CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction (Guide explains how to complete t	· ·	r ID cs Commission Filers) 062137	2 Total pages filed: 53
3 CANDIDATE /	MS / MRS / MR FIF	RST	MI	OFFICE USE ONLY
OFFICEHOLDER NAME	The Honorable Bri	ian D.		Date Received
'"""				ELECTRONICALLY FILED
				07/15/2025
	NICKNAME LA		SUFFIX	0771372023
	Bir	dwell		
4 CANDIDATE /	ADDRESS / PO BOX; APT / SU	IITE#; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked
OFFICEHOLDER MAILING	P.O. Box 1111			
ADDRESS				Receipt # Amount
Change of Address	Granbury, TX 76048			Date Processed
"				Date Processed
				Date Imaged
				Sate imaged
5 CAMPAIGN	MS / MRS / MR FIR	ST	MI	
TREASURER	Ro			
NAME				
	NICKNAME LAS	 2T	SUFFIX	
		tton	30111X	
		11011		
6 CAMPAIGN	STREET ADDRESS (NO PO BO)	/ DI EASE):	APT / SUITE #; CIT	Y; STATE; ZIP CODE
TREASURER	8926 Brierfield Rd.	K PLEASE),	APT/SUITE#, CIT	T, STATE, ZIP CODE
ADDRESS	8920 Brieffield Ru.			
(Residence or Business)				
	Granbury, TX 76049			
7 CAMPAIGN	AREA CODE PHONE N	UMBER EXTENS	SION	
TREASURER	(817) 219-4453			
PHONE	(611) 210 1100			
8 REPORT				
TYPE	January 15	30th day before election	Runoff	15th day after campaign treasurer
				appointment (officeholder only)
	X July 15 8	8th day before election	Exceeded modified reporting limit	Final Report (Attach C/OH-FR)
9 DEDICE				
9 PERIOD COVERED	Month Day Year	TUDOUG	Month Day	
	01/01/2025	THROUGI	H 06/30/20	025
10 51 5071011	ELECTION DATE	1	ELECTION TYPE	
10 ELECTION	ELECTION DATE Month Day Year	Drimon	ELECTION TYPE	Othor
	Month Day Year	Primary	Runoff	Other
		General	Special	
11 OFFICE	OFFICE HELD (if any)		12 OFFICE SOUGH	IT (if known)
	State Senator District 22			
	<u> </u>		l	
		GO TO PA	CE 2	
		GO TO PA	GL Z	

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

2 of 53

13 C / OH NAME	Birdwell, Brian D. (Th	e Honorable)	14 Filer ID 00062137	(Ethics Commis	ssion Filers)	
15 NOTICE FROM POLITICAL COMMITTEE(S)	candidate / officeholder.	political contributions accepted or political exper These expenditures may have been made with I officeholders are required to report this information	out the candidate's or office	eholder's knowl	edge or	
Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
ш°	GENERAL					
		COMMITTEE ADDRESS				
	SPECIFIC					
		COMMITTEE CAMPAIGN TREASURER NAM	<u> </u>			
		COMMITTEE CAMPAIGN TREASURER ADD	RESS			
16 CONTRIBUTION TOTALS		ZED POLITICAL CONTRIBUTIONS (OTHER T ES OF LOANS, OR CONTRIBUTIONS MADE E		\$	0.00	
		AL CONTRIBUTIONS LEDGES, LOANS, OR GUARANTEES OF LOA	ANS)	\$	0.00	
EXPENDITURE TOTALS	3. TOTAL UNITEM	ZED POLITICAL EXPENDITURES		\$	2,007.22	
	4. TOTAL POLITIC	AL EXPENDITURES		\$	135,815.62	
CONTRIBUTION BALANCE	5. TOTAL POLITIC REPORTING PE	AL CONTRIBUTIONS MAINTAINED AS OF TH RIOD	E LAST DAY OF THE	\$	950,066.35	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIP OF THE REPOR	AL AMOUNT OF ALL OUTSTANDING LOANS TING PERIOD	AS OF THE LAST DAY	\$	0.00	
17 AFFIDAVIT		I swear, or affirm, under per true and correct and include under Title 15, Election Coc	s all information required t			
		The Ho	norable Brian D. Birdw	rell		
		Signatur	e of Candidate or Officeho	lder	_	
AFFIX NO	AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subs	cribed before me, by the s	aid	, this the		day	
of	, 20, to ce	ertify which, witness my hand and seal of office.				
Signature of office	Signature of officer administering Printed name of officer administering Title of officer administering oath					

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

			3 of 53					
	18 FILER NAME 19 Filer ID 000001107							
	I, Brian D. (The Honorable)	00062137	T					
	JLE SUBTOTALS OF SCHEDULE		SUBTOTAL AMOUNT					
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$					
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$					
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$					
4.	SCHEDULE E: LOANS		\$					
5. ×	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	5	\$ 94,472.71					
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$					
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$					
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 13,128.82					
9.	SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS		\$ 28,214.09					
10.	SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH	\$					
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	ONS	\$					
12. X	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS F TO FILER	RETURNED	\$ 17,906.63					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	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: 1/26 Rpt: 4/53	Birdwell, Brian D. (The Honorable) 00062137					
4	Date	5 Payee name					
	03/10/2025	ALEC					
6	Amount (\$) \$200.00	7 Payee address; City; State; Zip Code 2900 Crystal Drive #6 Arlington, VA 22202					
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense officeholder membership fee					
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	02/12/2025	Advocacy Center for Crime Victims					
	Amount (\$) \$500.00	Payee address; City; State; Zip Code 3312 Hillcrest Drive Waco, TX 76708					
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description					
	OF EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense sponsorship support					
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held					
	Date	Payee name					
	01/02/2025	Birdwell, Brian					
	Amount (\$) \$250.90	Payee address; City; State; Zip Code P.O. Box 1111					
		Granbury, TX 76048					
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Travel In District (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense December 2024 campaign mileage					
	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

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

	Candidate/Officeholder/Politica Credit Card Payment		Legal Services The Instruction Guide	Salaries	/Wages	s/Contract Labor		OTHER (enter a	category not listed ab	ove)
1	Total pages Schedule F1:	2 FILER NAM	 E				3	Filer ID	(Ethics Commiss	ion Filers)
	Sch: 2/26 Rpt: 5/53	Birdwell, B	rian D. (The Honora	able)				00062137		
4	Date	5 Payee name	2							
	02/18/2025	Birdwell, B	rian							
6	Amount (\$)	7 Payee addre	ess; City;	State; Zip C	ode					
	\$2,077.80	P.O. Box 1	111							
		Granbury,	TX 76048							
8	PURPOSE OF		See Categories listed at the to		(b)	Description				
	EXPENDITURE	Loan Repa	yment/Reimbursem	nent		_		de of Texas. Com officeholder living		
						reimburseme				
9	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
	Date	Payee name								
	03/10/2025	Birdwell, B								
	Amount (\$)	Payee addre	ess; City;	State; Zip C	ode					
	\$9,375.84	P.O. Box 1	•							
	72,21212									
		Granbury,	TX 76048							
	PURPOSE	(a) Category (s	See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Loan Repa	yment/Reimbursem	nent		—		de of Texas. Com officeholder living		
						Check if Austin, reimburseme				
						rembarseme		or correduce	Сехренос	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	ught			Office he	eld	
	·	i								
	Date	Payee name								
	04/05/2025	Birdwell, B	rian							
	Amount (\$)	Payee addr	ess; City;	State; Zip C	ode					
	\$43.90	P.O. Box 1	111							
		Granbury,	TX 76048							
	PURPOSE	(a) Category (s	See Categories listed at the to	op of this schedule)	(b)	Description				
	OF EXPENDITURE	Travel In D	istrict					de of Texas. Com		
								officeholder living		
						March 2025 o	can	npaign milea	.ge	
	Complete ONII V if direct	Condidata	finahaldar narra	O#:	.uab+			Office I-	old.	
	Complete ONLY if direct expenditure to benefit C/OI		ficeholder name	Office so	uynt			Office he	au	
_	· · · · ·								11 1111	0 (40 10(10

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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		mmittee	Legal Services	·		-	s/Contract Labor			R (enter a	a category not listed above)	
		_		THE IIISUUC	ion Guide (explains now to	comp	ete tilis loilli.					
1	Total pages Schedule F1:	2	FILER NAME						3	Filer I	D	(Ethics Commission Fi	lers)
	Sch: 3/26 Rpt: 6/53		Birdwell, Bria	an D. (The	: Honorat	ole)				0006	2137		
4	Date	5	Payee name										
	04/23/2025		Birdwell, Bria	an									
6	Amount (\$)	7	Payee addres	s; City		State; Zip	Code						
	\$5,701.57		P.O. Box 11	11									
			Granbury, T.	X 76048									
8	PURPOSE	(2)					(h)	Description					
ľ	OF	^(a)	Category _{(Se} Loan Repay				(5)	:		de of Tex	xas Com	nplete Schedule T.	
	EXPENDITURE		соан Керау	menuken	iibuiseiiie	ziit.		X Check if A					
								reimburse	ement o	of Sch	edule	G expense	
9	Complete ONLY if direct		Candidate/Offic	eholder na	me	Office s	ought			0	office h	eld	
	expenditure to benefit C/OI	Н											
	Date		Payee name										
	05/18/2025		Birdwell, Bria	an									
	Amount (\$)		Payee addres	s; City		State; Zip	Code						
	\$6,174.57		P.O. Box 11	11									
			Granbury, T.	X 76048									
	DUDDOGE	(-)					Las						
	PURPOSE OF	(a)	Category (Se				(a)	Description		do of To	vac Com	anlata Cahadula T	
	EXPENDITURE		Loan Repay	ment/Reir	nburseme	ent		X Check if A				nplete Schedule T. Di expense	
								ш				G expense	
												•	
	Complete ONLY if direct		Candidate/Offic	eholder na	me	Office s	<u> </u>				Office he	eld	
	expenditure to benefit C/O						J						
-	Date	_	Dayoo nama										
	06/03/2025		Payee name Birdwell, Bria	an									
	Amount (\$)		Payee addres			State; Zip	Code						
	\$271.60		P.O. Box 11	11									
			Granbury, T	X 76048									
	PURPOSE	(a)	Category (Se	e Categories li	sted at the top	of this schedule)	(b)	Description	1				
	OF EXPENDITURE		Travel In Dis	strict								plete Schedule T.	
								Check if A					
								May 2025	camp	aign n	niieag	е	
_	Operation ONE VIII II	L_	2	-11-		0"					· · · ·	-1-1	
	Complete ONLY if direct expenditure to benefit C/OH		Candidate/Offic	enolder na	me	Office s	ought			O	office h	eiu	

SCHEDULE F1

Advertising Expense Event Expense
Accounting/Banking Fees
Consulting Expense Food/Beverage Exp
Contributions/ Donations Made By - Gift/Awards/Memor

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 4/26 Rpt: 7/53	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	06/20/2025	Birdwell, Brian
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$4,884.31	P.O. Box 1111
		Granbury, TX 76048
8	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.
		\times \text{\text{Check if Austin, TX, officeholder living expense}} \text{reimbursement of Schedule G expense}
		Tellfibulsement of Schedule G expense
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
"	expenditure to benefit C/OI	
⊨	Date	Dougo nama
	01/05/2025	Payee name Bock, Kirstee
L		
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 26802
L		Austin, TX 78755
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign stipend
		cumpaign superior
⊢	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	
H	Date	Payee name
	02/03/2025	Bock, Kirstee
	Amount (\$) \$200.00	Payee address; City; State; Zip Code P.O. Box 26802
	φ200.00	F.O. BOX 20002
		A
L		Austin, TX 78755
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign stipend
H	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
Г		
1		
I		

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	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: 5/26 Rpt: 8/53	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	03/01/2025	Bock, Kirstee
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$200.00	P.O. Box 26802
		Austin, TX 78755
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.
	LAI LINDITORE	Check if Austin, TX, officeholder living expense
		campaign stipend
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
	Data	
	Date 04/01/2025	Payee name
		Bock, Kirstee
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 26802
		Austin, TX 78755
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign stipend
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	1
	Date	Payee name
	05/02/2025	Bock, Kirstee
	Amount (\$)	Payee address; City; State; Zip Code
	\$200.00	P.O. Box 26802
		Austin, TX 78755
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		campaign stipend
	Operation Chilly III	Overdildete (Office healther manner
	Complete ONLY if direct expenditure to benefit C/Ol	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
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

Credit Card F dyment	The Instruction Guide explains how to co	omplete this form.				
1 Total pages Schedule F1:	2 FILER NAME		3 Filer ID	(Ethics Commission Filers)		
Sch: 6/26 Rpt: 9/53	Birdwell, Brian D. (The Honorable)		00062137			
4 Date	5 Payee name		•			
06/06/2025	Bock, Kirstee					
6 Amount (\$)	7 Payee address; City; State; Zip C	ode				
\$200.00	P.O. Box 26802					
	Austin, TX 78755					
8 PURPOSE	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
OF EXPENDITURE	Salaries/Wages/Contract Labor		vel outside of Texas. Com	plete Schedule T.		
EXPENDITORE		. —	stin, TX, officeholder living	expense		
		campaign	supena			
9 Complete ONLY if direct	Canadidate/Officeledday.name	, aslat	Office les	al al		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name Office soi H	ugnt	Office he	eid		
Date	Payee name					
06/30/2025	Bock, Kirstee					
Amount (\$)	Payee address; City; State; Zip C	ode				
\$200.00	P.O. Box 26802					
	Austin, TX 78755					
PURPOSE OF	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
EXPENDITURE	Salaries/Wages/Contract Labor	l —	vel outside of Texas. Com stin, TX, officeholder living			
		campaign		Схрензе		
Complete ONLY if direct	Candidate/Officeholder name Office so	ught	Office he	eld		
expenditure to benefit C/O						
Date	Payee name					
01/01/2025	Brannon, Kevin					
Amount (\$)	Payee address; City; State; Zip C	ode				
\$2,500.00	1911 Lorraine Avenue					
+-,						
	Allen, TX 75002					
PURPOSE		(b) Description				
OF	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description Check if trav	vel outside of Texas. Com	plete Schedule T.		
EXPENDITURE	Consulting Expense	<u> </u>	stin, TX, officeholder living			
		campaign (consulting service	es		
Complete ONLY if direct	Candidate/Officeholder name Office soil	ught	Office he	eld		
expenditure to benefit C/OH						

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 7/26 Rpt: 10/53	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	01/27/2025	Brannon, Kevin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1911 Lorraine Avenue
		Allen, TX 75002
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign consulting services
		campaign constanting services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	
	Date	Payee name
	02/24/2025	Brannon, Kevin
		•
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1911 Lorraine Avenue
		Allen, TX 75002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign consulting services
		campaigh consulting services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Data	Davies same
	Date 03/28/2025	Payee name
		Brannon, Kevin
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1911 Lorraine Avenue
		Allen, TX 75002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign consulting services
		campaigh consulting services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
L		

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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: 8/26 Rpt: 11/53	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	04/28/2025	Brannon, Kevin
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$2,500.00	1911 Lorraine Avenue
		Allen, TX 75002
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign consulting services
		campaign constituing services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
ľ	expenditure to benefit C/O	- · · · · · · · · · · · · · · · · · · ·
	Date	Payee name
	05/27/2025	Brannon, Kevin
		·
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1911 Lorraine Avenue
		Allen, TX 75002
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign consulting services
		campaign constanting services
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Payee name
	06/25/2025	Brannon, Kevin
	Amount (\$)	Payee address; City; State; Zip Code
	\$2,500.00	1911 Lorraine Avenue
	\$2,500.00	1911 Lonaine Avenue
		AN THE TOO
		Allen, TX 75002
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Consulting Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign consulting services
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Contributions/ Donations Made By Candidate/Officeholder/Politica		Travel Out of District OTHER (enter a category not listed above)
	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 9/26 Rpt: 12/53	Birdwell, Brian D. (The Honorable)	00062137
4	Date	5 Payee name	
	04/07/2025	Clayton Spangler Photo Design	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
Ū	\$549.00	235 Point Lick Drive	
	Ψ3-3.00	200 F OHR LIGH BITVE	
		Ob	
		Charleston, WV 25306	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	emice everneda/remai Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		Senate panoi	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cindo noid
	Data		
	Date	Payee name	
	03/14/2025	Erath County Republican Party	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$500.00	P.O. Box 1079	
		Stephenville, TX 76401	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Continuations Made By	outside of Texas. Complete Schedule T.
		Candidate/Officeholder/Political Committee Condidate/Officeholder/Political Committee Condition to o	, TX, officeholder living expense
		donation to o	rgariization
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field
	Data		
	Date 02/01/2025	Payee name	
		Frederick Douglass Republicans of Tarrant County PAC	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$100.00	P.O. Box 170912	
		Arlington, TX 76003	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Advertising Expense	outside of Texas. Complete Schedule T. , TX, officeholder living expense
		campaign du	
		Sampaigh du	
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Office field

SCHEDULE F1

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

Food/Beverage Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling 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)			
1	Sch: 10/26 Rpt: 13/53	2 FILER NAME Birdwell, Brian D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062137			
4	Date	5 Payee name			
	02/15/2025	Frederick Douglass Republicans of Tarrant County PAC			
6	Amount (\$) \$750.00	7 Payee address; City; State; Zip Code P.O. Box 170912			
	\$150.00	F.O. BOX 170912			
		Arlington, TX 76003			
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T.			
		Check if Austin, TX, officeholder living expense			
		sponsorship support			
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	06/08/2025	Friends of Lane Grayson			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$500.00	P.O. Box 8126			
		Ennis, TX 75120			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T.			
		Candidate/Officeholder/Political Committee			
		campaigh donation			
_	Operation ONLY if allowed	On did to 10 ff as hald a grant Off as south			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	Date	Payee name			
	01/05/2025	Galloway, JW			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$250.00	P.O. Box 26802			
		Austin, TX 78755			
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense			
		campaign stipend			
		campaign supenu			
_	Operation ONE VIII II	On didn't 10 ff a balden name			
	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held			
	onponantire to beliefft 6/01	•			

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: 11/26 Rpt: 14/53	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	02/03/2025	Galloway, JW
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$250.00	P.O. Box 26802
		Austin, TX 78755
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
		Check if Austin, TX, officeholder living expense campaign stipend
		campaign superia
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Dete	
	Date	Payee name
	03/01/2025	Galloway, JW
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 26802
		Austin, TX 78755
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign stipend
		campaign superio
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
	Date	Payee name
	04/01/2025	Galloway, JW
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	P.O. Box 26802
		Austin, TX 78755
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Salaries/Wages/Contract Labor
	EXPENDITORE	Check if Austin, TX, officeholder living expense
		campaign stipend
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	expenditure to beliefft C/Of	•

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By -Candidate/Officeholder/Political 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 (Contract Labor

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:		
	Sch: 12/26 Rpt: 15/53	Birdwell, Brian D. (The Honorable) 00062137	
4	Date	5 Payee name	
	05/02/2025	Galloway, JW	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$250.00	P.O. Box 26802	
		Austin, TX 78755	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Salaries/Wages/Contract Labor	
	LAFLINDITORL	Check if Austin, TX, officeholder living expense	
		campaign stipend	
_			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	
	Date	Payee name	
	06/06/2025	Galloway, JW	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$250.00 P.O. Box 26802		
	Austin, TX 78755		
	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	
	campaign stipend		
	Complete ONLY if direct Candidate/Officeholder name Office sought Office held		
	expenditure to benefit C/O		
	Date	Dayso name	
	06/30/2025	Payee name Galloway, JW	
		·	
	Amount (\$)	Payee address; City; State; Zip Code P.O. Box 26802	
	\$250.00	P.O. 60X 20002	
		A ACC TV TOTES	
		Austin, TX 78755	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Salaries/Wages/Contract Labor Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		campaign stipend	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O		
_			

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 13/26 Rpt: 16/53	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	06/08/2025	Hamilton Community Center
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$500.00	110 E Main
		Hamilton, TX 76531
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Contributions/Donations Made By
	_	Candidate/Officeholder/Political Committee
		donation to organization
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	the state of the s
_	Date	Payee name
	04/08/2025	Heart of Texas Chapter MOAA
	Amount (\$)	Payee address; City; State; Zip Code
	\$500.00	P.O. Box 23964
		Waco, TX 76702
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF	Advertising Expense Advertising Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		sponsorship support
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held
	Date 04/22/2025	Payee name
		Heart of Texas RSVP
	Amount (\$)	Payee address; City; State; Zip Code
	\$250.00	1400 College Drive
		W = TV = 0 = 0
		Waco, TX 76708
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Advertising Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		sponsorship support
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OF	1

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1: Sch: 14/26 Rpt: 17/53	2 FILER NAME Birdwell, Brian D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062137	_
4	Date 02/15/2025	5 Payee name Hill College Boots & Suits Gala	_
6	Amount (\$) \$750.00	7 Payee address; City; State; Zip Code 112 Lamar Drive Hillsboro, TX 76645	_
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense sponsorship support	
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held	
	Date 01/24/2025	Payee name Hood County Senior Center	
	Amount (\$) \$3,000.00	Payee address; City; State; Zip Code 501 E Moore St	
		Granbury, TX 76048	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense sponsorship support	
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held	_
	Date 04/07/2025	Payee name McLennan County Republican Party	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 23995	
		Waco, TX 76702	
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Sponsorship support	
	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 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:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 15/26 Rpt: 18/53	Birdwell, Brian D. (The Honorable)	00062137
4	Date	5 Payee name	
	01/03/2025	Ross Fischer Law, PLLC	
6	Amount (\$) \$1,000.00	7 Payee address; City; State; Zip Code 430 Old Fitzhugh, No. 7	
		Dripping Springs, TX 78620	
8	PURPOSE OF EXPENDITURE		ol outside of Texas. Complete Schedule T. In, TX, officeholder living expense gal services
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date	Payee name	
	02/03/2025	Ross Fischer Law, PLLC	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 430 Old Fitzhugh, No. 7	
		Dripping Springs, TX 78620	
	PURPOSE OF EXPENDITURE	Legal Scivices	I outside of Texas. Complete Schedule T. in, TX, officeholder living expense gal services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 03/01/2025	Payee name Ross Fischer Law, PLLC	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 430 Old Fitzhugh, No. 7	
		Dripping Springs, TX 78620	
	PURPOSE OF EXPENDITURE	Legal Services	l outside of Texas. Complete Schedule T. In, TX, officeholder living expense gal services
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 16/26 Rpt: 19/53	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	04/01/2025	Ross Fischer Law, PLLC
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$1,000.00	430 Old Fitzhugh, No. 7
		Dripping Springs, TX 78620
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign legal services
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/02/2025	Ross Fischer Law, PLLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	430 Old Fitzhugh, No. 7
		Dripping Springs, TX 78620
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign legal services
		μως του
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	1
	Date	Payee name
	05/31/2025	Ross Fischer Law, PLLC
	Amount (\$)	Payee address; City; State; Zip Code
	\$1,000.00	430 Old Fitzhugh, No. 7
		Dripping Springs, TX 78620
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description
	EXPENDITURE	Legal Services Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
		campaign legal services
	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 -

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete	, , , , , , , , , , , , , , , , , , , ,
1	Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
	Sch: 17/26 Rpt: 20/53	Birdwell, Brian D. (The Honorable)	00062137
4	Date	5 Payee name	<u>'</u>
l	02/04/2025	Ryan Data & Research	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
l	\$600.00	P.O. Box 202675	
l			
		Austin, TX 78720	
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b)	Description
l	OF EXPENDITURE	Office Overhead/Rental Expense	Check if travel outside of Texas. Complete Schedule T.
l		L	Check if Austin, TX, officeholder living expense Campaign voter data
l			Sampaigh voter data
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		Cince nota
H	Date	Payee name	
l	01/14/2025	Spaw Senate Account	
⊢	Amount (\$)	Payee address; City; State; Zip Code	
l	\$1,100.00	P.O. Box 12068	
l	Capitol Station		
l	Austin, TX 78711		
┝	PURPOSE	I	Description
l	OF EXPENDITURE	Fees	Check if travel outside of Texas. Complete Schedule T.
l	EXPENDITURE		Check if Austin, TX, officeholder living expense
l			Senate members lounge fee
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	•	Office field
⊨	Data		
l	Date 01/27/2025	Payee name Spaw Senate Account	
┝	Amount (\$)	Payee address; City; State; Zip Code	
l	\$250.00	P.O. Box 12068	
l	Ψ200.00	Capitol Station	
		Austin, TX 78711	
	DUDDOCE	I	2 mindle o
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By	Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Candidate/Officeholder/Political Committee	Check if Austin, TX, officeholder living expense
l			egislative committees coffee fund
L			
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held
	CAPETIGITUTE TO DETICITE 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 Credit Card Payment	Committee Legal Services Salaries/Wages/Contract Labor	OTHER (enter a category not listed above)		
		The Instruction Guide explains how to complete this form.			
1	Total pages Schedule F1:		3 Filer ID (Ethics Commission Filers)		
	Sch: 18/26 Rpt: 21/53	Birdwell, Brian D. (The Honorable)	00062137		
4	Date	5 Payee name			
	04/24/2025	Spaw Senate Account			
6	Amount (\$)	7 Payee address; City; State; Zip Code			
	\$165.00	P.O. Box 12068			
		Capitol Station			
		Austin, TX 78711			
Ļ					
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	autoide ef Taura Consulate Cabadula T		
	EXPENDITURE	Ontri Wards/Wemonals Expense	outside of Texas. Complete Schedule T.		
			enant Governor		
		9			
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI				
\vdash	Date	Payee name			
	05/23/2025	Spaw Senate Account			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$361.25	P.O. Box 12068			
		Capitol Station			
		Austin, TX 78711			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF EXPENDITURE	Gift/Awards/Memorials Expense	outside of Texas. Complete Schedule T.		
	LXI LINDITORL		n, TX, officeholder living expense		
		gifts for Sena	ate Stan		
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought	Office held		
	Date	Payee name			
	01/14/2025	TFRW PAC			
	Amount (\$)	Payee address; City; State; Zip Code			
	\$3,000.00	P.O. Box 171146			
		Austin, TX 78717			
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description			
	OF		outside of Texas. Complete Schedule T.		
	EXPENDITURE		n, TX, officeholder living expense		
		sponsorship	support		
	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held		
	expenditure to benefit C/OI	1			
I					

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officenoider/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.	
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)	
	Sch: 19/26 Rpt: 22/53	Birdwell, Brian D. (The Honorable) 00062137	
4	Date	5 Payee name	
	01/21/2025	Texas Conservative Coalition	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$2,000.00	P.O. Box 2659	
		Austin, TX 78768	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		officeholder biennial dues	
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/O	4	
	Date	Payee name	
	02/05/2025	Texas Department of Criminal Justice	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$602.95	P.O. Box 4013	
		Huntsville, TX 77342	
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
		constituent gifts	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OI		
_	Date	Payee name	
	04/03/2025	Texas Department of Criminal Justice	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$441.66	P.O. Box 4013	
		Huntsville, TX 77342	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	
		Check if Austin, TX, officeholder living expense constituent gifts	
		Constituent girts	
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held	
	expenditure to benefit C/OH		

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:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 20/26 Rpt: 23/53	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	04/07/2025	Texas Department of Criminal Justice
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$394.63	P.O. Box 4013
		Huntsville, TX 77342
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		constituent gifts
_	0 1: 0 1: 0	
9	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	05/20/2025	Texas Department of Criminal Justice
	Amount (\$)	Payee address; City; State; Zip Code
	\$467.64	P.O. Box 4013
		Huntsville, TX 77342
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Gift/Awards/Memorials Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense constituent gifts
	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/OI	y
	Date	Payee name
	05/24/2025	Texas Department of Criminal Justice
	Amount (\$)	Payee address; City; State; Zip Code
	\$441.66	P.O. Box 4013
	Ψ112.00	1.6.56% 1016
		Huntsville, TX 77342
	DUDDOCE	· · · · · · · · · · · · · · · · · · ·
	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense (b) Description Check if travel outside of Texas. Complete Schedule T.
	EXPENDITURE	Check if Austin, TX, officeholder living expense
		constituent gifts
	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 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:		3 Filer ID (Ethics Commission Filers)
	Sch: 21/26 Rpt: 24/53	Birdwell, Brian D. (The Honorable)	00062137
4	Date	5 Payee name	
	02/07/2025	Texas State Senate	
6	Amount (\$)	7 Payee address; City; State; Zip Code	
	\$111.25	P.O. Box 12068	
		Capitol Station	
		Austin, TX 78711	
8	PURPOSE OF	(a) Category (See Categories listed at the top of this schedule) (b) Description	Control of Tours Control of Colored T
	EXPENDITURE	Citt/ Wards/McHonals Expense	outside of Texas. Complete Schedule T. n, TX, officeholder living expense
		gift flags	• •
9	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI	1	
	Date	Payee name	
	04/07/2025	Texas State Senate	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$89.00	P.O. Box 12068	
		Capitol Station	
		Austin, TX 78711	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE	Gift/Awards/Memorials Expense	outside of Texas. Complete Schedule T.
		Gift flags	n, TX, officeholder living expense
		git itags	
Н	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	expenditure to benefit C/OI		
	Date	Payee name	
	05/21/2025	Texas State Senate	
	Amount (\$)	Payee address; City; State; Zip Code	
	\$86.25	P.O. Box 12068	
		Capitol Station	
		Austin, TX 78711	
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description	
	OF EXPENDITURE		outside of Texas. Complete Schedule T.
	EXPENDITURE		n, TX, officeholder living expense
		gift flags	
L	Complete ONLY if direct	Candidate/Officeholder name Office sought	Office held
	Complete ONLY if direct expenditure to benefit C/OI		Office field
H			

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: 22/26 Rpt: 25/53	2 FILER NAME Birdwell, Brian D. (The Honorable)	3 Filer ID (Ethics Commission Filers) 00062137
4	Date 05/30/2025	5 Payee name Texas State Senate	·
	Amount (\$) \$40.00	7 Payee address; City; State; Zip Code P.O. Box 12068 Capitol Station Austin, TX 78711	
8	PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ft gavels
9	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought H	Office held
	Date 06/13/2025	Payee name Texas State Senate	
	Amount (\$) \$111.25	Payee address; City; State; Zip Code P.O. Box 12068 Capitol Station Austin, TX 78711	
	PURPOSE OF EXPENDITURE	Gift/Awards/Memorials Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense ft flags
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held
	Date 03/12/2025	Payee name Texas Tough Gala	
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code 1220-G Airport Freeway, #602	
		Bedford, TX 76022	
	PURPOSE OF EXPENDITURE	Advertising Expense	escription Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense CONSORSHIP SUPPORT
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office sought	Office held

SCHEDULE F1

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

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

	Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 23/26 Rpt: 26/53	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	02/11/2025	USPS
6	Amount (\$)	7 Payee address; City; State; Zip Code
	\$188.00	530 N. Crockett St
		Granbury, TX 76048
8	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense Check if travel outside of Texas. Complete Schedule T.
		Check if Austin, TX, officeholder living expense campaign post office box annual fee
		campaign post office box affidal fee
9	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
9	expenditure to benefit C/O	
\vdash	Date	Payee name
	01/07/2025	Verizon Wireless
	Amount (\$)	Payee address; City; State; Zip Code
	\$255.90	P.O. Box 660108
		Dallas, TX 75266
	PURPOSE	(a) Category (See Categories listed at the top of this schedule) (b) Description
	OF EXPENDITURE	Office Overhead/Rental Expense
		Check if Austin, TX, officeholder living expense campaign cell phone service
		campaign ceil phone service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	
_	Date	Davies same
	02/06/2025	Payee name Verizon Wireless
	Amount (\$)	Payee address; City; State; Zip Code
	\$256.45	P.O. Box 660108
		Dallas, TX 75266
	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 campaign cell phone service
		campaign cen phone service
_	Complete ONLY if direct	Candidate/Officeholder name Office sought Office held
	expenditure to benefit C/O	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1: Sch: 24/26 Rpt: 27/53	2 FILER NAME Birdwell, Brian D. (The Honorable) 3 Filer ID (Ethics Commission Filers) 00062137
4	Date 01/06/2025	5 Payee name Visa
6	Amount (\$) \$5,016.12	7 Payee address; City; State; Zip Code P.O. Box 4521
8	PURPOSE OF EXPENDITURE	Carol Stream, IL 60197 (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign credit card payment
9	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 01/15/2025	Payee name Visa
	Amount (\$) \$2,000.00	Payee address; City; State; Zip Code P.O. Box 4521
	PURPOSE OF EXPENDITURE	Carol Stream, IL 60197 (a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign credit card payment
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 02/08/2025	Payee name Visa
	Amount (\$) \$724.71	Payee address; City; State; Zip Code P.O. Box 4521
		Carol Stream, IL 60197
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign credit card payment
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
_		

SCHEDULE F1

Advertising Expense Accounting/Banking

Event Expense Fees

EXPENDITURE CATEGORIES FOR BOX 8(a)

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	/ - Il Committee	Committee Legal Services Salaries/Wages/Contract Labor				Travel in District Travel Out of District OTHER (enter a category not listed above)			
	Credit Card Payment		The Instruction Guid	de explains ho	w to comp	lete this form.				
1	Total pages Schedule F1:	2 FILER NAM	1E				3	Filer ID	(Ethics Commission Filers)	
	Sch: 25/26 Rpt: 28/53	Birdwell, E	Brian D. (The Hono	rable)				00062137		
4	Date	5 Payee nam					<u> </u>			
-	03/07/2025	Visa	C							
_			O't- ::	04-4	7:- OI-					
6	Amount (\$)	7 Payee addr	•	State; .	Zip Code					
	\$2,086.56	P.O. Box 4	4521							
		Carol Stre	am, IL 60197							
8	PURPOSE	(a) Category	See Categories listed at the	top of this schedu	_{ule)} (b	Description				
	OF EXPENDITURE		d Payment			Check if travel	outsio	de of Texas. Com	plete Schedule T.	
	EXI ENDITORE					—		officeholder living		
						campaign cre	edit	card payme	ent	
9	Complete ONLY if direct expenditure to benefit C/OH		fficeholder name	Offi	ice sough			Office h	eld	
	Date	Payee nam	e							
	04/16/2025	Visa								
	Amount (\$)	Payee addr	ess; City;	State; 2	Zip Code					
	\$1,303.04	P.O. Box 4	4521							
		Carol Stre	am, IL 60197							
_	DUDDOOF				10.	·				
	PURPOSE OF		See Categories listed at the	top of this schedu	ule) (D	Description Check if travel	outcid	do of Toyas Com	plete Schedule T.	
	EXPENDITURE	Credit Car	d Payment			<u> </u>		officeholder living		
						campaign cre				
								. ,		
_	Complete ONLY if direct	Candidate/O	fficeholder name	Offi	ice sough	·		Office he	əld	
	expenditure to benefit C/OH			· · · ·	.oo ooug	•		000	a	
		Γ								
	Date	Payee nam	e							
	05/10/2025	Visa								
	Amount (\$)	Payee addr	ess; City;	State;	Zip Code					
	\$4,017.35	P.O. Box 4	4521							
		Carol Stre	am, IL 60197							
	PURPOSE	(a) Category	See Categories listed at the	ton of this school	ule) (b) Description				
	OF		d Payment	top of this schedu			outsio	de of Texas. Com	plete Schedule T.	
	EXPENDITURE		,			Check if Austin	n, TX,	officeholder living	g expense	
						campaign cre	edit	card payme	ent	
L										
	Complete ONLY if direct		fficeholder name	Offi	ice sough			Office h	eld	
	expenditure to benefit C/O	H								
	rms provided by Tevas F	thios Commis	sion	w othics sta	to tv uo				Version V// 1 0 f10d0fd	

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

	Candidate/Officeholder/Politica Credit Card Payment	The Instruction Guide explains how to complete this form.
1	Total pages Schedule F1:	2 FILER NAME 3 Filer ID (Ethics Commission Filers)
	Sch: 26/26 Rpt: 29/53	Birdwell, Brian D. (The Honorable) 00062137
4	Date	5 Payee name
	06/03/2025	Visa
6	Amount (\$) \$1,144.65	7 Payee address; City; State; Zip Code P.O. Box 4521 Carol Stream, IL 60197
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense campaign credit card payment
9	Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held
	Date	Payee name
	03/25/2025	Waco Citizens Police Academy Alumni Assn.
	Amount (\$) \$300.00	Payee address; City; State; Zip Code P.O. Box 1385 Waco, TX 76703
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense sponsorship support
	Complete ONLY if direct expenditure to benefit C/Ol	Candidate/Officeholder name Office sought Office held
	Date 04/22/2025	Payee name Youth Connection
	Amount (\$) \$1,000.00	Payee address; City; State; Zip Code P.O. Box 20984
		Waco, TX 76702
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense (b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense sponsorship support
	Complete ONLY if direct expenditure to benefit C/OI	Candidate/Officeholder name Office sought Office held

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

		The Inst	ruction Guide explains how	to complete	this form.	(* · · · · · · · · · · · · · · · · · · ·	,	,
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commis	sion Filers)
	Sch: 1/18 Rpt: 30/53	Birdwell, Brian D. (1	The Honorable)			00062137		
4	CREDIT CARD ISSUER		ncial institution isa	EXPEN	TAL OF UNITEMIZED PENDITURES \$ 1,619.32 IARGED TO A CREDIT RD			32
6	PAYMENT	(a) Amount Charged \$1,050.20	(b) Date of Charge 04/23/2025	(c) Date(s) 05/12/20	Credit Card Issuer 25	Paid		
7	PAYEE	(a) Payee name Capitol Challenge 5	5K	(b) Payee 508 W. 1 Austin, T	4th St.	City,	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descrip				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held		
€	expenditure to benefit C/OH							
	PAYMENT	(a) Amount Charged \$217.95	(b) Date of Charge 01/14/2025	(c) Date(s) 02/18/20	Credit Card Issuer 25	· Paid		
	PAYEE	PAYEE (a) Payee name Chick-Fil-A		(b) Payee address; City, State, Zip Code 503 W Martin Luther King Jr Blvd Austin, TX 78701				
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description refreshments for constituents for opening day of session				
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
	PAYMENT	(a) Amount Charged \$10.55	(b) Date of Charge 04/09/2025	(c) Date(s) 05/12/20	Credit Card Issuer 25	Paid		
	PAYEE	(a) Payee name Chick-Fil-A		(b) Payee 503 W M Austin, T	artin Luther King	City, Jr Blvd	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip officeholo				
	Non-Political	· · · · · · · · · · · · · · · · · · ·	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
ĺ								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Insti	ruction Guide explains how	to complete thi	is form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commiss	sion Filers)
Sch: 2/18 Rpt: 31/53	Birdwell, Brian D. (1	Γhe Honorable)			00062137		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	F UNITEMIZED ITURES D TO A CREDIT	\$	1,619.3	32
6 PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$63.41	03/20/2025	04/16/2025	5			
7 PAYEE	(a) Payee name	(b) Payee ad	ddress;	City,	State,	Zip Code	
	Domino's Pizza		1900 Guad	lalupe Ave			
			Austin, TX				
8 PURPOSE OF	(a) Category	of this schodula)	(b) Description				
(See Categories listed at the top of this schedule) X Political Food/Beverage Expense			officeholde	er staff meal			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid		
	\$80.84	04/02/2025	05/12/202	o O			
PAYEE	(a) Payee name	•	(b) Payee ac	ddress;	City,	State,	Zip Code
	Domino's Pizza		1900 Guad	dalupe Ave			
			Austin, TX	78705			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	• ,		(b) Description officeholder staff meal			
X Political	Food/Beverage Exper	•	officeholde	er staff meal			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	ice sought Office held				
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	r Paid		
	\$118.54	05/20/2025	06/18/202	5			
PAYEE	(a) Payee name	l	(b) Payee ac	ddress;	City,	State,	Zip Code
			1900 Guad	lalupe Ave			
	Domino's Pizza						
			Austin, TX 78705				
PURPOSE OF	(a) Category	-6 Abi b ab-b-	(b) Description				
EXPENDITURE 	(See Categories listed at the top Food/Beverage Exper		officeholde	r staff meal			
X Political							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH	<u> </u>						

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethics Commission Filers)				
	Sch: 3/18 Rpt: 32/53	Birdwell, Brian D. (1	Γhe Honorable)			00062137				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	1,619.3	32		
6	PAYMENT	(a) Amount Charged \$95.20	(b) Date of Charge 05/27/2025	(c) Date(s	Credit Card Issue	r Paid				
_ 7	PAYEE	(a) Payee name		(b) Payee	address.	City,	State,	Zip Code		
		Domino's Pizza			adalupe Ave	City,	State,	Zip Code		
L				Austin, T						
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Expe	*	(b) Descri	otion der staff meal					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH									
	PAYMENT	(a) Amount Charged \$46.05	(b) Date of Charge 01/01/2025	(c) Date(s) 02/18/20) Credit Card Issue 25	r Paid				
	PAYEE	(a) Payee name Google			phitheater Pkwy.		State,	Zip Code		
┝	PURPOSE OF	(a) Category		(b) Descri	View, CA 94043)				
	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		1 ' '	n email service					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense						
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$46.05	(b) Date of Charge 02/01/2025	(c) Date(s 03/19/20) Credit Card Issuel 25	r Paid				
	PAYEE	(a) Payee name Google			address; phitheater Pkwy. n View, CA 94043		State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	· ·	(b) Descri campaig	otion n email service					
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
1										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.									
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commis	sion Filers)		
	Sch: 4/18 Rpt: 33/53	Birdwell, Brian D. (The Honorable)			00062137				
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	1,619.3	32		
6	PAYMENT	(a) Amount Charged \$46.05	(b) Date of Charge 03/01/2025	(c) Date(s) 04/16/20) Credit Card Issuer 25	r Paid				
7	PAYEE	(a) Payee name Google			address; phitheater Pkwy. n View, CA 94043		State,	Zip Code		
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	•	(b) Descrip						
	Non-Political		of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held				
е	expenditure to benefit C/OH		T	1						
	PAYMENT	(a) Amount Charged \$46.05	(b) Date of Charge 04/01/2025	(c) Date(s) 05/12/20) Credit Card Issuer 25	r Paid				
	PAYEE	E (a) Payee name Google			address; phitheater Pkwy. n View, CA 94043		State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Descrip						
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
	PAYMENT	(a) Amount Charged \$46.05	(b) Date of Charge 05/01/2025	(c) Date(s) 06/18/20) Credit Card Issuer 25	r Paid				
	PAYEE	(a) Payee name Google			address; phitheater Pkwy. n View, CA 94043		State,	Zip Code		
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni	tal Expense	(b) Descrip campaign	n email service					
	Non-Political	(7)	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense			
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held				
1										

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.								
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethio	s Commis	sion Filers)	
	Sch: 5/18 Rpt: 34/53	Birdwell, Brian D. (1	The Honorable)			00062137			
4	CREDIT CARD ISSUER		ncial institution revious	EXPENI	OF UNITEMIZED DITURES ED TO A CREDIT	\$	1,619.3	32	
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$46.05	06/01/2025						
7	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		Google			ohitheater Pkwy.				
					View, CA 94043	3			
8	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Descrip					
	X Political	Office Overhead/Rent		campaigr	ı email service				
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.]	Check if Austin, TX,	officeholder living exp	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	xpenditure to benefit C/OH								
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) 02/18/202	Credit Card Issue	r Paid			
		\$102.00	01/03/2025	02/18/20/	25				
	PAYEE	(a) Payee name		(b) Payee a	address;	City,	State,	Zip Code	
		Granbury Self Stora	age	212 Temple Hall Highway					
				Granbury	, TX 76049				
	PURPOSE OF	(a) Category	of Alvin and a dulla	(b) Description					
	EXPENDITURE X Political	(See Categories listed at the top Office Overhead/Rent		campaign materials storage fee					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
e	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held			
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issue	r Paid			
		\$102.00	02/03/2025	03/19/202	25				
	PAYEE	(a) Payee name	l	(b) Payee a	address;	City,	State,	Zip Code	
				212 Temp	ole Hall Highway	•			
		Granbury Self Stora	age						
				Granbury	, TX 76049				
	PURPOSE OF	(a) Category	of this cohodule)	(b) Descrip					
	EXPENDITURE	(See Categories listed at the top Office Overhead/Rent		campaign materials storage fee					
	X Political		<u> </u>						
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense		
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held			
e	xpenditure to benefit C/OH								
ı									

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete this form.	The Instruction Guide explains how to complete this form.								
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commiss	sion Filers)						
Sch: 6/18 Rpt: 35/53	Birdwell, Brian D. (1	The Honorable)		00062137								
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	32							
6 PAYMENT	(a) Amount Charged			r Paid								
	\$102.00	03/03/2025	04/16/2025									
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code						
	Granbury Self Stora	age	212 Temple Hall Highway	,								
			Granbury, TX 76049									
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description									
X Political	Office Overhead/Rent	· · · · · · · · · · · · · · · · · · ·	campaign materials storage	ge ree								
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense							
9 Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held								
expenditure to benefit C/OH		-										
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid								
	\$102.00	04/03/2025	05/12/2025									
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code						
	Granbury Self Stora	age	212 Temple Hall Highway									
			Granbury, TX 76049									
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description									
l <u>—</u>	Office Overhead/Rent		campaign materials storage fee									
X Political												
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense									
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held								
expenditure to benefit C/OH			_									
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue 06/18/2025	r Paid								
	\$102.00	05/03/2025	00/10/2023									
PAYEE	(a) Payee name	l	(b) Payee address;	City,	State,	Zip Code						
			212 Temple Hall Highway	,								
	Granbury Self Stora	age										
			Granbury, TX 76049									
PURPOSE OF	(a) Category		(b) Description									
EXPENDITURE	(See Categories listed at the top Office Overhead/Rent	,	campaign materials storage	ge fee								
X Political	2.1100 3 70111044/110111											
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense							
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought	Office held								
expenditure to benefit C/OH												

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

Candidate/Officeriolide//Folitica	ū	ruction Guide explains how	-	TIER (enter a category	/ Hot listed at	bove)		
1 Total pages Schedule F4:		<u> </u>	<u> </u>	3 Filer ID (Ethic	s Commiss	sion Filers)		
Sch: 7/18 Rpt: 36/53	Birdwell, Brian D. (T	The Honorable)		00062137				
4 CREDIT CARD ISSUER	Name of finar	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES \$ 1,619.32 CHARGED TO A CREDIT CARD			32		
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issuer	Paid				
	\$102.00	06/03/2025						
7 PAYEE	(a) Payee name Granbury Self Stora	age	(b) Payee address; 212 Temple Hall Highway	City,	State,	Zip Code		
0. PURPOSE OF	(a) Catagon		Granbury, TX 76049 (b) Description					
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top of Office Overhead/Rent		campaign materials storag	ge fee				
Non-Political	(C) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense			
9 Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held				
expenditure to benefit C/OH								
PAYMENT	(a) Amount Charged \$48.63	(b) Date of Charge 01/02/2025	(c) Date(s) Credit Card Issuer 02/18/2025	· Paid				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Hill Country Springs		P.O. Box 2220					
	(1) (2)		Manchaca, TX 78652					
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top office Overhead/Rent		(b) Description water service for Austin office					
Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense			
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$124.12	(b) Date of Charge 02/03/2025	(c) Date(s) Credit Card Issuer 03/19/2025	Paid				
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code		
	Hill Country Springs	5	P.O. Box 2220					
DUDDOCE OF	(a) Catagon;		Manchaca, TX 78652					
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description water service for Austin office					
X Political	Office Overhead/Rent	al Expense	Tatel Service for Austin Of					
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	ense			
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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/Oniceriolden/Folitica	· ·	ruction Guide explains how	•	THER (enter a category in	ot listed at	iove)
1 Total pages Schedule F4:	2 FILER NAME	<u> </u>	·	3 Filer ID (Ethics	Commiss	ion Filers)
Sch: 8/18 Rpt: 37/53	Birdwell, Brian D. (1	Γhe Honorable)		00062137		
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		1,619.3	32
6 PAYMENT	(a) Amount Charged \$55.38	(b) Date of Charge 03/03/2025	(c) Date(s) Credit Card Issuer 04/16/2025	r Paid		
7 PAYEE	(a) Payee name Hill Country Springs	5	(b) Payee address; P.O. Box 2220 Manchaca, TX 78652	City,	State,	Zip Code
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description water service for Austin of	ffice		
Non-Political	(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	e sought	Office held				
PAYMENT	(a) Amount Charged \$100.38	(b) Date of Charge 04/01/2025	(c) Date(s) Credit Card Issuer 05/12/2025	r Paid		
PAYEE	(a) Payee name Hill Country Springs	3	(b) Payee address; P.O. Box 2220	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Manchaca, TX 78652 (b) Description water service for Austin of	ffice		
Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expens	se	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
PAYMENT	(a) Amount Charged \$141.37	(b) Date of Charge 05/01/2025	(c) Date(s) Credit Card Issuer 06/18/2025	r Paid		
PAYEE	(a) Payee name Hill Country Springs	5	(b) Payee address; P.O. Box 2220 Manchaca, TX 78652	City,	State,	Zip Code
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description water service for Austin of	ffice		
Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.		officeholder living expen-	se	
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Inst	ruction Guide explains how	to complete t	his form.			
1 Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)
Sch: 9/18 Rpt: 38/53	Birdwell, Brian D. (The Honorable)			00062137		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES ED TO A CREDIT	\$	1,619.3	32
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s)	Credit Card Issuer	Paid		
	\$72.38	06/02/2025					
7 PAYEE	(a) Payee name		(b) Payee		City,	State,	Zip Code
	Hill Country Springs	5	P.O. Box	2220			
				a, TX 78652			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Reni	•	(b) Descrip water ser	vice for Austin of	fice		
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	1	Chack if Austin TY	officeholder living exp	ence	
9 Complete ONLY if direct	Candidate/Officeholder		e sought	Check if Additif, 17,	Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge		Credit Card Issuer	Paid		
	\$63.36	02/24/2025	04/16/20	25			
PAYEE	(a) Payee name	I	(b) Payee	address;	City,	State,	Zip Code
	Jimmy John's		515 Cong	gress Ave, Suite	1200		
			Austin, T				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description officeholder staff meal				
X Political	Food/Beverage Expe		oπicenoic	ier staff meai			
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held		
PAYMENT	(a) Amount Charged	(b) Date of Charge	1 ' ' ' '	Credit Card Issuer	Paid		
	\$24.76	03/05/2025	04/16/20	25			
PAYEE	(a) Payee name	•	(b) Payee	address;	City,	State,	Zip Code
	Jimmy John's		515 Cong	ress Ave, Suite	1200		
				., 70704			
DI IDDOCE OF	(a) Category		Austin, T				
PURPOSE OF EXPENDITURE	(See Categories listed at the top	of this schedule)	1 ' '	ler staff meal			
Food/Beverage Expense							
Non-Political	<u> </u>	Check if Austin, TX,	officeholder living exp	ense			
Complete ONLY if direct	(c) Check if travel outside Candidate/Officeholder	name Office	e sought		Office held		
expenditure to benefit C/OH							
	-			-			_

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instr	ruction Guide explains how	to complete this form.					
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics Commiss	ion Filers)			
Sch: 10/18 Rpt: 39/53	Birdwell, Brian D. (1	The Honorable)		00062137				
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDI CARD	\$ 1,619.3	2			
6 PAYMENT	(a) Amount Charged \$79.18	(b) Date of Charge 03/19/2025	(c) Date(s) Credit Card Issu 04/16/2025	er Paid				
7 PAYEE	(a) Payee name Jimmy John's		(b) Payee address; 515 Congress Ave, Suite Austin, TX 78701	City, State, e 1200	Zip Code			
8 PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description officeholder staff meal					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OH	expenditure to benefit C/OH			Office held				
PAYMENT	(a) Amount Charged \$86.14	(b) Date of Charge 03/25/2025	(c) Date(s) Credit Card Issu 04/16/2025	er Paid				
PAYEE	(a) Payee name Jimmy John's		(b) Payee address; 515 Congress Ave, Suite Austin, TX 78701	City, State, e 1200	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper	•	(b) Description officeholder staff meal					
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, T	X, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held				
PAYMENT	(a) Amount Charged \$51.24	(b) Date of Charge 04/24/2025	(c) Date(s) Credit Card Issu 05/12/2025	er Paid				
PAYEE	(a) Payee name Jimmy John's		(b) Payee address; 515 Congress Ave, Suite Austin, TX 78701	City, State, e 1200	Zip Code			
PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Description officeholder staff meal					
Non-Political	(1)	of Texas. Complete Schedule T.		X, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH								

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	cs Commiss	sion Filers)			
	Sch: 11/18 Rpt: 40/53	Birdwell, Brian D. (1	The Honorable)			00062137					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED DITURES GED TO A CREDIT	\$	1,619.3	32			
6	PAYMENT	(a) Amount Charged \$28.96	(b) Date of Charge 05/14/2025	(c) Date(s) 06/18/20) Credit Card Issuer 25	Paid					
7	PAYEE	(a) Payee name Jimmy John's		(b) Payee 515 Cong Austin, T	gress Ave, Suite	City, 1200	State,	Zip Code			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Food/Beverage Exper		(b) Descrip							
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought		Office held					
е	expenditure to benefit C/OH	() 1	[(1) D () (0)	100000	0 10 11						
	PAYMENT	(a) Amount Charged \$802.44	(b) Date of Charge 02/21/2025	03/19/20) Credit Card Issuer 25	Paid					
	PAYEE	(a) Payee name Lapel Pins Plus		Suite 35	address; d Bug Lake Road prings, FL 32708	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descrip		iign					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$270.58	(b) Date of Charge 03/22/2025	(c) Date(s) 04/16/20) Credit Card Issuer 25	Paid					
	PAYEE	(a) Payee name Live by Loew's			address; Randol Mill Rd. , TX 76011	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political Non-Political	(a) Category (See Categories listed at the top Travel Out of District	,	(b) Descrip officehold Opening	der lodging for Na			Museum			
\vdash	Ш	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	a cought	Check if Austin, TX,	Office hold	ense				
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	паше Опис	e sought		Office held					
ı											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

Printing Expense Salaries/Wages/Contract Labor

	The Instruction Guide explains how to complete this form.										
1	Total pages Schedule F4:	2 FILER NAME				3 Filer ID (Ethic	s Commiss	sion Filers)			
	Sch: 12/18 Rpt: 41/53	Birdwell, Brian D. (1	The Honorable)			00062137					
4	CREDIT CARD ISSUER		ncial institution revious	EXPEN	OF UNITEMIZED IDITURES GED TO A CREDIT	\$	1,619.3	32			
6	PAYMENT	(a) Amount Charged \$84.32	(b) Date of Charge 01/13/2025	(c) Date(s 02/18/20) Credit Card Issuei 125	Paid					
7	PAYEE	(a) Payee name Mail Chimp			address; ngier Ave NE GA 30312	City,	State,	Zip Code			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descri							
L	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$84.32	(b) Date of Charge 02/13/2025	(c) Date(s 03/19/20) Credit Card Issuei 025	Paid					
	PAYEE	(a) Payee name Mail Chimp			address; ngier Ave NE GA 30312	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense	of this schedule)	(b) Descri							
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living expe	ense				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
	PAYMENT	(a) Amount Charged \$84.32	(b) Date of Charge 03/13/2025	(c) Date(s 04/16/20) Credit Card Issuer 125	Paid					
	PAYEE	(a) Payee name Mail Chimp	1		address; ngier Ave NE GA 30312	City,	State,	Zip Code			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Advertising Expense		(b) Descri political a	advertising						
L	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	o corrept	Check if Austin, TX,	Office hold	ense				
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought		Office held					
I											

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolder/Folitica	3	ruction Guide explains how	-	THEN (effici a category	y not listeu a	bove)
┰	Total pages Schedule F4:				3 Filer ID (Ethic	s Commis	sion Filers)
ľ	Sch: 13/18 Rpt: 42/53	Birdwell, Brian D. (The Honorable)		00062137	.5 001111115	310111 11013)
4	CREDIT CARD		ncial institution	5 TOTAL OF UNITEMIZED	00002137		
	ISSUER		revious	EXPENDITURES CHARGED TO A CREDIT CARD	\$	1,619.3	32
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$84.32	04/13/2025	05/12/2025			
7	PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code
		Mail Chimp		405 N. Angier Ave NE			
				Atlanta, GA 30312			
8	PURPOSE OF	(a) Category		(b) Description			
l	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	political advertising			
l	X Political	The vortioning Expenses					
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
е	xpenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$84.32	05/13/2025	06/18/2025			
Г	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Mail Chimp		405 N. Angier Ave NE			
l				Atlanta, GA 30312			
	PURPOSE OF	(a) Category		(b) Description			
l	EXPENDITURE	(See Categories listed at the top Advertising Expense	of this schedule)	political advertising			
	X Political	- recreationing Expenses					
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$96.97	06/13/2025				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
l		Mail Chinan		405 N. Angier Ave NE			
		Mail Chimp					
L		() 0 :		Atlanta, GA 30312			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description political advertising			
		Advertising Expense	•	political advertising			
	X Political			L			
\vdash	Non-Political	\(\frac{1}{2}\)	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
ı							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolder/Folitica	· ·	ruction Guide explains how	-	THEN (enter a categor	y not listed a	bove)
1	Total pages Schedule F4:		·	·	3 Filer ID (Ethic	s Commiss	sion Filers)
	Sch: 14/18 Rpt: 43/53	Birdwell, Brian D. (1	The Honorable)		00062137		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	1,619.3	32
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$48.25	06/09/2025				
7	PAYEE	(a) Payee name USPS		(b) Payee address; 530 N. Crockett St	City,	State,	Zip Code
L				Granbury, TX 76048			
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description campaign postage			
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
9	Complete ONLY if direct	Candidate/Officeholder	name Office	e sought	Office held		
е	expenditure to benefit C/OH						
	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$44.60	06/16/2025				
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		USPS		530 N. Crockett St			
L				Granbury, TX 76048			
	PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description			
	X Political	Office Overhead/Rent		campaign postage			
	Non-Political	(C) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
е	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$261.47	(b) Date of Charge 03/05/2025	(c) Date(s) Credit Card Issue 04/16/2025	r Paid		
	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Verizon Wireless		P.O. Box 660108			
				Dallas, TX 75266			
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description campaign cell phone serv	ice		
	Non-Political	(a) Chapte if transit and it	of Toyon, Complete Calcatala T	Chapters Access TV	officeholder lining -	onco	
\vdash		(c) Check if travel outside Candidate/Officeholder	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living exp	ense	
e	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeriolder	name Office	o sought	Office field		
l							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Instruction Guide explains how to complete this form.										
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethi	cs Commiss	sion Filers)					
Sch: 15/18 Rpt: 44/53	Birdwell, Brian D. (The Honorable)		00062137							
4 CREDIT CARD ISSUER		ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	1,619.3	32					
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$261.47	04/05/2025	05/12/2025								
7 PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Verizon Wireless		P.O. Box 660108								
			Dallas, TX 75266								
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this sahadula)	(b) Description								
X Political	Office Overhead/Ren		campaign cell phone serv	/ice							
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX	, officeholder living exp	ense						
9 Complete ONLY if direct	·			Office held							
expenditure to benefit C/OH											
PAYMENT	(a) Amount Charged \$247.35	(b) Date of Charge 05/05/2025	(c) Date(s) Credit Card Issue 06/18/2025	er Paid							
PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code					
	Verizon Wireless		P.O. Box 660108								
			Dallas, TX 75266								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top Office Overhead/Ren		(b) Description campaign cell phone service								
X Political		· 									
Non-Political	- · · · -	of Texas. Complete Schedule T.		, officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Offic	e sought	Office held							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	er Paid							
	\$247.35	06/05/2025									
PAYEE	(a) Payee name	•	(b) Payee address;	City,	State,	Zip Code					
	Verizon Wireless		P.O. Box 660108								
	venzon wheless										
			Dallas, TX 75266								
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schedule)	(b) Description	ioo							
	Office Overhead/Ren	,	campaign cell phone serv	/IC C							
X Political	<u> </u>		<u> </u>								
Non-Political	\'\' -	of Texas. Complete Schedule T.	<u> </u>	, officeholder living exp	ense						
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	riaine Offic	e sought	Office held							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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

	The Inst	ruction Guide explains how	to complete th	is form.			
1 Total pages Schedule F4:	2 FILER NAME					cs Commiss	sion Filers)
Sch: 16/18 Rpt: 45/53	Birdwell, Brian D. (The Honorable)			00062137		
4 CREDIT CARD ISSUER		ncial institution revious	EXPEND	OF UNITEMIZED ITURES ED TO A CREDIT	\$	1,619.3	32
6 PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$575.89	05/29/2025					
7 PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	Yeti		3411 Hida	lgo St			
			Austin, TX				
8 PURPOSE OF	(a) Category	of their coloradials)	(b) Descripti				
EXPENDITURE X Political	(See Categories listed at the top Gift/Awards/Memorial		end of ses	sion gifts for Se	nate staff		
Non-Political				Check if Austin, TX,	officeholder living exp	ense	
9 Complete ONLY if direct	e ONLY if direct Candidate/Officeholder name Office sought			Office held			
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$41.14	05/30/2025					
PAYEE	(a) Payee name	•	(b) Payee a	ddress;	City,	State,	Zip Code
	Yeti		3411 Hida	lgo St			
			Austin, TX				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top	of this schodulo)	(b) Description				
X Political	Gift/Awards/Memorial		end of session gifts for Senate staff				
Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense	
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							
PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) (Credit Card Issue	r Paid		
	\$358.84	06/29/2025					
PAYEE	(a) Payee name		(b) Payee a	ddress;	City,	State,	Zip Code
	7 90		270 Marble	e Ave			
	Zwilling						
			Pleasantvi	lle, NY 10570			
PURPOSE OF (a) Category			(b) Descripti				
<u> </u>	EXPENDITURE (See Categories listed at the top of this schedule) Gift/Awards/Memorials Expense			f member			
X Political	<u> </u>						
Non-Political	of Texas. Complete Schedule T.		Check if Austin, TX,	officeholder living exp	ense		
Complete ONLY if direct	Candidate/Officeholder	name Offic	e sought		Office held		
expenditure to benefit C/OH							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(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/Officeriolder/Folitica	ŭ	ruction Guide explains how	•	TIER (enter a category	/ Hot listed a	bove)
1	Total pages Schedule F4:		·	<u> </u>	3 Filer ID (Ethic	s Commis	sion Filers)
	Sch: 17/18 Rpt: 46/53	Birdwell, Brian D. (1	The Honorable)		00062137		,
4	CREDIT CARD ISSUER	Name of final	ncial institution revious	5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$	1,619.3	32
6	PAYMENT	(a) Amount Charged \$1,730.92	(b) Date of Charge 04/07/2025	(c) Date(s) Credit Card Issuer 05/12/2025	Paid		
7	PAYEE	(a) Payee name Apple		(b) Payee address; 2901 S. Capital of Texas H Austin, TX 78746	City, Hwy	State,	Zip Code
8	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent	*	(b) Description officeholder computer equ	iipment		
				officeholder living expe	ense		
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$2,071.94	(b) Date of Charge 01/10/2025	(c) Date(s) Credit Card Issuer 02/18/2025	Paid		
	PAYEE	(a) Payee name Best Buy		(b) Payee address; 5604 SW Loop 820	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		Fort Worth, TX 76132 (b) Description officeholder computer equ	ipment		
	Non-Political	(c) Check if travel outside	of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expe	ense	
е	Complete ONLY if direct xpenditure to benefit C/OH	Candidate/Officeholder	name Office	e sought	Office held		
	PAYMENT	(a) Amount Charged \$377.80	(b) Date of Charge 02/01/2025	(c) Date(s) Credit Card Issuer 03/19/2025	[*] Paid		
	PAYEE	(a) Payee name Best Buy		(b) Payee address; 5604 SW Loop 820 Fort Worth, TX 76132	City,	State,	Zip Code
	PURPOSE OF EXPENDITURE X Political	(a) Category (See Categories listed at the top Office Overhead/Rent		(b) Description officeholder computer equ	iipment		
L	Non-Political	1	of Texas. Complete Schedule T.	<u> </u>	officeholder living expe	ense	
е	Complete ONLY if direct Candidate/Officeholder name Office sought Office held Office held						
l							

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

	Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	- Gift/Awards	Memorials Expense Pi	rinting Expense Tr	avel in District avel Out of District THER (enter a category	v not listed aho	we)
	Candidate/Officeriolider/Political	•	ruction Guide explains how	-	mien (enter a categor)	y not noteu abl	,,,,,
1	Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethic	s Commission	on Filers)
	Sch: 18/18 Rpt: 47/53	Birdwell, Brian D. (1	he Honorable)		00062137		
4	CREDIT CARD	Name of finar	ncial institution	5 TOTAL OF UNITEMIZED		4 040 04	
	ISSUER	see pr	evious	EXPENDITURES CHARGED TO A CREDIT	\$	1,619.32	2
L				CARD			
6	PAYMENT	(a) Amount Charged	(b) Date of Charge	(c) Date(s) Credit Card Issue	r Paid		
		\$250.00	05/08/2025	06/18/2025			
L							
7	PAYEE	(a) Payee name		(b) Payee address;	City,	State,	Zip Code
		Nat'l Assn. of Chr. L	-awmakers	P.O. Box 10388			
				Conway AD 72024			
8	PURPOSE OF	(a) Category		Conway, AR 72034 (b) Description			
ľ	EXPENDITURE	(See Categories listed at the top		officeholder conference re	egistration		
	X Political	Office Overhead/Rent	al Expense		-		
	Non-Political	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Austin TX	officeholder living expe	ense	
9	Complete ONLY if direct	Candidate/Officeholder		ce sought	Office held		
	xpenditure to benefit C/OH						

POLITICAL EXPENDITURES FROM PERSONAL FUNDS

SCHEDULE G

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			Tr	ravel in District ravel Out of District THER (enter a category not listed above)			
1	Total pages Schedule G: Sch: 1/2 Rpt: 48/53	2 FILER NAM Birdwell, E	IE Brian D. (The Honorable)			1	iler ID (Ethics Commission Filers) 0062137	
4	Date	5 Payee nam	,					
-	01/15/2025	Four Seas						
6	Amount (\$)	7 Payee address; City; State; Zip Code						
	\$2,077.80	98 San Ja	cinto Blvd					
	Reimbursement from political contributions intended	Austin, TX	78701					
8	PURPOSE	(a) Category	See Categories listed at the top of this so	hedule)	(b) Description	Chec	k if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			X Chec	k if Austin, TX, officeholder living expense	
	EXI ENDITORE				officeholder lodg	ing du	uring legislative session	
9	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder name		Office sought		Office held	
	Date	Payee nam	e					
	03/10/2025	Hilton Hote	el					
	Amount (\$)	Payee addr	ess; City; State	e; Zip Co	ode			
	\$9,375.84	301 West	17th St.					
	Reimbursement from political contributions intended	Austin, TX	78701					
	PURPOSE	Category (See Categories listed at the top of this so	hedule)	Description	=	k if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Office Ove	rhead/Rental Expense		_	_	k if Austin, TX, officeholder living expense	
					officeholder lodg	ing du	uring legislative session	
	Complete ONLY if direct	Candidate/Offic	ahaldar nama		Office sought		Office held	
	expenditure to benefit C/OH	Canuluale/Onic	enoluei name		Office Sought		Office field	
	Date	Payee nam	Δ					
	04/23/2025	Hilton Hote						
	Amount (\$)	Payee addr	ess; City; State	e; Zip Co	ode			
	\$5,701.57	301 West	17th St.					
	Reimbursement from political contributions intended	Austin, TX	78701					
	PURPOSE	Category (See Categories listed at the top of this so	hedule)	Description	Chec	k if travel outside of Texas. Complete Schedule T.	
	OF EXPENDITURE	Office Ove	rhead/Rental Expense			Chec	k if Austin, TX, officeholder living expense	
	-				officeholder lodg	ing dı	uring legislative session	
	Complete ONLY if direct expenditure to benefit C/OH	Candidate/Offic	eholder 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/Politica Credit Card Payment	/ - al Co	mmittee Legal Services	Expense morials Expense ion Guide explains I	Office Ov Polling Ex Printing E Salaries/	xpense Vages/Contract Labor		Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)		
1	Total pages Schedule G:	2	FILER NAME	•		•	3	Filer ID (Ethics Commission Filers)		
	Sch: 2/2 Rpt: 49/53	_	Birdwell, Brian D. (The	Honorable)				00062137		
4	Date	5	Payee name				-			
	05/18/2025		Hilton Hotel							
6	Amount (\$)	7	Payee address; City;	State;	Zip Co	ode				
	\$6,174.57		301 West 17th St.							
	Reimbursement from political contributions intended		Austin, TX 78701							
8	PURPOSE	(a)	Category (See Categories lis	ted at the top of this sche	edule)	(b) Description	CI	heck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Office Overhead/Renta	al Expense		X	Cl	heck if Austin, TX, officeholder living expense		
	EXPENDITURE					officeholder lodgi	ing	during legislative session		
9	Complete ONLY if direct	<u>C</u>	ndidate/Officeholder name			Office sought		Office held		
	expenditure to benefit C/OH	Ca	ididate/Officeriolder frame			Office Sought		Office field		
	Date		Payee name							
	06/20/2025		Hilton Hotel							
	Amount (\$)		Payee address; City;	yee address; City; State; Zip Code						
	\$4,884.31		301 West 17th St.							
	Reimbursement from political contributions intended		Austin, TX 78701							
	PURPOSE		Category (See Categories lis	ted at the top of this sche	edule)	Description	CI	heck if travel outside of Texas. Complete Schedule T.		
	OF EXPENDITURE		Office Overhead/Renta	al Expense		X	CI	heck if Austin, TX, officeholder living expense		
	ZXI ZIISITONZ					officeholder lodgi	ing	during legislative session		
	Complete ONLY if direct expenditure to benefit C/OH	<u>l</u> Ca	ndidate/Officeholder name			Office sought		Office held		

	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: ./4 Rpt: 50/53	
2					(Ethics Commiss	ion Filers)
	Birdwell, Bria	an D. (The Honorable)	00062	137		
4	Date 01/10/2025	 Name of person from whom amount is received First National Bank of Granbury Address of person from whom amount is received; City; State; Zip Code 			8 Amount (\$)	\$2,797.30
		Granbury, TX 76048				
		7 Purpose for which amount is received	olitic	al contr	ribution returned to f	iler
	Date	Name of person from whom amount is received			Amount (\$)	
	01/31/2025	First National Bank of Granbury				\$211.19
		Address of person from whom amount is received; City; State; Zip Code Granbury, TX 76048				
		·	olitio	al contr	I ribution returned to f	ilor
		interest earned on campaign account	ontic	ai comi	ibution returned to i	ilei
	Date	Name of person from whom amount is received			Amount (\$)	
	02/10/2025	First National Bank of Granbury			(*)	\$2,802.74
		Address of person from whom amount is received; City; State; Zip Code				
		Granbury, TX 76048				
		Purpose for which amount is received	olitic	al contr	ribution returned to f	iler
		interest earned on campaign account				
	Date	Name of person from whom amount is received			Amount (\$)	
	02/28/2025	First National Bank of Granbury				\$193.66
		Address of person from whom amount is received; City; State; Zip Code]	
		Granbury, TX 76048				
		Purpose for which amount is received Check if p	olitic	al contr	ribution returned to f	iler
		interest earned on campaign account				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/10/2025	First National Bank of Granbury				\$2,531.51
		Address of person from whom amount is received; City; State; Zip Code				
		Granbury, TX 76048				
		Purpose for which amount is received Check if p	olitic	al contr	ribution returned to f	iler
		interest earned on campaign account				

	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: 2/4 Rpt: 51/53
2	FILER NAME		3	Filer	D (Ethics Commission Filers)
	Birdwell, Bria	an D. (The Honorable)	0006	2137	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)
	03/31/2025	First National Bank of Granbury			\$217.62
		6 Address of person from whom amount is received; City; State; Zip Code			
		Address of person from whom amount is received, City, State, 21p Code			
		Granbury, TX 76048			
			1545		Aniharia anakaman dan Elam
			OOIITI	cai cor	ntribution returned to filer
		interest earned on campaign account			
	Date	Name of person from whom amount is received			Amount (\$)
	04/10/2025	First National Bank of Granbury			\$2,802.74
		Address of person from whom amount is received; City; State; Zip Code			···[
		Granbury, TX 76048			
		Purpose for which amount is received Check if	ooliti	cal cor	ntribution returned to filer
		interest earned on campaign account			
	Date	Name of person from whom amount is received			Amount (\$)
	04/30/2025	First National Bank of Granbury			\$213.71
	04/30/2023				Ψ 21 3.71
		Address of person from whom amount is received; City; State; Zip Code			
		Granbury, TX 76048			
		<u> </u>	ooliti	cal cor	
		interest earned on campaign account	JUILLI	cai coi	ithibation retained to mer
					1
	Date	Name of person from whom amount is received			Amount (\$)
	05/10/2025	First National Bank of Granbury			\$2,712.32
		Address of person from whom amount is received; City; State; Zip Code			
		Granbury, TX 76048			
		Purpose for which amount is received	ooliti	cal cor	ntribution returned to filer
		interest earned on campaign account			
	Date	Name of person from whom amount is received			Amount (\$)
	05/30/2025	First National Bank of Granbury			\$224.23
		Address of person from whom amount is received; City; State; Zip Code			
		Address of person from whom amount is received, Oity, State, 21p code			
		Granbury, TX 76048			
		<u> </u>	noliti	cal cor	Intribution returned to filer
		interest earned on campaign account	JUILL	cui cui	iansation retarried to mei
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	The Instru	ction Guide explains how to complete this form.	1		pages Schedule K: B/4 Rpt: 52/53	
2	FILER NAME		3	Filer II	D (Ethics Commission F	ilers)
	Birdwell, Brian D. (The Honorable)				2137	
4	Date	5 Name of person from whom amount is received	_		8 Amount (\$)	
	06/10/2025	First National Bank of Granbury			\$2,	802.74
		6 Address of person from whom amount is received; City; State; Zip Code				
		Granbury, TX 76048				
		7 Purpose for which amount is received Check if p	oliti	cal cont	ribution returned to filer	
		interest earned on campaign account				
	Date	Name of person from whom amount is received			Amount (\$)	
	06/30/2025	First National Bank of Granbury				220.07
		Address of person from whom amount is received; City; State; Zip Code			•	
		Address of person from whom amount is received, Oily, State, 21p Sode				
		Granbury, TX 76048				
		Purpose for which amount is received Check if p	olitio	cal cont	ribution returned to filer	
		interest earned on campaign account				
	Date	Name of person from whom amount is received			Amount (\$)	
	01/08/2025	SouthState Bank				\$30.21
		Address of person from whom amount is received; City; State; Zip Code				
		Winter Haven, FL 33880				
		_	olitio	cal cont	ribution returned to filer	
		interest earned on campaign account				
	Date	Name of person from whom amount is received			Amount (\$)	
	02/09/2025	SouthState Bank				\$38.26
		Address of person from whom amount is received; City; State; Zip Code				
		Mark the second				
		Winter Haven, FL 33880				
			olitio	cal cont	ribution returned to filer	
		interest earned on campaign account				
	Date	Name of person from whom amount is received			Amount (\$)	
	03/09/2025	SouthState Bank				\$31.23
		Address of person from whom amount is received; City; State; Zip Code				
		Mark the second				
		Winter Haven, FL 33880				
			olitio	cal cont	ribution returned to filer	
		interest earned on campaign account				

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	The Instru	ction Guide explains how to complete this form.	1		ages Schedule K: /4 Rpt: 53/53	
2	FILER NAME		3 F	iler ID	(Ethics Commission I	Filers)
l					137	
4	Date	5 Name of person from whom amount is received			8 Amount (\$)	
	04/08/2025	SouthState Bank			(+)	\$30.12
l		6 Address of person from whom amount is received; City; State; Zip Code				, , , , , ,
l		Address of person from whom amount is received, City, State, 2ip Code				
l						
		Winter Haven, FL 33880				
l		7 Purpose for which amount is received	olitica	l contr	ibution returned to filer	
l		interest earned on campaign account				
F	Date	Name of person from whom amount is received			Amount (\$)	
l	05/08/2025	SouthState Bank			γ αποσιπ (ψ)	\$28.04
l		Address of person from whom amount is received; City; State; Zip Code				,
l		Address of person from whom amount is received, City, State, 2ip Code				
l						
l		Winter Haven, FL 33880				
l			olitica	ıl contr	ibution returned to filer	
l		interest earned on campaign account				
F	Date	Name of person from whom amount is received			Amount (\$)	
l	05/23/2025	SouthState Bank			Amount (\$)	\$15.32
	03/23/2023					Ψ13.32
		Address of person from whom amount is received; City; State; Zip Code				
l						
l		Winter Haven, FL 33880				
l			olitica	ıl contr	ibution returned to filer	
l		interest earned on campaign account				
F	Date	Name of person from whom amount is received			Amount (\$)	
l	06/06/2025	SouthState Bank			γ unodine (Φ)	\$3.62
l		Address of person from whom amount is received; City; State; Zip Code				, , , ,
		Address of person from whom amount is received, City, State, 21p code				
l						
l		Winter Haven, FL 33880				
l		Purpose for which amount is received Check if po	olitica	ıl contr	ibution returned to filer	
l		interest earned on campaign account				
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