

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089816	2 Total pages filed: 64
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	FIRST Brandon L.	MI
	NICKNAME	LAST Burden	SUFFIX
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; 409 S Central Expressway Suite 107-237 Anna, TX 75409		ZIP CODE
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
Date Imaged			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR Mr.	FIRST Timothy	MI
	NICKNAME	LAST O'Brien	SUFFIX
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1472 Kingfisher Lane Frisco, TX 75033		
7 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION
(815) 931-0835			
8 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)		
9 PERIOD COVERED	Month Day Year 07/01/2025	THROUGH	Month Day Year 12/31/2025
10 ELECTION	ELECTION DATE Month Day Year 03/07/2028		ELECTION TYPE <input checked="" type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special
	11 OFFICE OFFICE HELD (if any)		12 OFFICE SOUGHT (if known) State Representative District HD67

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH
COVER SHEET PG 2

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13 C / OH NAME Burden, Brandon L. (Mr.)	14 Filer ID (Ethics Commission Filers) 00089816
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15 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	This box is for notice of political contributions accepted or political expenditures made by political committees to support the candidate / officeholder. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.		
	COMMITTEE TYPE	COMMITTEE NAME	
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	
	<input type="checkbox"/> SPECIFIC		
		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 25,532.76
----- EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 11,875.61
----- CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 19,345.35
----- OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFIDAVIT					
<p>I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.</p> <div style="display: flex; justify-content: center; align-items: center;"> <div style="text-align: center; margin-right: 20px;"> Mr. Brandon L. Burden _____ Signature of Candidate or Officeholder </div> </div>					
<p>AFFIX NOTARY STAMP / SEAL ABOVE</p> <p>Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.</p> <table style="width:100%; border: none;"> <tr> <td style="border-top: 1px solid black; width: 33%; text-align: center;">Signature of officer administering</td> <td style="border-top: 1px solid black; width: 33%; text-align: center;">Printed name of officer administering</td> <td style="border-top: 1px solid black; width: 33%; text-align: center;">Title of officer administering oath</td> </tr> </table>			Signature of officer administering	Printed name of officer administering	Title of officer administering oath
Signature of officer administering	Printed name of officer administering	Title of officer administering oath			

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

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18 FILER NAME Burden, Brandon L. (Mr.)		19 Filer ID (Ethics Commission Filers) 00089816	
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	25,532.76
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	<input checked="" type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	1,000.00
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$	5,000.00
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	11,198.61
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	677.00
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$	
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$	
12.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	46.74

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/22 Rpt: 4/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 07/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchison, Landon (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Anna, TX 75409	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Strategic Manager		9 Employer (See Instructions) FedEx
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchison, Landon (Mr.) <hr/> Contributor address; City; State; Zip Code Anna, TX 75409	Amount of Contribution (\$) \$36.77
Principal occupation / Job title (See Instructions) Strategic Manager		Employer (See Instructions) FedEx
Date 09/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchison, Landon (Mr.) <hr/> Contributor address; City; State; Zip Code Anna, TX 75409	Amount of Contribution (\$) \$36.77
Principal occupation / Job title (See Instructions) Strategic Manager		Employer (See Instructions) FedEx
Date 10/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchison, Landon (Mr.) <hr/> Contributor address; City; State; Zip Code Anna, TX 75409	Amount of Contribution (\$) \$36.77
Principal occupation / Job title (See Instructions) Strategic Manager		Employer (See Instructions) FedEx
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchison, Landon (Mr.) <hr/> Contributor address; City; State; Zip Code Anna, TX 75409	Amount of Contribution (\$) \$36.77
Principal occupation / Job title (See Instructions) Strategic Manager		Employer (See Instructions) FedEx

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/22 Rpt: 5/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchison, Landon (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Anna, TX 75409	7 Amount of Contribution (\$) \$36.77
8 Principal occupation / Job title (See Instructions) Strategic Manager		9 Employer (See Instructions) FedEx
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averett, Chad (Mr.) <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Real estate analytics		Employer (See Instructions) Self-employed
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averett, Chad (Mr.) <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Real estate analytics		Employer (See Instructions) Self-employed
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averett, Chad (Mr.) <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Real estate analytics		Employer (See Instructions) Self-employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Averett, Chad (Mr.) <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Real estate analytics		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/22 Rpt: 6/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, Darla (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79606	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnett, Marcia (Ms.) <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blencowe, Deb (Ms.) <hr/> Contributor address; City; State; Zip Code Princeton, TX 75407	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blencowe, Deb (Ms.) <hr/> Contributor address; City; State; Zip Code Princeton, TX 75407	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blencowe, Deb (Ms.) <hr/> Contributor address; City; State; Zip Code Princeton, TX 75407	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/22 Rpt: 7/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boduch, Joseph (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$36.77
8 Principal occupation / Job title (See Instructions) IT Solution Architect		9 Employer (See Instructions) Texas Instruments, Inc.
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boduch, Joseph (Mr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$36.77
Principal occupation / Job title (See Instructions) IT Solution Architect		Employer (See Instructions) Texas Instruments, Inc.
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boduch, Joseph (Mr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$36.77
Principal occupation / Job title (See Instructions) IT Solution Architect		Employer (See Instructions) Texas Instruments, Inc.
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boduch, Joseph (Mr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$62.81
Principal occupation / Job title (See Instructions) IT Solution Architect		Employer (See Instructions) Texas Instruments, Inc.
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boduch, Joseph (Mr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$62.81
Principal occupation / Job title (See Instructions) IT Solution Architect		Employer (See Instructions) Texas Instruments, Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/22 Rpt: 8/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradshaw, Jo (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Lancaster, TX 75146	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Homemaker
Date 08/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burden, Kathy (Mrs.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$521.15
Principal occupation / Job title (See Instructions) Chaplain		Employer (See Instructions) IFOC
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cagle, Kathy (Ms.) <hr/> Contributor address; City; State; Zip Code Euless, TX 76039	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Ann Mellon (Ms.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Ann Mellon (Ms.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/22 Rpt: 9/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 11/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Ann Mellon (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Christy (Ms.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75002	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Better Homes and Gardens Winans Real Estate
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canright, Robert (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cheek, Paula (Ms.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claycamp, Lana (Ms.) <hr/> Contributor address; City; State; Zip Code Burkburnett, TX 76354	Amount of Contribution (\$) \$21.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/22 Rpt: 10/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 10/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claycamp, Lana (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Burkburnett, TX 76354	7 Amount of Contribution (\$) \$21.15
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claycamp, Lana (Ms.) <hr/> Contributor address; City; State; Zip Code Burkburnett, TX 76354	Amount of Contribution (\$) \$21.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Claycamp, Lana (Ms.) <hr/> Contributor address; City; State; Zip Code Burkburnett, TX 76354	Amount of Contribution (\$) \$21.15
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contostavlos, Peter (Mr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75033	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costa, Vickie (Ms.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/22 Rpt: 11/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 11/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Etheridge, Doug (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Carrollton, TX 75006	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabler, Marty (Mr.) <hr/> Contributor address; City; State; Zip Code Coldspring, TX 77331	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Clergy		Employer (See Instructions) SEEC Ministries
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gastineau, Paul (Mr.) <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gastineau, Paul (Mr.) <hr/> Contributor address; City; State; Zip Code Magnolia, TX 77355	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grauzer, Elizabeth (Mrs.) <hr/> Contributor address; City; State; Zip Code Corsicana, TX 75110	Amount of Contribution (\$) \$52.40
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/22 Rpt: 12/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heffelfinger, Laura (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Cresson, TX 76035	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heier, John (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75025	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Promo Manager		Employer (See Instructions) Aafes
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendrickson, Lisa (Mrs.) <hr/> Contributor address; City; State; Zip Code Argyle, TX 76226	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Chief of Staff		Employer (See Instructions) State of Texas
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hensley, Debra (Mrs.) <hr/> Contributor address; City; State; Zip Code Cresson, TX 76035	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Kim (Ms.) <hr/> Contributor address; City; State; Zip Code Weatherford, TX 76087	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/22 Rpt: 13/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Angela (Ms.) <hr/> 6 Contributor address; City; State; Zip Code The Colony, TX 75056	7 Amount of Contribution (\$) \$5.52
8 Principal occupation / Job title (See Instructions) Headquarters Administrator		9 Employer (See Instructions) Denton County Republican Party
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Angela (Ms.) <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$5.52
Principal occupation / Job title (See Instructions) Headquarters Administrator		Employer (See Instructions) Denton County Republican Party
Date 10/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Angela (Ms.) <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$5.52
Principal occupation / Job title (See Instructions) Headquarters Administrator		Employer (See Instructions) Denton County Republican Party
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Angela (Ms.) <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$5.52
Principal occupation / Job title (See Instructions) Headquarters Administrator		Employer (See Instructions) Denton County Republican Party
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Angela (Ms.) <hr/> Contributor address; City; State; Zip Code The Colony, TX 75056	Amount of Contribution (\$) \$5.52
Principal occupation / Job title (See Instructions) Headquarters Administrator		Employer (See Instructions) Denton County Republican Party

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/22 Rpt: 14/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Connie (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code The Colony, TX 75056	7 Amount of Contribution (\$) \$104.48
8 Principal occupation / Job title (See Instructions) Upholstery		9 Employer (See Instructions) Self-employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaacs, Barbara (Mrs.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isaacs, Barbara (Mrs.) <hr/> Contributor address; City; State; Zip Code Allen, TX 75013	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Mike (Mr.) <hr/> Contributor address; City; State; Zip Code Lufkin, TX 75904	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Liz (Ms.) <hr/> Contributor address; City; State; Zip Code Anna, TX 75409	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Be A Blessing, LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/22 Rpt: 15/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janagarajan, Muniraj (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75035	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 07/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kemp, David (Mr.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Joel (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Computer Scientist		Employer (See Instructions) Visa
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Joel (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Computer Scientist		Employer (See Instructions) Visa
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Joel (Mr.) <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Computer Scientist		Employer (See Instructions) Visa

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/22 Rpt: 16/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 11/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Joel (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78701	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Computer Scientist		9 Employer (See Instructions) Visa
Date 07/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissee, Anita (Mrs.) <hr/> Contributor address; City; State; Zip Code Krugerville, TX 76227	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Kissee Inspections
Date 08/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissee, Anita (Mrs.) <hr/> Contributor address; City; State; Zip Code Krugerville, TX 76227	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Kissee Inspections
Date 09/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissee, Anita (Mrs.) <hr/> Contributor address; City; State; Zip Code Krugerville, TX 76227	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Kissee Inspections
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kissee, Anita (Mrs.) <hr/> Contributor address; City; State; Zip Code Krugerville, TX 76227	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Kissee Inspections

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/22 Rpt: 17/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 11/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kisse, Anita (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code Krugerville, TX 76227	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Self-Employed		9 Employer (See Instructions) Kisse Inspections
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kisse, Anita (Mrs.) <hr/> Contributor address; City; State; Zip Code Krugerville, TX 76227	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Kisse Inspections
Date 08/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lannom, Carolyn (Ms.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lannom, Carolyn (Ms.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lannom, Carolyn (Ms.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/22 Rpt: 18/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lannom, Carolyn (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Plano, TX 75023	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lannom, Carolyn (Ms.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 09/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard, Jacque (Mrs.) <hr/> Contributor address; City; State; Zip Code Carrollton, TX 75006	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Homemaker
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llamas, Renee (Mrs.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self-employed
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llamas, Renee (Mrs.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self-employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/22 Rpt: 19/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 10/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llamas, Renee (Mrs.) <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75072	7 Amount of Contribution (\$) \$26.35
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self-employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llamas, Renee (Mrs.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self-employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Llamas, Renee (Mrs.) <hr/> Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Insurance Agent		Employer (See Instructions) Self-employed
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loftis, Brienne (Ms.) <hr/> Contributor address; City; State; Zip Code Plano, TX 75075	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Unity Search
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lunski, Denise (Ms.) <hr/> Contributor address; City; State; Zip Code Arlington, TX 76001	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/22 Rpt: 20/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellon Campbell, Ann (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Allen, TX 75013	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 08/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Phyllis (Ms.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75034	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ney, Don (Mr.) <hr/> Contributor address; City; State; Zip Code Lantana, TX 76180	Amount of Contribution (\$) \$1,041.98
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Timothy (Mr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$1,200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oliver, Linda (Ms.) <hr/> Contributor address; City; State; Zip Code Canyon Lake, TX 78133	Amount of Contribution (\$) \$36.77
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/22 Rpt: 21/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 09/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, Michael (Mr.) <hr/> 6 Contributor address; City; State; Zip Code Murphy, TX 75094	7 Amount of Contribution (\$) \$26.35
8 Principal occupation / Job title (See Instructions) Treasurer		9 Employer (See Instructions) True Texan Trading LLC
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Treasurer		Employer (See Instructions) True Texan Trading LLC
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Treasurer		Employer (See Instructions) True Texan Trading LLC
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Padilla, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$26.35
Principal occupation / Job title (See Instructions) Treasurer		Employer (See Instructions) True Texan Trading LLC
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ponce, Jennifer (Ms.) <hr/> Contributor address; City; State; Zip Code Celina, TX 75009	Amount of Contribution (\$) \$312.81
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Supreme Wraps

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/22 Rpt: 22/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Nancy (Ms.) <hr/> 6 Contributor address; City; State; Zip Code McKinney, TX 75071	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Self-employed		9 Employer (See Instructions) N'teriors by Nancy
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robson, Scott (Mr.) <hr/> Contributor address; City; State; Zip Code Dallas, TX 75251	Amount of Contribution (\$) \$49.27
Principal occupation / Job title (See Instructions) Retained Executive Search Consultant		Employer (See Instructions) Pearson Partners International
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Brett (Mr.) <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self-employed
Date 07/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salamie, Ronald (Mr.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75035	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Senior Project Engineer		Employer (See Instructions) LJA Engineering
Date 08/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellars, Jane Anne (Ms.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$10.73
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/22 Rpt: 23/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 10/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellars, Jane Anne (Ms.) <hr/> 6 Contributor address; City; State; Zip Code Frisco, TX 75036	7 Amount of Contribution (\$) \$10.73
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellars, Jane Anne (Ms.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$10.73
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sellars, Jane Anne (Ms.) <hr/> Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$10.73
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Michael (Mr.) <hr/> Contributor address; City; State; Zip Code Sam Rayburn, TX 75951	Amount of Contribution (\$) \$104.48
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 07/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simpson, Larry (Mr.) <hr/> Contributor address; City; State; Zip Code Quitman, TX 75783	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/22 Rpt: 24/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Corinne (Mrs.) 6 Contributor address; City; State; Zip Code Sachse, TX 75048	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Somers, Margaret (Ms.) Contributor address; City; State; Zip Code McKinney, TX 75072	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spencer, Carol (Ms.) Contributor address; City; State; Zip Code Cedar Creek, TX 78612	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Jerry (Mr.) Contributor address; City; State; Zip Code Frisco, TX 75036	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 08/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Travis, Michelle (Ms.) Contributor address; City; State; Zip Code Denison, TX 75021	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/22 Rpt: 25/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitt, Margaret (Ms.) 6 Contributor address; City; State; Zip Code Murphy, TX 75094	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 09/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitt, Margaret (Ms.) Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitt, Margaret (Ms.) Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitt, Margaret (Ms.) Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitt, Margaret (Ms.) Contributor address; City; State; Zip Code Murphy, TX 75094	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

PLEDGED CONTRIBUTIONS

SCHEDULE B

The Instruction Guide explains how to complete this form.

1 Total pages Schedule B:
Sch: 1/1 Rpt: 26/64

2 FILER NAME

Burden, Brandon L. (Mr.)

3 Filer ID (Ethics Commission Filers)
00089816

4 TOTAL OF UNITEMIZED PLEDGES

\$ 0.00

5 Date

07/03/2025

6 Full name of pledgor

Nash, Clay (Mr.)

☐ out-of-state PAC (ID#: _____)

7 Pledgor Address; City; State; Zip Code

Omaha, AR 72662

8 Amount of
pledge (\$)

\$1,000.00

9 In-kind description
(If applicable)

☐ Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (See Instructions)

Clergy

11 Employer (See Instructions)

Clay Nash Ministries

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 27/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 07/14/2025	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Burden, Brandon (Mr.)	9 Loan Amount (\$) \$5,000.00
6 Is lender a financial institution? No	8 Lender address; City; State; Zip Code Anna, TX 75409	10 Interest Rate 0
		11 Maturity Date 09/30/2028
12 Principal occupation / Job title (See Instructions) Pastor		13 Employer (See Instructions) Kingdom Life International, Inc.
14 Description of Collateral <input checked="" type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input checked="" type="checkbox"/>
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 Employer (See Instructions)

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 1/34 Rpt: 28/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 09/09/2025	5 Payee name American Express	
6 Amount (\$) \$564.00	7 Payee address; City; State; Zip Code 200 Vesey Street New York, NY 10285	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Credit Card Payment	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Payment
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2025	Payee name Anedot	
Amount (\$) \$41.98	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/23/2025	Payee name Anedot	
Amount (\$) \$40.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/34 Rpt: 29/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/04/2025	5 Payee name Anedot	
6 Amount (\$) \$1.70	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/05/2025	Candidate/Officeholder name Office sought Office held	
Payee name Anedot		
Amount (\$) \$10.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name Office sought Office held	
Payee name Anedot		
Amount (\$) \$0.52	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 3/34 Rpt: 30/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/07/2025	5 Payee name Anedot	
6 Amount (\$) \$2.27	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$20.30	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$4.48	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$4.48	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 4/34 Rpt: 31/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/07/2025	5 Payee name Anedot	
6 Amount (\$) \$4.48	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$4.30	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$4.48	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/07/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$4.48	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 5/34 Rpt: 32/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/07/2025	5 Payee name Anedot	
6 Amount (\$) \$4.48	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/08/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$4.48	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/08/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.77	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/08/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.77	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 6/34 Rpt: 33/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/08/2025	5 Payee name Anedot	
6 Amount (\$) \$1.35	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/09/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$4.48	Payee name Anedot Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/16/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.50	Payee name Anedot Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 7/34 Rpt: 34/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/16/2025	5 Payee name Anedot	
6 Amount (\$) \$1.77	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.35	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.30	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.30	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 8/34 Rpt: 35/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/16/2025	5 Payee name Anedot	
6 Amount (\$) \$1.35	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.35	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$2.40	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$2.40	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 9/34 Rpt: 36/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/16/2025	5 Payee name Anedot	
6 Amount (\$) \$0.50	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$0.90	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$12.81	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$12.81	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 10/34 Rpt: 37/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/16/2025	5 Payee name Anedot	
6 Amount (\$) \$2.30	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/17/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.73	Payee name Anedot Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/27/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1.70	Payee name Anedot Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 11/34 Rpt: 38/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/30/2025	5 Payee name Anedot	
6 Amount (\$) \$1.35	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/30/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$2.30	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/30/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.35	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/30/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.35	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 12/34 Rpt: 39/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/31/2025	5 Payee name Anedot	
6 Amount (\$) \$21.15	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name Anedot		
Amount (\$) \$1.30	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name Anedot		
Amount (\$) \$1.70	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/34 Rpt: 40/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 09/05/2025	5 Payee name Anedot	
6 Amount (\$) \$1.15	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/07/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.52	Payee name Anedot Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/08/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1.77	Payee name Anedot Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 14/34 Rpt: 41/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 09/16/2025	5 Payee name Anedot	
6 Amount (\$) \$1.77	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.30	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$0.50	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$0.50	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 15/34 Rpt: 42/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 09/16/2025	5 Payee name Anedot	
6 Amount (\$) \$0.90	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2025	Payee name Anedot	
Amount (\$) \$1.35	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2025	Payee name Anedot	
Amount (\$) \$1.35	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/16/2025	Payee name Anedot	
Amount (\$) \$1.35	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 16/34 Rpt: 43/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 09/16/2025	5 Payee name Anedot	
6 Amount (\$) \$0.50	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.35	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/27/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.70	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 09/27/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.70	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 17/34 Rpt: 44/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 10/04/2025	5 Payee name Anedot	
6 Amount (\$) \$1.70	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/05/2025	Payee name Anedot	
Amount (\$) \$1.15	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/07/2025	Payee name Anedot	
Amount (\$) \$0.52	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 18/34 Rpt: 45/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 10/08/2025	5 Payee name Anedot	
6 Amount (\$) \$1.77	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/16/2025	Candidate/Officeholder name	Office sought
Payee name Anedot	Office held	
Amount (\$) \$1.35	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/16/2025	Candidate/Officeholder name	Office sought
Payee name Anedot	Office held	
Amount (\$) \$0.90	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/16/2025	Candidate/Officeholder name	Office sought
Payee name Anedot	Office held	
Amount (\$) \$0.90	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 19/34 Rpt: 46/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 10/16/2025	5 Payee name Anedot	
6 Amount (\$) \$1.35	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$0.50	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$0.50	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$0.50	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 20/34 Rpt: 47/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 10/16/2025	5 Payee name Anedot	
6 Amount (\$) \$1.35	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.30	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.77	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 10/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.77	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 21/34 Rpt: 48/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 10/20/2025	5 Payee name Anedot	
6 Amount (\$) \$0.73	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2025	Payee name Anedot	
Amount (\$) \$1.70	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2025	Payee name Anedot	
Amount (\$) \$1.70	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 22/34 Rpt: 49/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 11/05/2025	5 Payee name Anedot	
6 Amount (\$) \$1.15	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/07/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.52	Payee name Anedot Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/08/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1.77	Payee name Anedot Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 23/34 Rpt: 50/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 11/16/2025	5 Payee name Anedot	
6 Amount (\$) \$0.50	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$0.90	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$2.81	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$2.81	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 24/34 Rpt: 51/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 11/16/2025	5 Payee name Anedot	
6 Amount (\$) \$1.35	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.30	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$0.50	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$0.50	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 25/34 Rpt: 52/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 11/16/2025	5 Payee name Anedot	
6 Amount (\$) \$1.35	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/17/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$0.73	Payee name Anedot Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/27/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$1.70	Payee name Anedot Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 26/34 Rpt: 53/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 12/27/2025	5 Payee name Anedot	
6 Amount (\$) \$1.70	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/23/2025	Payee name Anedot	
Amount (\$) \$1.77	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2025	Payee name Anedot	
Amount (\$) \$0.73	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 27/34 Rpt: 54/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 12/16/2025	5 Payee name Anedot	
6 Amount (\$) \$2.81	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$1.35	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$0.50	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/16/2025	Candidate/Officeholder name	Office sought
Amount (\$) \$0.50	Payee name Anedot	
	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 28/34 Rpt: 55/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 12/16/2025	5 Payee name Anedot	
6 Amount (\$) \$1.35	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/10/2025	Candidate/Officeholder name Office sought Office held	
Payee name Anedot		
Amount (\$) \$0.52	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name Anedot		
Amount (\$) \$1.77	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 29/34 Rpt: 56/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 12/05/2025	5 Payee name Anedot	
6 Amount (\$) \$1.15	7 Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/04/2025	Payee name Anedot	
Amount (\$) \$1.70	Payee address; City; State; Zip Code 1340 Poydras Street, Suite 1770 New Orleans, LA 70112	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/24/2025	Payee name Burden, Brandon (Mr.)	
Amount (\$) \$5,000.00	Payee address; City; State; Zip Code 1120 Nathan Lane Anna, TX 75409	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Political expenditure made from personal funds reported as a loan.
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 30/34 Rpt: 57/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 08/04/2025	5 Payee name Go Daddy	
6 Amount (\$) \$26.38	7 Payee address; City; State; Zip Code 2155 E Go Daddy Way Tempe, AZ 85284	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain name registration
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/03/2025	Candidate/Officeholder name Payee name Go Daddy	
Amount (\$) \$38.18	Payee address; City; State; Zip Code 2155 E Go Daddy Way Tempe, AZ 85284	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Domain name registration
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/30/2025	Candidate/Officeholder name Payee name Harland Clarke	
Amount (\$) \$7.98	Payee address; City; State; Zip Code 15955 La Cantera Parkway San Antonio, TX 78256	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Check order fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 31/34 Rpt: 58/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 07/23/2025	5 Payee name Kaboom Consultants, LLC	
6 Amount (\$) \$4,330.00	7 Payee address; City; State; Zip Code 304 Red Tailed Hawk Drive Pflugerville, TX 78660	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign branding
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/10/2025	Payee name Kaboom Consultants, LLC	
Amount (\$) \$224.85	Payee address; City; State; Zip Code 304 Red Tailed Hawk Drive Pflugerville, TX 78660	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Push cards
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/19/2025	Payee name Rogers, Brett (Mr.)	
Amount (\$) \$552.08	Payee address; City; State; Zip Code 4514 Edinburgh Drive Tyler, TX 75703	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Training & Education	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Campaign training materials
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 32/34 Rpt: 59/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 07/02/2025	5 Payee name Stripe	
6 Amount (\$) \$3.20	7 Payee address; City; State; Zip Code 354 Oyster Point Boulevard San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/08/2025	Candidate/Officeholder name	Office sought
Payee name Stripe	Office held	
Amount (\$) \$1.75	Payee address; City; State; Zip Code 354 Oyster Point Boulevard San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/08/2025	Candidate/Officeholder name	Office sought
Payee name Stripe	Office held	
Amount (\$) \$1.49	Payee address; City; State; Zip Code 354 Oyster Point Boulevard San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/08/2025	Candidate/Officeholder name	Office sought
Payee name Stripe	Office held	
Amount (\$) \$1.49	Payee address; City; State; Zip Code 354 Oyster Point Boulevard San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 33/34 Rpt: 60/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 07/09/2025	5 Payee name Stripe	
6 Amount (\$) \$1.49	7 Payee address; City; State; Zip Code 354 Oyster Point Boulevard San Francisco, CA 94080	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 07/13/2025	Candidate/Officeholder name Office sought Office held	
Payee name Stripe		
Amount (\$) \$29.30	Payee address; City; State; Zip Code 354 Oyster Point Boulevard San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 08/01/2025	Candidate/Officeholder name Office sought Office held	
Payee name Stripe		
Amount (\$) \$145.30	Payee address; City; State; Zip Code 354 Oyster Point Boulevard San Francisco, CA 94080	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Merchant services fees
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 34/34 Rpt: 61/64	2 FILER NAME Burden, Brandon L. (Mr.)	3 Filer ID (Ethics Commission Filers) 00089816
4 Date 07/10/2025	5 Payee name USAA	
6 Amount (\$) \$0.45	7 Payee address; City; State; Zip Code 9800 Fredericksburg Rd San Antonio, TX 78288	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Accounting/Banking	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Account verification test transaction
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 1/2 Rpt: 62/64	2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 CREDIT CARD ISSUER	Name of financial institution American Express		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$78.00	(b) Date of Charge 12/15/2025	(c) Date(s) Credit Card Issuer Paid
7 PAYEE	(a) Payee name United States Postal Service		(b) Payee address; City, State, Zip Code 715 S Powell Pkwy Anna, TX 75409
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description Stamps
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$480.00	(b) Date of Charge 08/06/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name The UPS Store		(b) Payee address; City, State, Zip Code 409 S Central Expressway Suite 107 Anna, TX 75409
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental Expense		(b) Description PO Box rental
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		
PAYMENT	(a) Amount Charged \$84.00	(b) Date of Charge 08/07/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
PAYEE	(a) Payee name X Corp		(b) Payee address; City, State, Zip Code 865 FM 1209 Building 2 Bastrop, TX 78602
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description X Premium subscription
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

EXPENDITURES MADE BY CREDIT CARD

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4: Sch: 2/2 Rpt: 63/64	2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 CREDIT CARD ISSUER	Name of financial institution see previous		5 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$
6 PAYMENT	(a) Amount Charged \$35.00	(b) Date of Charge 09/05/2025	(c) Date(s) Credit Card Issuer Paid 09/08/2025
7 PAYEE	(a) Payee name American Express		(b) Payee address; City, State, Zip Code 200 Vesey Street New York, NY 10285
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Late Payment Fee
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name Office sought Office held		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 64/64
2 FILER NAME Burden, Brandon L. (Mr.)		3 Filer ID (Ethics Commission Filers) 00089816
4 Date 09/08/2025	5 Name of person from whom amount is received American Express	8 Amount (\$) \$11.28
	6 Address of person from whom amount is received; City; State; Zip Code New York, NY 10285	
	7 Purpose for which amount is received American Express Cash Reward <input type="checkbox"/> Check if political contribution returned to filer	
Date 09/06/2025	Name of person from whom amount is received American Express	Amount (\$) \$35.00
	Address of person from whom amount is received; City; State; Zip Code New York, NY 10285	
	Purpose for which amount is received Reversal of late fee <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/22/2025	Name of person from whom amount is received Stripe	Amount (\$) \$0.01
	Address of person from whom amount is received; City; State; Zip Code San Francisco, CA 94080	
	Purpose for which amount is received Account refund <input type="checkbox"/> Check if political contribution returned to filer	
Date 07/10/2025	Name of person from whom amount is received USAA	Amount (\$) \$0.22
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78288	
	Purpose for which amount is received Refund of account verification test transaction <input type="checkbox"/> Check if political contribution returned to filer	
Date 07/10/2025	Name of person from whom amount is received USAA	Amount (\$) \$0.23
	Address of person from whom amount is received; City; State; Zip Code San Antonio, TX 78288	
	Purpose for which amount is received Refund of account verification test transaction <input type="checkbox"/> Check if political contribution returned to filer	