

# CORRECTION/AMENDMENT AFFIDAVIT FOR CANDIDATE/OFFICEHOLDER

FORM COR-C/OH

1 Filer ID (Ethics Commission Filers) 00087716		2 Total pages filed: 15		<b>OFFICE USE ONLY</b>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Brent A.	MI MI	ELECTRONICALLY FILED 10/28/2024	
	NICKNAME	LAST Money	SUFFIX		
4 ORIGINAL REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other (specify)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> Exceeded modified reporting limit _____			
	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Final Report (Attach C/OH-FR)			
	Date Hand-delivered or Date Postmarked				
Receipt #			Amount		
Date Processed					
Date Imaged					
5 ORIGINAL PERIOD COVERED		Month Day Year	THROUGH	Month Day Year	
		09/27/2024		10/26/2024	

6 EXPLANATION OF CORRECTION  
Accidentally submitted report before adding expenditures and in-kind donations.

7 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that this corrected report is true and correct.

Check the box next to any and all applicable statements:

**Semiannual reports:** I swear, or affirm that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report.

**Other reports:** I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith.

Mr. Brent A. Money  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

**Remember To Attach Any Part Of The Campaign Finance Report Form  
Needed To Report And Explain Corrections**

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 1

<b>The C/OH Instruction Guide explains how to complete this form.</b>		<b>1</b> Filer ID (Ethics Commission Filers) 00087716	<b>2</b> Total pages filed: 15	
<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Brent A.	MI	<b>OFFICE USE ONLY</b>  Date Received <b>ELECTRONICALLY FILED</b> 10/28/2024
	NICKNAME	LAST Money	SUFFIX	
<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS  <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 2606 Lee St.  Greenville, TX 75401		ZIP CODE	Date Hand-delivered or Date Postmarked
			Receipt #	Amount
			Date Processed	
			Date Imaged	
<b>5</b> CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Thomas B.	MI	
	NICKNAME	LAST Oliver	SUFFIX	
<b>6</b> CAMPAIGN TREASURER ADDRESS  (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); 1935 E. Beach St.  Greenville, TX 75402		APT / SUITE #;	CITY; STATE; ZIP CODE
<b>7</b> CAMPAIGN TREASURER PHONE	AREA CODE (903)	PHONE NUMBER 455-1403	EXTENSION	
<b>8</b> REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only)			
	<input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)			
<b>9</b> PERIOD COVERED	Month    Day    Year 09/27/2024	THROUGH		Month    Day    Year 10/26/2024
<b>10</b> ELECTION	ELECTION DATE Month    Day    Year 11/05/2024		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
<b>11</b> OFFICE	OFFICE HELD (if any)		<b>12</b> OFFICE SOUGHT (if known) State Representative District 2	

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# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

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<b>13 C / OH NAME</b> Money, Brent A. (Mr.)	<b>14 Filer ID</b> (Ethics Commission Filers) 00087716
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<b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b>  <input checked="" type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	<b>COMMITTEE TYPE</b> <input checked="" type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	<b>COMMITTEE NAME</b> TREPAC
		<b>COMMITTEE ADDRESS</b> 1115 San Jacinto Blvd., Ste. 200 Austin, TX 78701
		<b>COMMITTEE CAMPAIGN TREASURER NAME</b> Cantu, Leslie
		<b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> PO Box 2246  Austin 78768 Namibia

<b>16 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$	0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	41,035.93
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICAL EXPENDITURES	\$	3,396.14
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	74,264.34
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	0.00

**17 AFFIDAVIT**

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

Mr. Brent A. Money  
 \_\_\_\_\_  
 Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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Signature of officer administering	Printed name of officer administering	Title of officer administering oath
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# CANDIDATE / OFFICEHOLDER REPORT SUPPORT & TOTALS

FORM C/OH  
ADDENDUM

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C / OH NAME	Money, Brent A. (Mr.)	Filer ID	(Ethics Commission Filers)
		00087716	

17 NOTICE FROM POLITICAL COMMITTEE(S)	.. This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures ..	
	COMMITTEE TYPE	COMMITTEE NAME
	<input checked="" type="checkbox"/> GENERAL	Texans for Lawsuit Reform PAC
	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS
		919 Congress Ave Ste. 455 Austin, TX 78701
	COMMITTEE CAMPAIGN TREASURER NAME	Heldenfels IV, Fred
	COMMITTEE CAMPAIGN TREASURER ADDRESS	
		TX

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

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<b>18 FILER NAME</b> Money, Brent A. (Mr.)		<b>19 Filer ID</b> 00087716	(Ethics Commission Filers)
<b>20 SCHEDULE SUBTOTALS</b> NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	40,367.51
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	668.42
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	3,396.14
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 1/5 Rpt: 6/15
<b>2</b> FILER NAME Money, Brent A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087716
<b>4</b> Date 09/30/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Besse, Paul	<b>7</b> Amount of Contribution (\$)  \$52.05
<b>6</b> Contributor address; City; State; Zip Code  Cypress , TX 77433		
<b>8</b> Principal occupation / Job title (See Instructions) Owner		<b>9</b> Employer (See Instructions) Besse Management
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Flora, Cody	Amount of Contribution (\$)  \$104.10
Contributor address; City; State; Zip Code  Como, TX 75431		
Principal occupation / Job title (See Instructions) Driver		Employer (See Instructions) Grocery Supply
Date 10/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Gore, Rex	Amount of Contribution (\$)  \$1,200.00
Contributor address; City; State; Zip Code  Austin, TX 78735		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cleanscapes
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hilliard, Dorie	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Canton, TX 75103		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hilliard, Jeffrey	Amount of Contribution (\$)  \$250.00
Contributor address; City; State; Zip Code  Canton, TX 75103		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 2/5 Rpt: 7/15
<b>2</b> FILER NAME Money, Brent A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087716
<b>4</b> Date 10/20/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Holleman, R.W. and Kristina	<b>7</b> Amount of Contribution (\$) \$104.10
<b>6</b> Contributor address; City; State; Zip Code  Greenville, TX 75401		
<b>8</b> Principal occupation / Job title (See Instructions) Finance		<b>9</b> Employer (See Instructions) Rain
Date 10/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Hopkins County Republican Party	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Huffines, Phillip	Amount of Contribution (\$) \$1,561.52
Contributor address; City; State; Zip Code  Dallas, TX 75205		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Huffines
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) John Lin McCraw III, PC	Amount of Contribution (\$) \$10,000.00
Contributor address; City; State; Zip Code  Sulphur Springs, TX 75482		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 09/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Khoury, Marjory	Amount of Contribution (\$) \$52.05
Contributor address; City; State; Zip Code  Parker, CO 80134		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 3/5 Rpt: 8/15
<b>2</b> FILER NAME Money, Brent A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087716
<b>4</b> Date 10/09/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Mitchell, James <hr/> <b>6</b> Contributor address; City; State; Zip Code  Dallas, TX 75225	<b>7</b> Amount of Contribution (\$)  \$5,000.00
<b>8</b> Principal occupation / Job title (See Instructions) Lawyer		<b>9</b> Employer (See Instructions) Self
Date 10/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Munster, Chase <hr/> Contributor address; City; State; Zip Code  Cumby, TX 75433	Amount of Contribution (\$)  \$2,500.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Perry, Clyburn <hr/> Contributor address; City; State; Zip Code  Greenville, TX 75401	Amount of Contribution (\$)  \$41.64
Principal occupation / Job title (See Instructions) Program Analyst		Employer (See Instructions) Government
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Pipe Fitters Local Union 211 <hr/> Contributor address; City; State; Zip Code  Deer Park, TX 77536	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Plumbers Local Union No 68 <hr/> Contributor address; City; State; Zip Code  Houston, TX 77249	Amount of Contribution (\$)  \$500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

**SCHEDULE A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 4/5 Rpt: 9/15
<b>2</b> FILER NAME Money, Brent A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087716
<b>4</b> Date 10/10/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) TSAPAC	<b>7</b> Amount of Contribution (\$) \$1,500.00
<b>6</b> Contributor address; City; State; Zip Code  Austin, TX 78701		
<b>8</b> Principal occupation / Job title (See Instructions)		<b>9</b> Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans United for a Conservative Majority	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Victoria, TX 77904		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texans for Lawsuit Reform PAC	Amount of Contribution (\$) \$9,700.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Optometric PAC	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code  Austin, TX 78705		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ ) Texas Trial Lawyers Association PAC	Amount of Contribution (\$) \$2,500.00
Contributor address; City; State; Zip Code  Austin, TX 78701		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

# MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: Sch: 5/5 Rpt: 10/15
<b>2</b> FILER NAME Money, Brent A. (Mr.)		<b>3</b> Filer ID (Ethics Commission Filers) 00087716
<b>4</b> Date 10/19/2024	<b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaughn, Kathryn <b>6</b> Contributor address; City; State; Zip Code  Greenville, TX 75402	<b>7</b> Amount of Contribution (\$)  \$52.05
<b>8</b> Principal occupation / Job title (See Instructions) Retired		<b>9</b> Employer (See Instructions) Retired
Date 10/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weekley, Richard Contributor address; City; State; Zip Code  Houston, TX 77027	Amount of Contribution (\$)  \$1,500.00
Principal occupation / Job title (See Instructions) Founder		Employer (See Instructions) Weekley Properties

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

**SCHEDULE A2**

<b>The Instruction Guide explains how to complete this form.</b>		1 Total pages Schedule A2: Sch: 1/1 Rpt: 11/15	
2 FILER NAME Money, Brent A. (Mr.)		3 Filer ID (Ethics Commission Filers) 00087716	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 10/13/2024	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	8 Amount of contribution (\$) \$343.42	9 In-kind contribution description Meet and Greet Food and Beverage
	7 Contributor address; City; State; Zip Code  Austin, TX 78768	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		11 Employer (FOR NON-JUDICIAL) (See instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TREPAC	Amount of contribution (\$) \$25.00	In-kind contribution description Grassroots Event Promotion
	Contributor address; City; State; Zip Code  Austin, TX 78768	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 10/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Texans for Lawsuit Reform PAC	Amount of contribution (\$) \$300.00	In-kind contribution description Campaign Fundraiser
	Contributor address; City; State; Zip Code  Austin, TX 78701	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See instructions)		Employer (FOR NON-JUDICIAL) (See instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 1/4 Rpt: 12/15	<b>2</b>	FILER NAME Money, Brent A. (Mr.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00087716
<b>4</b>	Date 10/01/2024	<b>5</b>	Payee name Ben Bumgarner Campaign		
<b>6</b>	Amount (\$) \$250.00	<b>7</b>	Payee address; City; State; Zip Code  TX		
<b>8</b>	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense #TexasHouseLeads		
<b>9</b>		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/07/2024		Payee name Boar's Nest Bar & Grill		
	Amount (\$) \$47.36		Payee address; City; State; Zip Code 125 FM 2649  Campbell, TX 75422		
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Lunch		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
	Date 10/04/2024		Payee name Canton Main Street Association		
	Amount (\$) \$250.00		Payee address; City; State; Zip Code 800 First Monday Lane  Canton, TX 75103		
	PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Festival Sponsorship		
		Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

The Instruction Guide explains how to complete this form.

<b>1</b>	Total pages Schedule F1: Sch: 2/4 Rpt: 13/15	<b>2</b>	FILER NAME Money, Brent A. (Mr.)	<b>3</b>	Filer ID (Ethics Commission Filers) 00087716	
<b>4</b>	Date 10/01/2024	<b>5</b>	Payee name Caroline Harris Davila Campaign			
<b>6</b>	Amount (\$) \$260.25	<b>7</b>	Payee address; City; State; Zip Code  TX			
<b>8</b>	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense #TexasHouseLeads			
<b>9</b>		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 10/01/2024		Payee name Don McLaughlin Campaign			
	Amount (\$) \$260.25		Payee address; City; State; Zip Code  TX			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense #TexasHouseLeads			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	
	Date 10/01/2024		Payee name Google G Suite			
	Amount (\$) \$30.70		Payee address; City; State; Zip Code 1600 Amphitheatre Pakrway  Mountainview, CA 94043			
	<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Google Suite			
		Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held	

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 3/4 Rpt: 14/15	<b>2</b> FILER NAME Money, Brent A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087716
<b>4</b> Date 10/01/2024	<b>5</b> Payee name Latsons.com	
<b>6</b> Amount (\$) \$1,002.53	<b>7</b> Payee address; City; State; Zip Code 1105 Main St.  Commerce, TX 75428	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Palmcards and Thank You Notes
<b>9</b> Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name Marc LaHood Campaign	
Amount (\$) \$250.00	Payee address; City; State; Zip Code  TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense #TexasHouseLeads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2024	Payee name Steve Kinard Campaign	
Amount (\$) \$260.73	Payee address; City; State; Zip Code  TX	
<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense #TexasHouseLeads
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F1: Sch: 4/4 Rpt: 15/15	<b>2</b> FILER NAME Money, Brent A. (Mr.)	<b>3</b> Filer ID (Ethics Commission Filers) 00087716
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<b>4</b> Date 10/09/2024	<b>5</b> Payee name TaMolly's Mexican Restaurant
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<b>6</b> Amount (\$) \$284.32	<b>7</b> Payee address; City; State; Zip Code 6929 I-30  Greenville, TX 75402
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<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Food/Beverage Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraising Dinner
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<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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Date 10/16/2024	Payee name Venue 219
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Amount (\$) \$500.00	Payee address; City; State; Zip Code 219 Main St.  Sulphur Springs, TX 75482
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<b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule) Event Expense	<b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fundraiser Venue Rental
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought	Office held
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