2024 JAN 16 PM5:05:54

## CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

SNOTICE TE UD NOSAU89 FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	Guide explains how	to complete this form.	1 Filer ID (	Ethics Commission Filers)	2 Total pages f	iled:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR MS	FIRST		мі D	OFFICE	USEONLY
NAME	NICKNAME	LAST Douglas		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: 2617 W. Moi Denison, TX	ton St., Ste 101	CITY; ST	TATE; ZIP CODE		- 1
Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	337-1097	EX	KTENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
NAME		Lana			Date Processed	
	NICKNAME	Nunneley		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)		no po box please); apt / su is St. Ste 100 TX 75090	UITE #;	CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER 892-3625	EX	TENSION		
9 REPORT TYPE	January 15	30th day before elements and a second		Runoff Exceeded Modified Reporting Limit	(Officehold	fter campaign ppointment ar Only) rt (Attach C/OH - FR)
10 PERIOD COVERED	Month 11	Day Year / 2 / 23	THROUG	Month	Day Yea / 31 / 23	
11 ELECTION	ELECTION DA	TE Year Primary 24 General	Runoff Special	Description		
12 OFFICE	OFFICE HELD (if any)			FFICE SOUGHT (If known	)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	E OF POLITICAL CONTRIBUTIONS / EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIN COMMITTEE NAME	MAY HAVE BEEN	MADE WITHOUT THE CANE	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TRE	EASURER ADDRI	ESS		
	1	GO TO	PAGE 2			

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME Ms. Brandy Douglas			16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS		LITICAL CONTRIBUTIONS (OT GUARANTEES OF LOANS, OR ELECTRONICALLY)	HER THAN	\$ 3,395.00
	2. TOTAL POLITICAL CON (OTHER THAN PLEDGES	NTRIBUTIONS , LOANS, OR GUARANTEES O	F LOANS)	\$ 3,395.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POL	ITICAL EXPENDITURE.		\$ 1,125.45
	4. TOTAL POLITICAL EXF	PENDITURES	5	<sup>\$</sup> 1,125.45
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTI OF REPORTING PERIOD	RIBUTIONS MAINTAINED AS O	F THE LAST DAY	\$ 3,070.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOU LAST DAY OF THE REPO	INT OF ALL OUTSTANDING LO	ANS AS OF THE	\$ 0.00
	Please co	omplete either optior	1 DEIOW:	
		Signar	Al blut ture of Candidate of	Officeholder
(1) Affidavit	TINA ONSTOTT NOTARY PUBLIC STATE OF TEXAS ID # 805120-7			
NOTARY STAMP	ore me by Brandy	Douglas	this the 16	day of January.
011	ch, witness my hand and seal of off			day of January,
Signature of officer administering	a IYYA oath Printed name	OnStott e of officer administering oath		itle of officer administering oath
(2) Unsworn Declaration		OR		
		, and my date	of birth is	
My address is				·
	(street)	(city)	(state) (zi	ip code) (country)
	(00000)	(ong)		, 20 (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	LER NAME 20 Filer ID (Ethics Cor s. Brandy Douglas		mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULEA1: MONETARY POLITICAL CONTRIBUTIONS		\$
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIB	BUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERS	SONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POL	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND C TO FILER	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	

	<b>ARY POLITICAL CONTRIBU</b> sted information is not applicable, <b>DO NOT ir</b>		SCHEDULE A1
The	Instruction Guide explains how to complete thi	s form.	1 Total pages Schedule A1:
2 FILER NAME Ms. Bran	dy Douglas		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor out-of-state PA jacqueline love-worline	c (ID#:) State; Zip Code ey, TX 75071	7 Amount of contribution (\$) 100.00
	I Ipation / Job title (See Instructions) OURT REPORTER	9 Employer (See Instruct Collin County	ions)
Date 12/07/2023	Full name of contributor       out-of-state PA         Pamela McGraw       Contributor address;         Contributor address;       City;         408 E. Main St.Denison	State; Zip Code	Amount of contribution (\$)
Principal occup Attorney	Dation / Job title (See Instructions)	Employer (See Instruct Self	ions)
<sub>Date</sub> 01/16/2024	Full name of contributor out-of-state PA Jerry Eldredge Contributor address; City; 892 Harshbarger RdSadler, TX		Amount of contribution (\$) 1,000.00
	pation / Job title (See Instructions) stems Analyst	Employer (See Instruct Choctaw Nation of (	
Date	Full name of contributor out-of-state PA Jasmine Ballard Contributor address; City; 1317 W Walker StDenison, TX	State; Zip Code	Amount of contribution (\$)
Principal occu Cashier	pation / Job title (See Instructions)	Employer (See Instruct Compatible delights	
	ATTACH ADDITIONAL COPIES If contributor is out-of-state PAC, please see Inst		

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the requested information is not applicable, DO NOT include this page in the	e report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME BYANDA DAULAS	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor 0 out-of-state PAC (ID#) N1263 LAShawn Charlot	7 Amount of contribution (\$)
6 Contributor address; City; State; Zip Code	410.00
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	utiona)
Self employed lashawn M	
Date Full name of contributor out-of-state PAC (ID#:)	
12-12-73 Contributor address; City; State; Zip Code	. 100. 02
2341 Canyon Creek Dr. Shemmen T2 75	092
Principal occupation / Job title (See Instructions) Employer (See Instru FOWDER Idention Structure	ctions)
Date Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)
12-12-73 Contributor address; City; State; Zip Code	\$50.32
1614 Idiewood Dr. Sharman TR 75092	untion of the second se
Principal occupation / Job title (See Instructions) Employer (See Instru Professor Single Fasture	O'Mahomu State University
Date Full name of contributorout-of-state PAC (ID#:)	Amount of contribution (\$)
Nadeline Andersen (2-12-33) Contributor address; City; State; Zip Code	
674 Oak Creek R. Cedar Hill TR 75704	100
Principal occupation / Job title (See Instructions) Employer (See Instru Dented Divertor Mut Life	ictions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS If contributor is out-of-state PAC, please see Instruction guide for additiona	

Date       Full name of contribution       I out-of-state PAC (ID#)       7 Amount of contribution (\$)         2173       6 Contributor address;       City;       State; Zip Code       \$ 25.2         Principal occupation / Job title (See Instructions)       9 Emoloyer (See Instructions)       \$ 25.2         Principal occupation / Job title (See Instructions)       9 Emoloyer (See Instructions)       \$ 25.2         Principal occupation / Job title (See Instructions)       9 Emoloyer (See Instructions)       \$ 25.2         Principal occupation / Job title (See Instructions)       9 Emoloyer (See Instructions)       \$ 25.2         Principal occupation / Job title (See Instructions)       9 Emoloyer (See Instructions)       \$ 25.2         Principal occupation / Job title (See Instructions)       \$ 25.2       \$ 400.2         Principal occupation / Job title (See Instructions)       \$ 27.2       \$ 400.2         Principal occupation / Job title (See Instructions)       \$ 27.2       \$ 400.2         Principal occupation / Job title (See Instructions)       \$ 27.2       \$ 400.2         Principal occupation / Job title (See Instructions)       \$ 27.2       \$ 400.2         Principal occupation / Job title (See Instructions)       \$ 27.2       \$ 25.2         Principal occupation / Job title (See Instructions)       \$ 25.2       \$ 25.2         Principal occ	The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
Date       S Full name of contribution       out-of-state PAC (D#	FILER NAME	Brand. Doulos	3 Filer ID (Ethics Commission Filers)
Principal occupation / Job title (See Instructions)       Date     Full name of contributor     I out-of-state PAC (ID#     Amount of contribution (\$)       Date     Full name of contributor     I out-of-state PAC (ID#     Amount of contribution (\$)       Principal occupation / Job title (See Instructions)     Employer (See Instructions)     I food       Principal occupation / Job title (See Instructions)     Employer (See Instructions)     I food       Principal occupation / Job title (See Instructions)     Employer (See Instructions)     I food       Principal occupation / Job title (See Instructions)     Employer (See Instructions)     I food       Date     Full name of contributor     I out-of-state PAC (ID#     Amount of contribution (\$)       I food     I food     I food     I food     I food       Principal occupation / Job title (See Instructions)     Employer (See Instructions)     I food     I food       I food     I food     I food     I food     I food     I food     I food       Principal occupation / Job title (See Instructions)     I food     I food     I food     I food       I food     I food     I food     I food     I food     I food     I f	Date	5 Full name of contributor	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions)       9 Emoloyer (See Instructions)         AUD MATA       NWA         Date       Full name of contributor       out-of-state PAC (ID#)       Amount of contribution (\$)         UNB       UNB       UNA       Amount of contribution (\$)         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       #100. #         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       #100. #         Date       Full name of contributor       out-of-state PAC (ID#	2-12-73		\$ 25.22
Date       Full name of contributor       out-of-state PAC (ID#	Principal occu		ctions)
Line       Line       Line       Allow of contribution (\$)         Line       Line       Line       Line       Line         Line       Line       Line       Line       Line       Line         Line       Line       Line       Line       Line       Line       Line         Line       Line       Line       Line       Line       Line       Line       Line         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Employer (See Instructions)       Line       Line         Date       Full name of contributor       out-of-state PAC (ID#:	f	Allountant NWR	•
410       N. 4 <sup>H</sup> Arr       DWant       Ok       H701         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       Amount of contributions)         Date       Full name of contributor       I out-of-state PAC (ID#:			Amount of contribution (\$)
Principal occupation / Job title (See Instructions)       Employer (See Instructions)         Suppose Workington       Amount of contribution         Date       Full name of contributor       out-of-state PAC (ID#:)         Amount of contribution       Amount of contribution (\$)         0.12-73       Contributor address;       City;         0.12-73       Contributor address;       City;         0.12-73       Contributor address;       City;         0.12-73       Contributor address;       City;         0.12-73       Full name of contributor       Employer (See Instructions)         0.12-73       Contributor address;       City;         Principal occupation / Job title (See Instructions)       Employer (See Instructions)         0.12-73       Full name of contributor       Date         Full name of contributor       Out-of-state PAC (ID#:)       Amount of contribution (\$)         0.12-73       Contributor address;       City;       State; Zip Code         0.12-73       Contributor address;       City;       State; Zip Code         0.12-73       QS I SH. NF. Washingtin DV, 20002       \$\$	21273		\$100.2
Strip     Wind     Amount of contribution (\$)       Date     Full name of contributor     I out-of-state PAC (ID#:)     Amount of contribution (\$)       U.D78     Contributor address;     City;     State;     ZIp Code       U.D78     Contributor address;     City;     State;     ZIp Code       U.D78     Contributor address;     City;     State;     ZIp Code       U.D78     Employer (See Instructions)     Employer (See Instructions)     Image: City;       Date     Full name of contributor     Image: City;     State;     Zip Code       Date     Full name of contributor     Image: City;     State;     Zip Code       Date     Full name of contributor     Image: City;     State;     Zip Code       U.D7-23     Contributor address;     City;     State;     Zip Code       208 I St. NE Washington DX     20002     Image: City;     State;     Zip Code	Principal occu		tions)
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	5		
2-12-33       Contributor address;       City;       State;       Zip Code       9°15         1448       State:       Massenfe       R       75181         Principal occupation / Job title (See Instructions)       Employer (See Instructions)       0 i WS         Date       Full name of contributor       □ out-of-state PAC (ID#:)       Amount of contribution (\$)         Principal Occupation / Job title (See Instructions)       □ out-of-state PAC (ID#:)       Amount of contribution (\$)         Date       Full name of contributor       □ out-of-state PAC (ID#:)       Amount of contribution (\$)         2-12-23       Contributor address;       City;       State;       Zip Code         205 1 St. NE Washingfon DL 2002       \$500.42       \$500.42	Date		Amount of contribution (\$)
Full name of contributor     I out-of-state PAC (ID#:)     Amount of contribution (\$)       Date     Full name of contributor     I out-of-state PAC (ID#:)     Amount of contribution (\$)       Philp     Philp     Philp     Philp       2-12-23     Contributor address;     City;     State; Zip Code       20515F. NF     Washing n     Dq. 20002	1-12-33	Contributor address; City; State; Zip Code	
Date     Full name of contributor     I out-of-state PAC (ID#:)     Amount of contribution (\$)       2-12-23     Contributor address;     City;     State; Zip Code       2081 St. NF Washington DC 2002     \$2002		6448 Sudbury In. Mesquite TR 75181	
2-12-23 Contributor address; City; State; Zip Code 205 1 St. NE Washingen DC 2002	Principal occu		ctions)
2081 St. NE Washingen DC 20002 4500.	Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of contribution (\$)
	1-12-13		\$500.°
	Principal occuj		ctions)

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MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the requested information is not applicable, DO NOT include this page in the	he report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME Branch Daylos	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor Dout-of-state PAC (ID#:	7 Amount of contribution (\$)
12-13-73 6 Contributor address; City; State; Zip Code 1721 W. MCGER Sh Sherman TR 75072	\$100-2
8 Principal occupation / Job title (See Instructions) Ubal Actastant 9 Employer (See Inst Attornay	
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
2-14-23 Contributor address; City; State; Zip Code 408 F. Mun Duisn, R 7502	\$25.2°
Principal occupation / Job title (See Instructions) Employer (See Inst	ructions)
Date Full name of contributor out-of-state PAC (ID#;	_) Amount of contribution (\$)
12-15-24 Contributor address; City; State; Zip Code	\$50.°e
Principal occupation / Job title (See Instructions) Employer (See Inst	rustione)
	ar thers
Date Full name of coritributor Out-of-state PAC (ID#:	_) Amount of contribution (\$)
12-19:24 Contributor address; City; State; Zip Code	\$500.2
4415 S. Shaver St. Casadenn TR 77501	
Principal occupation / Job title (See Instructions) Employer (See Inst AHMANA SUF	ructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for addition	
Forms provided by Texas Ethics Commission www.ethics.state.tx.us	Revised 11/15/202

MONETARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the requested information is not applicable, DO NOT include this page in t	the report.
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
2 FILER NAME BYAND DAY AS	3 Filer ID (Ethics Commission Filers)
4 Date 5 Full name of contributor □ out-of-state PAC (ID# 12-W-B 6 Contributor address; City; State; Zip Code	) 7 Amount of contribution (\$)
12-W-B 6 contributor address; City; State; Zip Code 772 Sylumore Tran Forms, TR 75124	\$25. 2
8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions)	1.4
Date Full name of contributor out-of-state PAC (ID#: FN'CA HUMPA BOWN	_) Amount of contribution (\$)
12-21-23 Enica Hupper Brun Contributor address; City; State; Zip Code	\$100.20
13324 W. Progress Circle Littleton W. 30127	
Principal occupation / Job title (See Instructions) Employer (See Instructions)	tructions)
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
12-25-73 Contributor address; City; State; Zip Code 408 E. Mar Dehista D 25021	\$ 25.2
Principal occupation / Job title (See Instructions) Employer (See Inst	tructions)
Attorne Sut	
Date Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)
12-28.23 Contributor address; City; State; Zip Code	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
407 F. Greubrier Derion, & BDW	
Principal occupation / Job title (See Instructions) Employer (See Inst Complexity of the set of th	tructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE A If contributor is out-of-state PAC, please see Instruction guide for addition	