston, TX 77002								
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  Travel Out of District  (b) Description  Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense								
		Airport parking								
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held								
	<u> </u>									
	Date	Payee name								
	05/29/2024	RAISING CANES								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$19.24	277 IH-45 S								
		Huntsville, TX 77340								
PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description										
	OF EXPENDITURE	Food/Beverage Expense  Check if travel outside of Texas. Complete Schedule T.								
	EXPENDITORE	Check if Austin, TX, officeholder living expense								
		Meeting								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									
	Date	Payee name								
	06/30/2024	Rice, McKennon								
	Amount (\$)	Payee address; City; State; Zip Code								
	\$100.00	P.O. Box 160284								
		Austin, TX 78716								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description								
	OF EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.								
		Check if Austin, TX, officeholder living expense  Work								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/O									

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Lenal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.				
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)				
	Sch: 20/24 Rpt: 35/43	Harrison, Brian E. (The Honorable) 00085786				
4	Date	5 Payee name				
L	05/31/2024	Shell Oil				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$40.00	9111 N I-35				
		Jarrell, TX 76537				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Transportation Equipment And Related Check if travel outside of Texas. Complete Schedule T.				
		Expense Check if Austin, TX, officeholder living expense  Gas for work trip				
		Cas for work trip				
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
⊨	Date	Davisa nama				
	03/11/2024	Payee name				
L		TAQUERIA LICHA HOUSTON				
	Amount (\$)	Payee address; City; State; Zip Code				
\$5.54   606 Dennis St						
		Houston, TX 77006				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	OF EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Meeting				
		iviceting				
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI					
⊨	Date	Davida marea				
	03/11/2024	Payee name TAQUERIA LICHA HOUSTON				
L		-				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$9.19	606 Dennis St				
		Houston, TX 77006				
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description				
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.				
		Check if Austin, TX, officeholder living expense  Meeting				
		iviceurig				
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held				
	expenditure to benefit C/OI	· · · · · · · · · · · · · · · · · · ·				
$\vdash$						

#### SCHEDULE F1

**EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Accounting/Banking Consulting Expense Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Food/Beverage Expense

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

	Candidate/Officeholder/Politica Credit Card Payment								OTHER (enter a category not listed above)			
L		The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F1:	2	FILER NAME	≣					3	Filer ID	(Ethics Comm	ission Filers)
	Sch: 21/24 Rpt: 36/43		Harrison, B	rian E. (The	Honorable)					00085786		
4	Date	5	Payee name						_			
	03/11/2024			EE GARDEN	N HOUSTON	N						
Ļ		Ŀ										
6	Amount (\$)	'	Payee addre		St	ate; Zip Co	ode					
	\$7.84		606 Dennis	St								
			Houston, T.	X 77006								
8	PURPOSE	(a)	Catagony				(h)	Description				
ľ	OF	۱۳۶		ee Categories liste		s schedule)	(2)	:	outsi	de of Texas. Con	nplete Schedule T.	
	EXPENDITURE		roou/beve	rage Expens	E			_		officeholder livin		
								Meeting				
								J				
9	Complete ONLY if direct	<u> </u>	Candidato/Off	iceholder nam	0	Office sou	l Iaht			Office h	old	
ľ	expenditure to benefit C/OI		Sanuluale/On	icendidei nam	C	Office Suc	igiit			Office fi	eiu	
┕	•	_										
	Date		Payee name									
	05/06/2024		THE LAS C	OLINAS RE	SORT DALI	_AS						
	Amount (\$)		Payee addre	ess; City;	St	ate; Zip Co	ode					
	\$146.13		4150 N MacArthur Blvd									
			Indian TV 7	,E020								
L			Irving, TX 7	5038								
	PURPOSE OF	(a)	Category (S	ee Categories liste	d at the top of this	schedule)	(b)	Description				
	EXPENDITURE		Travel Out	of District				<b>=</b>			nplete Schedule T.	
								Check if Austin, TX, officeholder living expense Parking for campaign trip				
								Parking for Co	am	paigit trip		
L							<u> </u>					
	Complete ONLY if direct expenditure to benefit C/OI		Candidate/Off	iceholder nam	е	Office sou	ight			Office h	eld	
L	experialitate to benefit 6/01											
	Date		Payee name									
	06/20/2024		THE UPS S	STORE								
H	Amount (\$)		Payee addre	ess; City;	St	ate; Zip Co	ode					
	\$178.00		661 E Main	•	0.	a.c,p oc	,					
	Ψ170.00		OOI L Main	00 11 200								
			Midlothian,	TX 76065								
	PURPOSE	(a)	Category (S	ee Categories liste	d at the top of this	s schedule)	(b)	Description				
	OF EXPENDITURE		Office Over	head/Rental	Expense						nplete Schedule T.	
	LAFENDITORE							_	, TX	officeholder livin	g expense	
ĺ								PO Box				
L		L										
	Complete ONLY if direct		Candidate/Off	iceholder nam	e	Office sou	ight			Office h	eld	
	expenditure to benefit C/OI	H										
Г												
ĺ												

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	Il Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above)  The Instruction Guide explains how to complete this form.					
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)					
	Sch: 22/24 Rpt: 37/43	Harrison, Brian E. (The Honorable) 00085786					
4	Date	5 Payee name					
	04/19/2024	TRUE TEXAS PROJECT					
6	Amount (\$)	7 Payee address; City; State; Zip Code					
	\$99.00	2300 Valley View Ln					
		Ste 242					
		Irving, TX 75062					
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Event tickets					
		Event tickets					
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
	Date	Payee name					
	05/13/2024	Texas GOP					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$687.00	807 Brazos St					
		Austin, TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense  Convention Costs					
Convention Costs							
H	Complete ONLY if direct Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI						
Г	Date	Payee name					
	05/21/2024	Texas GOP					
	Amount (\$)	Payee address; City; State; Zip Code					
	\$85.00 807 Brazos St						
		Austin, TX 78701					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.					
		Check if Austin, TX, officeholder living expense					
		Convention Costs					
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held					
	expenditure to benefit C/OI						
$\vdash$							

#### SCHEDULE F1

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

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.						
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)						
	Sch: 23/24 Rpt: 38/43	Harrison, Brian E. (The Honorable) 00085786						
4	Date	5 Payee name						
	05/22/2024	Tony Tinderholt Campaign						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$1,300.00	PO Box 172713						
		Arlington, TX 76003						
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Booth at Convention						
		Booth at Convolution						
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							
	Date	Payee name						
	05/23/2024	UBER						
	Amount (\$)	Payee address; City; State; Zip Code						
	\$7.30							
		San Francisco, CA 94158						
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel Out of District Check if travel outside of Texas. Complete Schedule T.						
		Check if Austin, TX, officeholder living expense  Transportation at convention						
		Transportation at convention						
Complete ONLY if direct Candidate/Officeholder name Office sought Office held								
	expenditure to benefit C/OH							
	Date	Payee name						
	06/06/2024	UBER						
	Amount (\$)	Payee address; City; State; Zip Code						
\$33.33   1515 3rd St								
San Francisco, CA 94158								
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description						
	OF EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.						
LAFLINDITURE		Check if Austin, TX, officeholder living expense						
Transportation for work trip								
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held						
	expenditure to benefit C/OI							

### SCHEDULE F1

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

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	,
1	Total pages Schedule F1:	: 2 FILER NAME 3 Filer ID (Ethics Com	mission Filers)
	Sch: 24/24 Rpt: 39/43	Harrison, Brian E. (The Honorable) 00085786	
4	Date	5 Payee name	
	03/13/2024	USPS	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$13.60	316 N College St	
		Waxahachie, TX 75165	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Office Overhead/Rental Expense	г.
	LAPENDITORE	Check if Austin, TX, officeholder living expense	
		Stamps	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
9	expenditure to benefit C/OI		
_	Date		
	03/11/2024	Payee name Viasat In-Flight Wi-Fi	
_		<u> </u>	
	Amount (\$)	Payee address; City; State; Zip Code 6155 El Camino Real	
	\$29.00	6155 El Camino Real	
		0.11.1.04.00000	
		Carlsbad, CA 92009	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)  (b) Description  (c) Check if travel outside of Taylor Complete Schedule 1	-
	EXPENDITURE	Travel Out of District    X Check if travel outside of Texas. Complete Schedule To Check if Austin, TX, officeholder living expense	l.
		Flight Wifi	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI	JH	
	Date	Payee name	
	06/30/2024	WinRed	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$334.50	1340 Poydras Street	
		Suite 1770	
		New Orleans, LA 70112	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule 1	Г.
	EXI ENDITORE	Check if Austin, TX, officeholder living expense	
		Fees	
$\vdash$	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		

### **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

#### **EXPENDITURE CATEGORIES FOR BOX 10(a)**

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Politica	y - Gift/Award:	/Memorials Expense	Printing Expense	Travel in District Travel Out of District DTHER (enter a category not listed above)	
L		The Inst	uction Guide explains h	ow to complete this form.		
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commission Filer	s)
l	Sch: 1/1 Rpt: 40/43	Harrison, Brian E. (	The Honorable)		00085786	
4	CREDIT CARD	Name of fina	ncial institution	5 TOTAL OF UNITEMIZED		
	ISSUER	America	n Express	EXPENDITURES	_  \$	
l			. — . р. 222	CHARGED TO A CREDI CARD	1	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issu	er Paid	
l		\$241.92	03/03/2024	03/11/2024		
		Ψ241.32	03/03/2024			
7	PAYEE	(a) Payee name		(b) Payee address;	City, State, Zip Co	ode
l		(a) r ay so mame		600 TERMINAL DRIVE		,
l		FOX RENT A CAR		STE 302		
l				FT LAUTDERDALE, FL	33315	
8	PURPOSE OF	(a) Category		(b) Description	33313	
ľ	EXPENDITURE	(See Categories listed at the top	of this schedule)	RENTAL CAR		
l	X Political	Travel Out of District				
l						
Ļ	Non-Political		of Texas. Complete Schedule	<b>_</b>	X, officeholder living expense	
	Complete ONLY if direct spenditure to benefit C/OH	Candidate/Officeholder	name Oi	ffice sought	Office held	
e	kperialtare to benefit C/On					
l						
l						
l						
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#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbursement Office Overhead/Rental Expense Advertising Expense Accounting/Banking Event Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Fees Consulting Expense Food/Beverage Expense Polling Expense Travel in District Contributions/ Donations Made By -Candidate/Officeholder/Political Committee Gift/Awards/Memorials Expense Legal Services Printing Expense Salaries/Wages/Contract Labor Travel Out of District OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. Total pages Schedule G: FILER NAME Filer ID (Ethics Commission Filers) Sch: 1/1 Rpt: 41/43 Harrison, Brian E. (The Honorable) 00085786 Date Payee name 03/03/2024 FOX RENT A CAR 6 Amount (\$) Payee address; State; Zip Code 600 TERMINAL DRIVE \$241.92 **STE 302** Reimbursement from political contributions intended Х FORT LAUDERDALE, FL 33315 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. 8 OF Check if Austin, TX, officeholder living expense Travel Out of District **EXPENDITURE** RENTAL CAR Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

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

SCHEDULE T

The Instruction Guide explains how to complete this form.					1 Total pages Schedule T: Sch: 1/2 Rpt: 42/43		
2 FILER NAME Harrison Brian	FILER NAME Harrison, Brian E. (The Honorable)				3 Filer ID (Ethics Co 00085786	mmission Filers)	
	-	-	unization / Dladger /Days		1 00000100		
AA WIFI	Name of Contributor / Corporation or Labor Organization / Pledgor /Payee  AA WIFI						
5 Contribution / Exp	enditure rep	oorted on:					
Schedule A2	;	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1	
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC	_	
6 Dates of Travel	Travel 7 Name of person(s) traveling Harrison, Brian						
			doportura location				
06/05/2024	8 Depart	ure city or name of	departure location				
33/33/232			of destination location				
06/05/2024	Indian						
10 Means of transpor	rtation	11 Purpose of tra	vel (including name of c	onference, seminar, or	other event)		
Wifi		American Le	gislative Exchange C	ouncil Academy			
Name of Contribu	tor / Corpora	ation or Labor Orga	nization / Pledgor /Paye	ee			
American Airline	es						
Contribution / Exp	enditure rep	oorted on:					
Schedule A2	☐ :	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1	
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC		
Dates of Travel Name of person(s) traveling							
	Harris	on, Brian					
	Depart	ure city or name of	departure location				
03/16/2024	Frankt	furt					
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Means of transpor	rtation	· ·	vel (including name of c		· ·		
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UBER							
Contribution / Exp							
Schedule A2	;	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1	
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC		
Dates of Travel	Dates of Travel Name of person(s) traveling						
	Harrison, Brian						
Departure city or name of departure location							
06/05/2024 Dallas							
00/05/0004			of destination location				
	06/05/2024 Indianapolis						
Means of transpor	rtation	*	vel (including name of c		other event)		
Uber American Legislative Exchange Council Academy							

### IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Viasat In-Flight Wi-Fi 5 Contribution / Expenditure reported on: Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D X Schedule F1 Schedule F2 Schedule COH-UC Schedule F4 Schedule G Schedule H 6 Dates of Travel Name of person(s) traveling Harrison, Brian 8 Departure city or name of departure location 03/11/2024 Destination city or name of destination location 03/12/2024 Frankfurt 11 Purpose of travel (including name of conference, seminar, or other event) 10 Means of transportation Wifi Aspen Gernmany Laboratories of Democracy Initiative