

# JUDICIAL CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

|   |   |   |  |  |
|---|---|---|--|--|
| <b>The JC/OH Instruction Guide explains how to complete this form.</b>                              |   | <b>1</b> Filer ID<br>(Ethics Commission Filers)<br>00084057 | <b>2</b> Total pages filed:<br><br>11  |  |
| <b>3</b> CANDIDATE / OFFICEHOLDER NAME  | MS / MRS / MR<br>The Honorable  | FIRST<br>A. Brook   | MI   | <b>OFFICE USE ONLY</b><br><br>Date Received<br><b>ELECTRONICALLY FILED</b><br>01/14/2025 |
|   | NICKNAME  | LAST<br>Fulks   | SUFFIX   |  |
| <b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>PO Box 2642<br><br>Frisco, TX 75034  |   | Date Hand-delivered or Date Postmarked   |  |
|   |   |   | Receipt #  | Amount   |
|   |   |   | Date Processed   |  |
|   |   |   | Date Imaged  |  |
| <b>5</b> CAMPAIGN TREASURER NAME  | MS / MRS / MR<br>Mrs.   | FIRST<br>Brook  | MI   |  |
|   | NICKNAME  | LAST<br>Fulks   | SUFFIX   |  |
| <b>6</b> CAMPAIGN TREASURER ADDRESS<br><br>(Residence or Business)                                  | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>PO Box 2642<br><br>Frisco, TX 75034  |   |  |  |
|   |   |   |  |  |
| <b>7</b> CAMPAIGN TREASURER PHONE   | AREA CODE<br>(469)  | PHONE NUMBER<br>307-7722                                    | EXTENSION  |  |
| <b>8</b> REPORT TYPE  | <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) |   |  |  |
|   | <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)                         |   |  |  |
| <b>9</b> PERIOD COVERED   | Month    Day    Year<br>07/01/2024  | THROUGH   |  | Month    Day    Year<br>12/31/2024   |
| <b>10</b> ELECTION  | ELECTION DATE<br>Month    Day    Year<br>11/05/2024   |   | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |  |
|   |   |   |  |  |
| <b>11</b> OFFICE  | OFFICE HELD (if any)<br>District Judge District 470 Collin  |   | <b>12</b> OFFICE SOUGHT (if known)<br>District Judge District 470  |  |

**GO TO PAGE 2**

# JUDICIAL CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM JC/OH  
COVER SHEET PG 2

2 of 11

**13 C / OH NAME** Fulks, A. Brook (The Honorable) **14 Filer ID** (Ethics Commission Filers)  
00084057

**15 NOTICE FROM POLITICAL COMMITTEE(S)**  
 Additional Pages

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

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

|                                |  |    |           |
|--------------------------------|--|----|-----------|
| <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. <b>TOTAL POLITICAL CONTRIBUTIONS</b><br>(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                                       | \$ | 500.00    |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES   | \$ | 0.00      |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>   | \$ | 1,425.14  |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ | 48,385.05 |
| <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.

The Honorable A. Brook Fulks  
\_\_\_\_\_  
Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

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

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

# SUBTOTALS - JC/OH

|   |   |                                |                            |
|---|---|--------------------------------|----------------------------|
| <b>18 FILER NAME</b><br>Fulks, A. Brook (The Honorable) |   | <b>19 Filer ID</b><br>00084057 | (Ethics Commission Filers) |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE        |   |                                | SUBTOTAL AMOUNT            |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A(J)1: MONETARY POLITICAL CONTRIBUTIONS (JUDICIAL)             | \$                             | 500.00                     |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                             |                            |
| 3.  | <input type="checkbox"/> SCHEDULE B(J): PLEDGED CONTRIBUTIONS (JUDICIAL)                                    | \$                             |                            |
| 4.  | <input type="checkbox"/> SCHEDULE E(J): LOANS (JUDICIAL)  | \$                             |                            |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS        | \$                             | 1,241.58                   |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$                             | 183.56                     |
| 10.   | <input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH             | \$                             |                            |
| 11.   | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                | \$                             |                            |
| 12.   | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                             |                            |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A(J)1

|   |   |  |
|---|---|--|
| <b>The Instruction Guide explains how to complete this form.</b>    |   | <b>1</b> Total pages Schedule A(J)1:<br>Sch: 1/1 Rpt: 4/11 |
| <b>2</b> FILER NAME<br>Fulks, A. Brook (The Honorable)              |   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00084057   |
| <b>4</b> Date<br>11/04/2024   | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____ )<br>Krenik, Vale<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br><br>Denison, TX 75020 | <b>7</b> Amount of Contribution (\$)<br><br>\$500.00       |
| <b>8</b> Contributor's Principal Occupation<br>Attorney             |   | <b>9</b> Contributor's Job Title<br>Attorney               |
| <b>10</b> Contributor's employer/law firm<br>The Krenik Law Firm    |   | <b>11</b> Law firm of contributor's spouse (if any)        |
| <b>12</b> If contributor is a child, law firm of parent(s) (if any) |   |  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 1/6 Rpt: 5/11 | <b>2</b> FILER NAME<br>Fulks, A. Brook (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00084057 |
|---|--|--|

|                             |                                     |
|-----------------------------|-------------------------------------|
| <b>4</b> Date<br>11/04/2024 | <b>5</b> Payee name<br>Anedot, Inc. |
|-----------------------------|-------------------------------------|

|                                 |   |
|---------------------------------|---|
| <b>6</b> Amount (\$)<br>\$20.30 | <b>7</b> Payee address; City; State; Zip Code<br>1340 Poydras Street<br>Suite 1770<br>New Orleans, LA 70112 |
|---------------------------------|---|

|                                 |   |   |
|---------------------------------|---|---|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Fees | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Online donation processing fee. |
|---------------------------------|---|---|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                            |
|--------------------|----------------------------|
| Date<br>10/23/2024 | Payee name<br>Fulks, Brook |
|--------------------|----------------------------|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$50.06 | Payee address; City; State; Zip Code<br>PO Box 2642<br><br>Frisco, TX 75034 |
|------------------------|---|

|                               |   |   |
|-------------------------------|---|---|
| <b>PURPOSE OF EXPENDITURE</b> | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Loan Repayment/Reimbursement | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Reimbursement for Judicial Robe alteration. |
|-------------------------------|---|---|

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

|                    |                            |
|--------------------|----------------------------|
| Date<br>12/16/2024 | Payee name<br>Fulks, Brook |
|--------------------|----------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$133.50 | Payee address; City; State; Zip Code<br>PO Box 2642<br><br>Frisco, TX 75034 |
|-------------------------|---|

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

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

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 2/6 Rpt: 6/11             | <b>2</b> FILER NAME<br>Fulks, A. Brook (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00084057   |
| <b>4</b> Date<br>07/22/2024   | <b>5</b> Payee name<br>Golden Corridor Republican Women  |  |
| <b>6</b> Amount (\$)<br>\$200.00                                    | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 162<br><br>Frisco, TX 75034            |  |
| <b>8</b> PURPOSE OF EXPENDITURE                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsorship.                 |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>07/02/2024  | Payee name<br>Google LLC   |  |
| Amount (\$)<br>\$7.68   | Payee address; City; State; Zip Code<br>1600 Amphitheatre Pkwy<br><br>Mountain View, CA 94043  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Recurring expense for email. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>08/02/2024  | Payee name<br>Google LLC   |  |
| Amount (\$)<br>\$7.68   | Payee address; City; State; Zip Code<br>1600 Amphitheatre Pkwy<br><br>Mountain View, CA 94043  |  |
| PURPOSE OF EXPENDITURE  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Recurring expense for email. |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|          |  |  |  |               |   |
|----------|--|--|--|---------------|---|
| <b>1</b> | Total pages Schedule F1:<br>Sch: 3/6 Rpt: 7/11 | <b>2</b>   | FILER NAME<br>Fulks, A. Brook (The Honorable)  | <b>3</b>      | Filer ID (Ethics Commission Filers)<br>00084057 |
| <b>4</b> | Date<br>09/03/2024                             | <b>5</b>   | Payee name<br>Google LLC   |               |   |
| <b>6</b> | Amount (\$)<br>\$7.68                          | <b>7</b>   | Payee address; City; State; Zip Code<br>1600 Amphitheatre Pkwy<br><br>Mountain View, CA 94043  |               |   |
| <b>8</b> | <b>PURPOSE OF EXPENDITURE</b>                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Recurring expense for email. |               |   |
| <b>9</b> |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>10/02/2024                             |  | Payee name<br>Google LLC   |               |   |
|          | Amount (\$)<br>\$7.68                          |  | Payee address; City; State; Zip Code<br>1600 Amphitheatre Pkwy<br><br>Mountain View, CA 94043  |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Recurring expense for email. |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name  | Office sought | Office held                                     |
|          | Date<br>11/04/2024                             |  | Payee name<br>Google LLC   |               |   |
|          | Amount (\$)<br>\$7.68                          |  | Payee address; City; State; Zip Code<br>1600 Amphitheatre Pkwy<br><br>Mountain View, CA 94043  |               |   |
|          | <b>PURPOSE OF EXPENDITURE</b>                  | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Recurring expense for email. |               |   |
|          |  | Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                     | Candidate/Officeholder name  | Office sought | Office held                                     |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|   |  |  |
|---|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 4/6 Rpt: 8/11 | <b>2</b> FILER NAME<br>Fulks, A. Brook (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00084057 |
|---|--|--|

|                             |                                   |
|-----------------------------|-----------------------------------|
| <b>4</b> Date<br>12/02/2024 | <b>5</b> Payee name<br>Google LLC |
|-----------------------------|-----------------------------------|

|                                |  |
|--------------------------------|--|
| <b>6</b> Amount (\$)<br>\$7.68 | <b>7</b> Payee address; City; State; Zip Code<br>1600 Amphitheatre Pkwy<br><br>Mountain View, CA 94043 |
|--------------------------------|--|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Recurring expense for email. |
|---------------------------------|--|--|

|   |                             |               |             |
|---|-----------------------------|---------------|-------------|
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|---|-----------------------------|---------------|-------------|

|                    |                          |
|--------------------|--------------------------|
| Date<br>10/05/2024 | Payee name<br>Home Depot |
|--------------------|--------------------------|

|                         |   |
|-------------------------|---|
| Amount (\$)<br>\$216.49 | Payee address; City; State; Zip Code<br>1515 N Central Expy<br><br>McKinney, TX 75070 |
|-------------------------|---|

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

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

|                    |  |
|--------------------|--|
| Date<br>08/30/2024 | Payee name<br>Junior League of Collin County |
|--------------------|--|

|                        |   |
|------------------------|---|
| Amount (\$)<br>\$90.00 | Payee address; City; State; Zip Code<br>5805 S Coit Road<br><br>Plano, TX 75093 |
|------------------------|---|

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

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

|  |  |
|--|--|
|  |  |
|--|--|



# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |   |  |
|--|---|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 5/6 Rpt: 9/11      | <b>2</b> FILER NAME<br>Fulks, A. Brook (The Honorable)  | <b>3</b> Filer ID (Ethics Commission Filers)<br>00084057   |
| <b>4</b> Date<br>07/15/2024                                  | <b>5</b> Payee name<br>Plano Republican Women   |  |
| <b>6</b> Amount (\$)<br>\$155.00                             | <b>7</b> Payee address; City; State; Zip Code<br>PO Box 940461<br><br>Plano, TX 75094                     |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense            | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Sponsorship.                                     |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>10/21/2024   | Payee name<br>The Republican Club at Heritage Ranch   |  |
| Amount (\$)<br>\$29.21                                       | Payee address; City; State; Zip Code<br>465 Scenic Ranch Circle.<br><br>Fairview, TX 75069                |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Event Expense                  | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>10/21/2024 meeting dinner fee.                   |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |
| Date<br>08/28/2024   | Payee name<br>USPS  |  |
| Amount (\$)<br>\$170.00                                      | Payee address; City; State; Zip Code<br>8700 Stonebrook Pkwy<br><br>Frisco, TX 75034                      |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Office Overhead/Rental Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Campaign PO Box rental (09/01/2024 - 08/31/2024) |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name   | Office sought Office held  |

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

**SCHEDULE F1**

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

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

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

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

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

The Instruction Guide explains how to complete this form.

|  |  |  |
|--|--|--|
| <b>1</b> Total pages Schedule F1:<br>Sch: 6/6 Rpt: 10/11     | <b>2</b> FILER NAME<br>Fulks, A. Brook (The Honorable)   | <b>3</b> Filer ID (Ethics Commission Filers)<br>00084057   |
| <b>4</b> Date<br>09/07/2024                                  | <b>5</b> Payee name<br>USPS  |  |
| <b>6</b> Amount (\$)<br>\$9.60                               | <b>7</b> Payee address; City; State; Zip Code<br>8700 Stonebrook Pkwy<br><br>Frisco, TX 75034  |  |
| <b>8</b> PURPOSE OF EXPENDITURE                              | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Postage             | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Stamp.                         |
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>10/05/2024   | Payee name<br>WordPress  |  |
| Amount (\$)<br>\$19.00                                       | Payee address; City; State; Zip Code<br>60 29th Street<br>#343<br>San Francisco, CA 94110      |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Domain site registration.      |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |
| Date<br>10/09/2024   | Payee name<br>WordPress  |  |
| Amount (\$)<br>\$102.34                                      | Payee address; City; State; Zip Code<br>60 29th Street<br>#343<br>San Francisco, CA 94110      |  |
| PURPOSE OF EXPENDITURE                                       | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description<br><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Domain site plan subscription. |
| Complete ONLY if direct expenditure to benefit C/OH          | Candidate/Officeholder name  | Office sought Office held  |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

### 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 G:<br>Sch: 1/1 Rpt: 11/11 | <b>2</b> FILER NAME<br>Fulks, A. Brook (The Honorable) | <b>3</b> Filer ID (Ethics Commission Filers)<br>00084057 |
|---|--|--|

|                             |  |
|-----------------------------|--|
| <b>4</b> Date<br>10/09/2024 | <b>5</b> Payee name<br>Imperial Cleaners |
|-----------------------------|--|

|  |   |
|--|---|
| <b>6</b> Amount (\$)<br>\$50.06<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>6150 Eldorado Pkwy<br><br>McKinney, TX 75070 |
|--|---|

|                                 |  |  |
|---------------------------------|--|--|
| <b>8</b> PURPOSE OF EXPENDITURE | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Judicial Robe alteration. | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>Judicial Robe alteration. |
|---------------------------------|--|--|

|  |                             |               |             |
|--|-----------------------------|---------------|-------------|
| <b>9</b> Complete ONLY if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |
|--|-----------------------------|---------------|-------------|

|                    |                                |
|--------------------|--------------------------------|
| Date<br>12/13/2024 | Payee name<br>Rick's Chophouse |
|--------------------|--------------------------------|

|  |   |
|--|---|
| Amount (\$)<br>\$133.50<br><br><input checked="" type="checkbox"/> Reimbursement from political contributions intended | Payee address; City; State; Zip Code<br>107 N Kentucky Street<br><br>McKinney, TX 75036 |
|--|---|

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

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

|  |  |
|--|--|
|  |  |
|--|--|