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 Commi 00085786		2 Total pages filed: 31
3 CANDIDATE /	MS / MRS / MR	FIRST		MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable	Brian E.			Date Received
					ELECTRONICALLY FILED
	NICKNAME	LAST		SUFFIX	10/07/2024
		Harrison			
4 CANDIDATE /	ADDRESS / PO BOX; APT	/ SUITE #; CIT	Y;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	791 Hwy 77 N	,	•		
ADDRESS	STE 501-C				Receipt # Amount
Change of Address	Waxahachie, TX 75165				Date Processed
					Date Processed
					Date Imaged
5 CAMPAIGN	MS / MRS / MR	FIRST		MI	
TREASURER NAME	Ms.	Catherine E.			
10 1112					
	NICKNAME	LAST	••••••••••	SUFFIX	
		Bird			
6 CAMPAIGN	STREET ADDRESS (NO PO	BOX PLEASE):	AP ⁻	Γ / SUITE #; CITY;	STATE; ZIP CODE
TREASURER ADDRESS	420 W. Franklin Apt 11	- ,,		,	,
(Residence or Business)	Waxahachie, TX 75165				
7 CAMPAIGN	AREA CODE PHON	IE NUMBER E	EXTENSION		
TREASURER	(214) 499-5750	IL NOMBER E	ZATENSION		
PHONE					
8 REPORT TYPE		_		_	
TIPE	January 15	30th day before	election	Runoff	15th day after campaign treasurer appointment (officeholder only)
	July 15	8th day before	election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
				reporting innit	
9 PERIOD COVERED	Month Day Year	T.	IDOLICII	Month Day	Year
OOVERLED	07/01/2024	IH	IROUGH	09/26/202	24
10 ELECTION	ELECTION DATE			ELECTION TYPE	
	Month Day Year	P	rimary	Runoff	Other
	11/05/2024	XG	eneral	Special	
				ш .	
11 OFFICE	OFFICE HELD (if any)			12 OFFICE SOUGHT	(if known)
	State Representative Distr	rict 10		State Represent	tative District 10
	•				
		GO T	O PAGE 2		

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 31

13 C / OH NAME	Harrison, Brian E. (Th	e Honorable)	14 Filer ID (I	Ethics Commission Filers)
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	olitical contributions accepted or political expenditu These expenditures may have been made without to officeholders are required to report this information	the candidate's or office	holder's knowledge or
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME		
Ш	GENERAL			
		COMMITTEE ADDRESS		
	SPECIFIC			
		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRES	SS	
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER THAI ES OF LOANS, OR CONTRIBUTIONS MADE ELE		\$ 0.00
		AL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	5)	\$ 13,431.95
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$ 0.00
	4. TOTAL POLITIC	AL EXPENDITURES		\$ 5,024.09
CONTRIBUTION BALANCE	REPORTING PE			\$ 132,836.62
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS AS TING PERIOD	OF THE LAST DAY	\$ 50,000.00
17 AFFIDAVIT				
		I swear, or affirm, under penalty true and correct and includes a under Title 15, Election Code.		
			rable Brian E. Harriso	
		Signature of	Candidate or Officeholo	J C I
AFFIX NO	TARY STAMP / SEAL ABO	DVE		
		aid	, this the	day
of	, 20, to ce	rtify which, witness my hand and seal of office.		
Signature of office	cer administering	Printed name of officer administering	Title of officer	administering oath

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			OVER ONEET I	3 of 31						
18 FILER NA Harrison,	ME Brian E. (The Honorable)	19 Filer ID 00085786	(Ethics Commission F	-ilers)						
	NAME OF SCHEDULE									
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 1	3,431.95						
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 CONTRIBUTIONS	S	\$	5,024.09						
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$							
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$							
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$							
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$							
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$							
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$							
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$							

	MONET	ARY POLITICAL C	ONTRIBUTION	IS		SCHEDUL	E A1
	The Instru	ction Guide explains how	to complete this for	m.	1	Total pages Schedule A1: Sch: 1/5 Rpt: 4/31	
2	FILER NAME Harrison, Bri	an E. (The Honorable)			3	Filer ID (Ethics Commission 00085786	n Filers)
4	Date 08/16/2024	Full name of contributor Bounds, Harlon Contributor address; City; Sta	out-of-state PAC (ID#:)	7	Amount of Contribution (\$)	\$200.00
_	<u> </u>	Oak Leaf, TX 75154		5 1 (0 1 1 1			
8	retired	pation / Job title (See Instructions)	9	Employer (See Instructions retired	5)		
	Date 09/12/2024	Full name of contributor [Carson, William Contributor address; City; Sta			•	Amount of Contribution (\$)	\$25.00
	Principal occu	Streetman, TX 75859 pation / Job title (See Instructions)		Employer (See Instructions	=)		
	retired	pation / 300 title (See Instructions)		retired	·)		
	Date 08/16/2024	Full name of contributor [Carson, William Contributor address; City; Sta	out-of-state PAC (ID#: te; Zip Code)		Amount of Contribution (\$)	\$25.00
		Streetman, TX 75859					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		
	Date 07/03/2024	Full name of contributor out-of-state PAC (ID#:) Carson, William Contributor address; City; State; Zip Code Streetman, TX 75859				Amount of Contribution (\$)	\$25.00
	Principal occuretired	pation / Job title (See Instructions)		Employer (See Instructions retired	<u>I</u> S)		
	Date 09/26/2024	Full name of contributor Carter, Kathryn Contributor address; City; Sta Corsicana, TX 75110	out-of-state PAC (ID#:			Amount of Contribution (\$)	\$104.10
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired	s)		

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDULE A1		
	The Instruc	ction Guide explains how to con	nplete this forr	n.	1	Total pages Schedule A1: Sch: 2/5 Rpt: 5/31		
2	FILER NAME Harrison, Bri	an E. (The Honorable)			3	Filer ID (Ethics Commission 00085786	on Filers)	
4	Date 09/12/2024	 Full name of contributor out-of Conservative Republicans of Texa Contributor address; City; State; Zip C)	7	Amount of Contribution (\$)	\$1,500.00	
_	<u> </u>	Houston, TX 77234						
8	Principal occu	pation / Job title (See Instructions)	9	Employer (See Instructions)			
	Date 09/24/2024	Full name of contributor out-of Daly, Christian Contributor address; City; State; Zip C	f-state PAC (ID#:)		Amount of Contribution (\$)	\$2,500.00	
		Miami, FL 33131						
	Principal occupation / Job title (See Instructions) Co-founder Employer (See Instruction Xenenis							
	Date 09/12/2024	Full name of contributor out-of Griffin, Don Contributor address; City; State; Zip C	f-state PAC (ID#: Code			Amount of Contribution (\$)	\$1,000.00	
		Red Oak, TX 75154						
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)			
	Date 09/18/2024	Hale, Richard	f-state PAC (ID#:			Amount of Contribution (\$)	\$52.05	
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)			
	Date 08/16/2024	Johnson, Barry	f-state PAC (ID#:			Amount of Contribution (\$)	\$2,500.00	
	Principal occu event manag	pation / Job title (See Instructions) gement		Employer (See Instructions self employed)			
			'					

	MONET	ARY POLITICAL CONT	RIBUTION	S		SCHEDUL	E A1
	The Instruc	ction Guide explains how to cor	mplete this forr	n.	1	Total pages Schedule A1: Sch: 3/5 Rpt: 6/31	
2	FILER NAME Harrison, Bri	an E. (The Honorable)			3	Filer ID (Ethics Commission 00085786	on Filers)
4	Date 08/16/2024	 5 Full name of contributor out-one of contributor out-one out	f-state PAC (ID#:)	7	Amount of Contribution (\$)	\$2,500.00
8	Principal occu	Spicewood, TX 78669 pation / Job title (See Instructions)	l ₉	Employer (See Instructions)		
Ŭ	Owner	pation 7 oob title (oce mandetions)		Texas Motorplex	,		
	Date 09/19/2024	Full name of contributor out-on the purtzer, Regina Contributor address; City; State; Zip ()		Amount of Contribution (\$)	\$26.03
		Grants Pass, OR 97526					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 07/01/2024	Full name of contributor out-o RAY, Ken Contributor address; City; State; Zip 0	of-state PAC (ID#:			Amount of Contribution (\$)	\$52.05
		Ovilla, TX 75154					
	Principal occu retired	pation / Job title (See Instructions)		Employer (See Instructions retired)		
	Date 07/01/2024	Rich, Brian	of-state PAC (ID#:)		Amount of Contribution (\$)	\$500.00
	Principal occu Physician	pation / Job title (See Instructions)		Employer (See Instructions Brian K Rich MD)		
	Date 07/15/2024	Rogers, Jean	f-state PAC (ID#:)		Amount of Contribution (\$)	\$100.00
	Principal occu Coordinator	pation / Job title (See Instructions)		Employer (See Instructions Navarro college)		
			l				

	MONET	ARY POLITICAL C	ONTRIBUTIO	ONS		SCHEDUI	E A1
	The Instru	ction Guide explains how	to complete this fo	orm.	1	Total pages Schedule A1: Sch: 4/5 Rpt: 7/31	
2	FILER NAME Harrison, Bri	an E. (The Honorable)			3	Filer ID (Ethics Commission 00085786	on Filers)
4	Date 08/30/2024	Full name of contributor TX Chiropractic Associatio Contributor address; City; Sta)	7	Amount of Contribution (\$)	\$1,000.00
8	Principal occu	Austin, TX 78701 pation / Job title (See Instructions)		9 Employer (See Instructions	<u> </u>		
	Date 09/12/2024	Full name of contributor Texans for Conservative L Contributor address; City; Sta	out-of-state PAC (ID#:_ eadership PAC)		Amount of Contribution (\$)	\$1,000.00
	Principal occu	pation / Job title (See Instructions)		Employer (See Instructions)		
	Date 07/01/2024	Full name of contributor Wallace, Bonnie Contributor address; City; Sta	out-of-state PAC (ID#:_)		Amount of Contribution (\$)	\$260.25
	Principal occu	Llano, TX 78643 pation / Job title (See Instructions)		Employer (See Instructions retired	5)		
	Date 09/18/2024	Full name of contributor Walther, Mike Contributor address; City; Sta	out-of-state PAC (ID#:_ tte; Zip Code)		Amount of Contribution (\$)	\$26.03
	Principal occuretired	Vail, AZ 85641 pation / Job title (See Instructions)		Employer (See Instructions retired	<u>;</u>)		
	Date 07/24/2024	Full name of contributor Yogel, Jake Contributor address; City; Sta)		Amount of Contribution (\$)	\$10.41
	Principal occu Real Estate	pation / Job title (See Instructions) Investment		Employer (See Instructions Self)		
			•				

	MONET	ARY POLITICAL CONTRIBUTION	ΛC	IS		SCHEDULE A1
	The Instru	ction Guide explains how to complete this	1	Total pages Schedule A1: Sch: 5/5 Rpt: 8/31		
2	FILER NAME Harrison, Bri	ian E. (The Honorable)		3	Filer ID (Ethics Commission Filers) 00085786	
4	Date 09/18/2024	 Full name of contributor	7	Amount of Contribution (\$) \$26.03		
8	Principal occu	Hermosa Beach, CA 90254 pation / Job title (See Instructions)	9	Employer (See Instructions retired	<u> </u> s)	

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.							
1	Total pages Schedule F1:								
	Sch: 1/21 Rpt: 9/31	Harrison, Brian E. (The Honorable) 00085786							
4	Date	Payee name							
	08/22/2024	2 Amigos Taqueria							
6	Amount (\$)	7 Payee address; City; State; Zip Code							
	\$36.09	241 S Monroe St							
		Waxahachie, TX 75165							
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description							
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.							
	EXPENDITURE	Check if Austin, TX, officeholder living expense							
		Campaign lunch							
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	09/26/2024	American Airlines							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$108.98	1 Skyview Drive							
		Ft Worth, TX 76155							
	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.							
	EXI ENDITORE	Check if Austin, TX, officeholder living expense							
		Campagn travel							
	Complete ONLY if direct	Condidate/Officeholder name Office sought Office hold							
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held							
	Date	Payee name							
	07/03/2024	CVS Pharmacy							
	Amount (\$)	Payee address; City; State; Zip Code							
	\$11.97	1316 N Highway 77							
		Waxahachie, TX 75165							
	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 Newspapers							
		ινεωσμαμείο							
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held							
	expenditure to benefit C/OI								

SCHEDULE F1

Advertising Expense Accounting/Banking Consulting Expense

Event Expense Fees Food/Beverage Expense

EXPENDITURE CATEGORIES FOR BOX 8(a)

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
	Sch: 2/21 Rpt: 10/31	Harrison, Brian E. (The Honorable)
Ļ		
4	Date	5 Payee name
L	07/16/2024	Cafe Benelux
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$26.32	346 N Broadway
		Milwaukee, WI 53202
8	PURPOSE	
Ŭ	OF	
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		RNC Food
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
—	Date	Dougo name
		Payee name
	08/13/2024	Cathy Scott & Co Bill
	Amount (\$)	Payee address; City; State; Zip Code
	\$782.70	901 McClendon Walker Road
		Aledo, TX 76008
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Fees Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Fundraising fee
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/12/2024	Chick-fil-A
\vdash	Amount (\$)	
	` '	
	\$34.64	3348 S. Interstate Highway 35 E
L		Waxahachie, TX 75165
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica Credit Card Payment	
1	Total pages Schedule F1:	
*		
	Sch: 3/21 Rpt: 11/31	Harrison, Brian E. (The Honorable) 00085786
4	Date	5 Payee name
	07/15/2024	Chili's
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$21.96	6439 S 27th St
	Ψ21.30	
L_		Franklni, FL 53132
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.
	LAFENDITURE	Check if Austin, TX, officeholder living expense
		RNC Food
L		
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
\vdash	Date	Payee name
	09/26/2024	College Street Pub
		<u> </u>
	Amount (\$)	Payee address; City; State; Zip Code
	\$112.58	210 N College Street
		Waxahachie, TX 75165
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Staff Lunch
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	Dougo nama
	Date	Payee name Constant Contact
	08/30/2024	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	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Emailing Emailing
	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 Event Expense Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

	Candidate/Officeholder/Politica			Gift/Awards/Memorials Legal Services		Salaries/W		e /Contract Labor		OTHER (enter	istrict a category not listed abov	re)
	Credit Card Payment			The Instruction G	uide explains ho	ow to co	mple	ete this form.				
1	Total pages Schedule F1:	2	FILER NAME						3	Filer ID	(Ethics Commissio	n Filers)
	Sch: 4/21 Rpt: 12/31		Harrison, Br	ian E. (The Hor	norable)					00085786		
4	Date	5	Payee name						_			
	07/30/2024		Constant Co	ntact								
6	Amount (\$)	7	Payee addres	s; City;	State;	Zip Co	de					
	\$160.97		1601 Trapel	o Road								
			Waltham, M.	A 02451								
8	PURPOSE	(a)	Category (Sa	e Categories listed at t	ne ton of this sched	lule)	(b)	Description				
	OF EXPENDITURE	 ` ´		nead/Rental Ex		iuie)	` '	_ `	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE							—	, TX,	officeholder livin	g expense	
								Emailing				
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI		Candidate/Offic	eholder name	Off	fice sou	ght			Office h	eld	
		_										
	Date		Payee name									
	08/02/2024		Contract with	h Texas PAC								
	Amount (\$)		Payee addres	•	State;	Zip Co	de					
	\$200.00		PO Box 141	2								
			Pflugerville,	TX 78660								
	PURPOSE	(a)	Category (Se	e Categories listed at t	ne top of this sched	lule)	(b)	Description				
	OF EXPENDITURE			s/Donations Ma	,			=			nplete Schedule T.	
			Candidate/C	Officeholder/Pol	ticai Commit	tee		Donation	, IA,	officeholder livin	g expense	
								20.100.01.				
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice sou	ght			Office h	eld	
	expenditure to benefit C/OI					•	•					
-	Date	Г	Payee name									
	09/11/2024		EL MEXICA	NO GRIL 1								
	Amount (\$)		Payee addres		State;	Zin Co	de					
	\$67.30		114 E Frank		Otato,	_ip	uo					
	40.100											
			Waxahachie	TX 75165								
	PURPOSE	(0)				1	(h)	Description				
	OF	(a)	Food/Bevera	e Categories listed at t	ne top of this sched	lule)	(D)	Description Check if travel	outsi	de of Texas. Cor	nplete Schedule T.	
	EXPENDITURE		1 OOU/Dever	age Expense				Check if Austin	, TX,	officeholder livin	g expense	
								Staff Meeting	l			
	Complete ONLY if direct		Candidate/Offic	ceholder name	Off	fice sou	ght			Office h	eld	
L	expenditure to benefit C/OI											

SCHEDULE F1

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 5/21 Rpt: 13/31	2 FILER NAME Harrison, Brian E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085786
4	Date 08/12/2024	5 Payee name Farm Luck
	Amount (\$) \$204.42	7 Payee address; City; State; Zip Code 109 W Franklin St #119 Waxahachie, TX 75165
8	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Meeting
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/26/2024	Payee name FedEx
	Amount (\$) \$2.51	Payee address; City; State; Zip Code 22 S Carroll St Madison, WI 53703
	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 Printing
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 07/17/2024	Payee name Fiserv
	Amount (\$) \$17.34	Payee address; City; State; Zip Code 600 N. Vel R. Phillips Avenue
		Milwaukee, WI 53203
	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense RNC Food
	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 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	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: 6/21 Rpt: 14/31	Harrison, Brian E. (The Honorable) 00085786
4	Date	5 Payee name
	08/30/2024	Frost Bank
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$5.00	100 N Walnut Creek Dr
		Mansfield, TX 76063
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	07/31/2024	Frost Bank
	Amount (\$)	Payee address; City; State; Zip Code
	\$5.00	100 N Walnut Creek Dr
		Mansfield, TX 76063
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Bank fee
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
F	Date	Payee name
	09/26/2024	Google One
H	Amount (\$)	Payee address; City; State; Zip Code
	\$3.19	1355 Market St
	Ψ0.10	#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
		Digital storage
		g 5.5. xgc
\vdash	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
\vdash		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	<u> </u>	_
	Sch: 7/21 Rpt: 15/31	Harrison, Brian E. (The Honorable) 00085786	
4	Date	5 Payee name	_
	08/14/2024	Google One	
6	Amount (\$)	7 Payee address; City; State; Zip Code	_
	\$3.19	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.	
	EXPENDITURE	Check if Austin, TX, officeholder living expense	
		Digital storage	
Ļ	0 1 0 0 1 1 1 1		_
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
_			_
	Date	Payee name	
	08/01/2024	Google One	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$2.12	1355 Market St	
		#900	
		San Francisco, CA 94103	
	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 Digital storage	
		Digital storage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
	Date	Payee name	=
	07/02/2024	Google Storage	
	Amount (\$)	Payee address; City; State; Zip Code	_
	\$2.12	1355 Market St	
	Ψ2.12	#900	
		San Francisco, CA 94103	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Pental Expanse (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	
		Digital storage	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	_
	expenditure to benefit C/OI		
			_
ı			

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	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 8/21 Rpt: 16/31	Harrison, Brian E. (The Honorable) 00085786
4	Date	5 Payee name
	09/03/2024	Google Workspace
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$23.03	1355 Market St
		900
		San Francisco, CA 94103
_	DUDDOCE	
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 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
9	Complete ONLY if direct expenditure to benefit C/Oh	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/01/2024	Google Workspace
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.03	1355 Market St
	Ψ23.03	#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 Campaign email accounts
		Campaign entail accounts
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	07/01/2024	Google Workspace
	Amount (\$)	Payee address; City; State; Zip Code
	\$23.03	1355 Market St
		#900
		San Francisco, CA 94103
	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.
	EXPENDITORE	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

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/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: 9/21 Rpt: 17/31	Harrison, Brian E. (The Honorable) 00085786
4	Date	5 Payee name
	09/23/2024	Holiday Inn
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$183.54	1010 FM 1960
		Houston, TX 77073
8	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
		Office travel
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	1
	Date	Payee name
	09/26/2024	Hoyer, Catherine
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	420 W Franklin St
		Apt 11
		Waxahachie, TX 75165
	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	1
	Date	Payee name
	09/26/2024	Hoyer, Catherine
	Amount (\$)	Payee address; City; State; Zip Code
	\$625.87	420 W Franklin St
		Apt 11
		Waxahachie, TX 75165
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Loan Repayment/Reimbursement Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Reimbursements
	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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 10/21 Rpt: 18/31	Harrison, Brian E. (The Honorable) 00085786
4	Date	5 Payee name
	08/14/2024	Midlothian Chamber
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$50.00	116 N 8th St
		Midlothian, TX 76065
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Event Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Chamber Lunch
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	08/29/2024	Oan Live
	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
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	07/29/2024	Oan Live
	Amount (\$)	Payee address; City; State; Zip Code
	\$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
		Online Network Subscription
	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 Co

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 11/21 Rpt: 19/31	Harrison, Brian E. (The Honorable) 00085786
4	Date	5 Payee name
	09/26/2024	Osborn, Maurice
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$75.00	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.
		Check if Austin, TX, officeholder living expense Work
		Work .
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Date	Payee name
	09/09/2024	Raising Cane's
	Amount (\$)	Payee address; City; State; Zip Code
	\$19.42	2408 FM 685
	7-0	
		Pflugerville, TX 78660
	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
		Office travel
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
	Data	David and the second se
	Date 07/05/2024	Payee name Red Oak Chamber
	Amount (\$) \$40.00	Payee address; City; State; Zip Code 101 Live Oak St
	Ψ40.00	101 Live Oak St
		Red Oak, TX 75154
	DUDDOCE	In.
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Event Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Chamber Lunch
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	experientale to belieff C/OI	<u>'</u>

SCHEDULE F1

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

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

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

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

	Credit Card Payment	The Instruction Guide explains how to complete the	his form.			
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)			
	Sch: 12/21 Rpt: 20/31	Harrison, Brian E. (The Honorable)	00085786			
4	Date	5 Payee name	<u> </u>			
	09/26/2024	Rice, McKennon				
6	Amount (\$)	7 Payee address; City; State; Zip Code				
	\$50.00	P.O. Box 160284				
		Austin, TX 78716				
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De:	scription			
	OF EXPENDITURE		Check if travel outside of Texas. Complete Schedule T.			
	LAFENDITORE		Check if Austin, TX, officeholder living expense			
		Wo	DIK			
_	Operation ONLY if dispose	Constitute 10% or helder your	Office held			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held			
	· 					
	Date	Payee name				
	09/04/2024	Rinaldi, Matt				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$268.76	1321 Markum Gate Wy				
		Fort Worth, TX 76126				
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) De	scription			
	OF FOOD/Beverage Expense Check if travel outside of Texas. Complete Schedule T.					
		,	Check if Austin, TX, officeholder living expense Ampaign Dinner			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	-1				
	Date	Payee name				
	07/16/2024	Rise & Grind Cafe				
	Amount (\$)	Payee address; City; State; Zip Code				
	\$14.75	2737 N Doctor M.L.K. Jr Dr				
	,					
		Milwaukee, WI 53212				
	PURPOSE		scription			
	OF	l	Scription Check if travel outside of Texas. Complete Schedule T.			
	EXPENDITURE		Check if Austin, TX, officeholder living expense			
		RN	NC Food			
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held			
	expenditure to benefit C/OI	1				

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
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	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: 13/21 Rpt: 21/31	Harrison, Brian E. (The Honorable) 00085786
4	Date	5 Payee name
	09/18/2024	Southwest Airlines
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$8.00	2702 Love Field Dr
		Dallas, TX 75235
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 Wifi for campaign trip
		viii for campaign aip
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
H	Date	Payee name
	07/22/2024	Spirit Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$15.99	2800 Executive Way
	,	
		Miramar, FL 33025
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Travel Out of District X Check if travel outside of Texas. Complete Schedule T. Check if Austin TX officeholder living avenues.
		Check if Austin, TX, officeholder living expense Wifi for campaign trip
		viii for campaign aip
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
-	Date	Payee name
	07/15/2024	Spirit Airlines
	Amount (\$)	Payee address; City; State; Zip Code
	\$12.99	2800 Executive Way
	Ψ12.99	2000 Excounte vvuy
		Miramar, FL 33025
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Travel Out of District X Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		Wifi for campaign trip
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -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: 14/21 Rpt: 22/31	Harrison, Brian E. (The Honorable) 00085786
4	Date	5 Payee name
	08/20/2024	Starbucks
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4.95	190 Hwy 67
		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 Office meeting
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/OI	
H	Date	Payee name
	09/23/2024	Subway
┝	Amount (\$)	Payee address; City; State; Zip Code
	\$15.24	776 TX-179
	Ф15.24	770 1X-179
		Teage, TX 75860
	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
		Office travel
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	07/19/2024	The New Fashioned
H	Amount (\$)	Payee address; City; State; Zip Code
	\$21.08	1122 N Vel R. Phillips Ave
	Ψ21.00	1122 N Vol X. 1 mmps / We
		Milwaukee, WI 53203
L	PURPOSE	
	OF	(a) Category (See Categories listed at the top of this schedule) Food/Reverage Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Food/Beverage Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		RNC Food
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
ĺ		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 15/21 Rpt: 23/31	Harrison, Brian E. (The Honorable) 00085786
4	Date	5 Payee name
	07/18/2024	The New Fashioned
6	Amount (\$) \$44.15	7 Payee address; City; State; Zip Code 1122 N Vel R. Phillips Ave
		Milwaukee, WI 53203
8	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense RNC Food
9	Complete <u>ONLY</u> if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	08/02/2024	The UPS Store
	Amount (\$) \$10.00	Payee address; City; State; Zip Code 791 N Hwy 77 N Ste 501-C Waxahachie, TX 75165
	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 Notary Public
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/19/2024	Payee name Uber
	Amount (\$) \$15.99	Payee address; City; State; Zip Code 1515 3rd St
		San Francisco, CA 94158
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel Out of District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Transportation to meeting
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Candidate/Officehold Credit Card Payment	der/Political	Committee Legal Services Salaries The Instruction Guide explains how to describe the services of the services		Contract Labor te this form.	OTHER (enter a	category not listed above)
1 Total pages Sched	ule F1:	2 FILER NAME		3	Filer ID	(Ethics Commission Filers)
Sch: 16/21 Rpt:	24/31	Harrison, Brian E. (The Honorable)			00085786	
4 Date		5 Payee name				
09/18/2024		Uber				
6 Amount (\$)		7 Payee address; City; State; Zip C	Code			
\$	313.92	1515 3rd St				
		San Francisco, CA 94158				
8 PURPOSE		(a) Category (See Categories listed at the top of this schedule)	(b)	Description		
OF EXPENDITURE		Travel Out of District			side of Texas. Comp K, officeholder living	
				Transportation		expense
				Transportation	to meeting	
9 Complete ONLY if	direct	Candidate/Officeholder name Office so	l nuaht		Office he	ld
expenditure to ben			Jugrit		Office fie	iu
Data	ı					
Date		Payee name				
07/24/2024		Uber				
Amount (\$)		Payee address; City; State; Zip C	Code			
	\$4.34	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	[=	side of Texas. Comp	
				Check if Austin, TX Office travel	K, officeholder living	expense
				Office traver		
Complete ONLY if	direct	Candidate/Officeholder name Office so			Office he	Id
Complete ONLY if expenditure to ben			ougni		Office fie	iu
Date		Payee name				
07/19/2024		Uber				
Amount (\$)		Payee address; City; State; Zip C	Code			
\$	310.95	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	[side of Texas. Comp	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					K, officeholder living	expense
			'	RNC Transport	auun	
Complete ONLY !	diroct	Candidate/Officeholder name			Office ha	Id
Complete ONLY if expenditure to ben		Candidate/Officeholder name Office so	ougnt		Office he	ilu

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Event Expense Fees

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Candidate/Officeholder/Political Committee Credit Card Payment			Legal Services Salaries/Wages/Contract Labor The Instruction Guide explains how to complete this form.				OTHER (enter a category not listed above)			
1	Total pages Schedule F1:	2 FILER NAM	IE .				3	Filer ID	(Ethics Commis	sion Filers)
	Sch: 17/21 Rpt: 25/31	Harrison, E	Brian E. (The Honor	able)				00085786		
4	Date	5 Payee name	е							
	07/19/2024	Uber								
6	Amount (\$)	7 Payee addr		State; Zip C	ode					
	\$14.74	1515 3rd S	δĬ							
		San Franc	isco, CA 94158							
8	PURPOSE OF		See Categories listed at the to	op of this schedule)	(b)	Description Check if travel of	oute	ide of Teves Com	iplete Schedule T.	
	EXPENDITURE	Travel Out	Of District			_		, officeholder living		
						RNC Transpo	orta	ation		
Ļ	Complete ONLY if direct	Candidata/Ot	ficeholder name	Office con	l abt			Office he	old	
9	Complete ONLY if direct expenditure to benefit C/OI		ilicenoluer name	Office so	ugni			Office fit	eiu 	
	Date	Payee nam	е							
	07/17/2024	Uber								
	Amount (\$)	Payee addr		State; Zip C	ode					
	\$11.90	1515 3rd S	St							
		San Franc	isco, CA 94158							
	PURPOSE	(a) Category (See Categories listed at the t	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel Out	of District			=		ide of Texas. Com , officeholder living	plete Schedule T.	
						RNC Transpo			у схренас	
						·				
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
F	Date	Payee nam								
	07/17/2024	Uber								
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$9.99	1515 3rd S	St							
			isco, CA 94158							
	PURPOSE OF	l	See Categories listed at the to	op of this schedule)	(b)	Description Check if travel (outs	ide of Texas, Com	iplete Schedule T.	
	EXPENDITURE	Travel Out	OI DISTRICT					, officeholder living		
						RNC Transpo	orta	ation		
					Ļ					
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office h	eld	
\vdash	•									
Ļ										

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

	Credit Card Payment	The Instruction Guide explains how to comp	plet	te this form.
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 18/21 Rpt: 26/31	Harrison, Brian E. (The Honorable)		00085786
4	Date	5 Payee name		-
	07/17/2024	Uber		
6	Amount (\$)	7 Payee address; City; State; Zip Code	е	
	\$14.36	1515 3rd St		
		San Francisco, CA 94158		
8	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.
	LXI ENDITORE		Į	Check if Austin, TX, officeholder living expense
				RNC Transportation
_	Complete ONLY if direct	Condidate/Officeholder name Office cough	ht	Office held
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sough	ııt	Office field
_	D-4-			
	Date 07/17/2024	Payee name		
		Uber		
	Amount (\$)	Payee address; City; State; Zip Code	е	
	\$13.99	1515 3rd St		
		San Francisco, CA 94158		
	PURPOSE OF	,	b)	Description
	EXPENDITURE	Travel Out of District	ļ	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
			L 	RNC Transportation
				·
	Complete ONLY if direct	Candidate/Officeholder name Office sough	ht	Office held
	expenditure to benefit C/O	1		
	Date	Payee name		
	07/17/2024	Uber		
	Amount (\$)	Payee address; City; State; Zip Code	e	
	\$12.96	1515 3rd St		
		San Francisco, CA 94158		
	PURPOSE	<u> </u>	h)	Description
	OF	Travel Out of District	~, [Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Traver Gut of Bloanet	į	Check if Austin, TX, officeholder living expense
				RNC Transportation
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sough	ht	Office held
	experientare to benefit 6/01	•		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to comp	lete this for	rm.	
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Fil	ers)
	Sch: 19/21 Rpt: 27/31	Harrison, Brian E. (The Honorable)		00085786	
4	Date	5 Payee name		•	
	09/26/2024	United Airlines			
6	Amount (\$)	7 Payee address; City; State; Zip Code	!		
	\$246.97	233 S.Wacker Drive			
		Chicago, IL 60606			
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Descripti	tion	
	OF EXPENDITURE	Travel Out of District	X Check	if travel outside of Texas. Complete Schedule T.	
	EXPENDITURE			x if Austin, TX, officeholder living expense	
			Campa	ıgn travel	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	•	Office held	
9	Complete ONLY if direct expenditure to benefit C/Ol		ι	Office field	
H	Date				
	Date 07/24/2024	Payee name			
	07/24/2024	United Airlines			
	Amount (\$)	Payee address; City; State; Zip Code	!		
	\$40.00	233 S.Wacker Drive			
		Chicago, IL 60606			
	PURPOSE OF	,) Descripti		
	EXPENDITURE	Travel Out of District		x if travel outside of Texas. Complete Schedule T. x if Austin, TX, officeholder living expense	
				ed bag for office trip	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office held	
	expenditure to benefit C/O	1			
	Date	Payee name			
	08/08/2024	Walmart			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$58.27	1200 N Hwy 77			
		Waxahachie, TX 75165			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)) Descripti	tion	
	OF EXPENDITURE	Office Overhead/Rental Expense		if travel outside of Texas. Complete Schedule T.	
	LAI LINDITORE			x if Austin, TX, officeholder living expense	
			weeung	g supplies	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	t	Office held	
	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·	ι	Office field	
_					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 20/21 Rpt: 28/31	2 FILER NAME Harrison, Brian E. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00085786
4	Date 09/19/2024	5 Payee name Washington DC Metro
6	Amount (\$) \$7.00	7 Payee address; City; State; Zip Code 300 7th Street, SW
8	PURPOSE OF	Washington, DC 20024 (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 Transportation to Airport
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 08/05/2024	Payee name Washington Post
	Amount (\$) \$127.92	Payee address; City; State; Zip Code 1301 K Street NW
		Washington, DC 20071
	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 ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date 09/03/2024	Payee name Wes Virdell Campaign
	Amount (\$) \$500.00	Payee address; City; State; Zip Code PO Box 147
		Brady, TX 76825
	PURPOSE OF EXPENDITURE	(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. Check if Austin, TX, officeholder living expense Lodging for GOP Convention
	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 Co

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

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

	Candidate/Officeholder/Politica Credit Card Payment	Al 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: 21/21 Rpt: 29/31	Harrison, Brian E. (The Honorable) 00085786
4	Date	5 Payee name
	09/26/2024	WinRed
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$121.89	1340 Poydras Street
		Suite 1770
		New Orleans, LA 70112
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Fees Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		Fees
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	07/12/2024	X Corp
	Amount (\$)	Payee address; City; State; Zip Code
	\$90.72	1355 Market St
		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
		Subsrciption
		Gussi-oipuon
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/Ol	H
İ		

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

SCHEDULE T

The Inst	ruction (Guide explains	1 Total pages Schedule T: Sch: 1/2 Rpt: 30/31						
2 FILER NAME			,	mmission Filers)					
Harrison, Brian E	E. (The Ho	onorable)	00085786						
	Name of Contributor / Corporation or Labor Organization / Pledgor /Payee								
American Airline	S								
5 Contribution / Expenditure reported on:									
Schedule A2	<u></u> :	Schedule B	Schedule B(J)	Schedule C2	Schedule D	X Schedule F1			
Schedule F2		Schedule F4	Schedule G	Schedule H	Schedule COH-UC				
5 Dates of Travel 7 Name of person(s) traveling									
	Harris	on, Tara							
	l '		departure location						
09/29/2024	Washi	ington							
	l		of destination location						
09/29/2024	Dallas								
10 Means of transpor		-	vel (including name of c		r other event)				
Commercial Airp	olane ————————————————————————————————————	Attend Club	for Growth event with	Brian Harrison					
Name of Contribut	or / Corpor	ation or Labor Orga	anization / Pledgor /Paye	ee					
Southwest Airlin	es								
Contribution / Expe	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							
	Departure city or name of departure location								
09/16/2024	09/16/2024 Austin								
	Destina	ation city or name o	of destination location						
09/26/2024	Washi	ington							
Means of transpor	tation	•	vel (including name of c		r other event)				
Wifi		Speak at Co	nservative Partnershi	p Institute Panel					
Name of Contribut	or / Corpor	ation or Labor Orga	anization / Pledgor /Paye	ee					
Spirit Airlines									
Contribution / Expe	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	Dates of Travel Name of person(s) traveling								
Harrison, Brian									
Departure city or name of departure location									
07/14/2023 Dallas									
	Destina	ation city or name o	of destination location						
07/14/2024	Milwa	ukee							
Means of transpor	tation	Purpose of tra	vel (including name of c	onference, seminar, or	r other event)				
Wifi Republican National Convention									
I									

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES SCHEDULE T FOR TRAVEL OUTSIDE OF TEXAS 4 Name of Contributor / Corporation or Labor Organization / Pledgor /Payee Spirit Airlines 5 Contribution / Expenditure reported on: X Schedule F1 Schedule A2 Schedule B Schedule B(J) Schedule C2 Schedule D Schedule F2 Schedule F4 Schedule G Schedule H Schedule COH-UC Dates of Travel Name of person(s) traveling Harrison, Brian Departure city or name of departure location 07/19/2024 Milwaukee Destination city or name of destination location 07/19/2024 Dallas 10 Means of transportation 11 Purpose of travel (including name of conference, seminar, or other event) Wifi Republican National Convention Name of Contributor / Corporation or Labor Organization / Pledgor /Payee **United Airlines** Contribution / Expenditure reported 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 Harrison, Brian Departure city or name of departure location 07/23/2024 Dallas Destination city or name of destination location 07/23/2024 Denver