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 (Et	hics Commission Filers)	2 Total pages f	iled:
3 CANDIDATE/ OFFICEHOLDER NAME	MS / MRS MR	Brent		R.	OFFICE	USEONLY
NAME	NICKNAME	Richard	5	SUFFIX	Date Received RECE	EIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	P.O. Box	APT/SUITE #	sland, T		LLAN	6 2024 O CO. FIONS
Change of Address		The State of the S			ADMINIS	STRATOR
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION		d or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	Wanda	1	MI MI	Receipt #	Amount \$
NAME	NICKNAME	LAST		SUFFIX	Date Processed	
		Taylor NO PO BOX PLEASE); APT /		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS		T Dr., King:		CITY;	3 9	ZIP CODE
(Residence or Business)						
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXT	ENSION		
9 REPORT TYPE	January 15	30th day before	election	Runoff		after campaign appointment ler Only)
	July 15	8th day before e	election	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 0 2	Day Year / 27 / 202-	4 THROUGH	Month 05	20 /20	
11 ELECTION	ELECTION DA			ELECTION TYPE		
II ELECTION		Primer	Runoff			
	05/28	1001		Description		
12 OFFICE	OFFICE HELD (if any)			COUGHT (If known		ProcincT 3
14 NOTICE FROM POLITICAL	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTION CEHOLDER. THESE EXPENDITURE S AND OFFICEHOLDERS ARE REQ	ES MAY HAVE BEEN M	ADE WITHOUT THE CANE	DIDATE'S OR OFFICEHO	LDER'S KNOWLEDGE OR
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS	125			
	SPECIFIC	COMMITTEE CAMPAIGN TE	REASURER NAME			
		COMMITTEE CAMPAIGN T	REASURER ADDRES	SS		
		GO TO	PAGE 2			

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CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

	The state of the s	
15 C/OH NAME	16	Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1,999 10
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$4770.49
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DOF REPORTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$3,563 95
(4) Assidanis	Please complete either option below:	
(1) Affidavit		
NOTARY STAMP/SEA	AL .	
	this the	day of,
20, to certify	y which, witness my hand and seal of office.	
Signature of officer administ	ering oath Printed name of officer administering oath	Title of officer administering oath
	OR	TENEDON OF THE
(2) Unsworn Declarat	-111	3/7/1951
My name is 510		4. 78639 USA
, addi 000 10	(street) (city) (state	te) (zip code) (country)
Executed in	County, State of TX , on the day of May	20 2.4 . (year)
	12 mille	e/Officeholder (Declarant)
	Signature of Candidate	e/Oniceriolder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	Brent R. Richards	20 Filer ID (Ethics Cor	nmission Filers)
	HEDULE SUBTOTALS ME OF SCHEDULE		SUBTOTAL AMOUNT
1. (SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$1,9991
2. [SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTION	ons	\$
3. [SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE E: LOANS		\$ 5,000
5. [SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL	AL CONTRIBUTIONS	\$
6. [SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. [SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLI	TICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$ 376 50
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONA	AL FUNDS	\$ 376 50 \$4393 91
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. [SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITIC	CAL CONTRIBUTIONS	\$
2. [SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONT	TRIBUTIONS RETURNED	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, DO NOT include this page in the report.

-		1 Total pages Schedule A1:
ine	Instruction Guide explains how to complete this for	2
Bren.	T R. Richards	3 Filer ID (Ethics Commission Filers)
Date	5 Full name of contributor out-of-state PAC (IDM: Cathy A. Tramme // 6 Contributor address: City: St	Tate; Zip Code Sumrise Beach, TX 78643
1	pation / you tile (See matructions)	Employer (See Instructions)
Date /2/24	Full name of contributor out-of-state PAC (IDM: AnneTte Sandoval Contributor address: City; St	#15000 late; Zip Code
-		Employer (See Instructions)
Date 13/24	Full name of contributor	Amount of contribution (\$)
3/27	Contributor address; City; St., Llans, TX 786	ate; Zip Code
ReTir	pation / Job title (See Instructions)	Employer (See Instructions)
Date /24/24	Full name of contributor out-of-state PAC (IDM: **Bennie Wallace** Contributor address; City; Si	Amount of contribution (\$) ### ### ### ### ### ################
	Llano, TX 7	86-13
Dringing con	·	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The	Instruction Guide explains ho	w to complete t	his form.	1 Total pages Schedule A1:
FILER NAME				3 Filer ID (Ethics Commission Filers)
Date /24/24	5 Full name of contributor Ranhie Glen 6 Contributor address:	City;	State; Zip Code	7 Amount of contribution (\$) \$\delta\q959^{\frac{76}{2}}\$
Principal occ Develo	upation / Job title (See Instructions	5)	9 Employer (See Instruct Self-Emplo	0
Date	Full name of contributor Bonnic Weekler Contributor address;	City;	PAC (ID#:) State; Zip Code 7× 78-13	Amount of contribution (\$)
Principal occu	pation / Job title (See Instructions		Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state i	PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor	out-of-state	PAC (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

LOANS

SCHEDULE E

If the requested information is not applicable, DO NOT include this page in the report.

The	Instruction Guide explain	s how to compl	ete this form.	1 Total pages Schedule E:
Brent i	R Richard	5		3 Filer ID (Ethics Commission File
TOTAL OF U	NITEMIZED LOANS			\$
Date of loan	7 Name of lender BrenT R.	out-of-state		9 Loan Amount (\$)
Is lender a financial Institution?	8 Lender address;	City;	State; Zip Code	10 Interest rate
Y Ø		Kingsland	, TX 78639	End of Campaign
Principal occupat	ion / Job title (See Instruction	ns)	13 Employer (See Instructions)	
Description of Co	llateral		Check if personal fu account (See instru	nds were deposited into political ctions)
GUARANTOR INFORMATION	17 Name of guarantor			19 Amount Guaranteed (\$)
	18 Guarantor address;	Cibe	State: 7in Code	
7 not applicable		City;	State; Zip Code	
not applicable		City,	21 Employer (See Instructions)	
Principal Occupa		out-of-state	21 Employer (See Instructions) PAC (IDI:)	Loan Amount (\$) 42,500
Principal Occupa Date of loan 2/24 Is lender a financial	ation (See Instructions) Name of lender	out-of-state	21 Employer (See Instructions) PAC (IDI:)	Loan Amount (\$) 12,500 Interest rate 0 %
Principal Occups Date of loan 2/24 Is lender a financial	Name of lender Brent R. Ru Lender address;	out-of-state	21 Employer (See Instructions) PAC (IDII:)	Interest rate Maturity date
Principal Occupa	Name of lender Brent R. Ru Lender address;	out-of-state charls charls City; Kingdan	21 Employer (See Instructions) PAC (IDIF:) State; Zip Code	Interest rate O 7, Maturity date End of Campanya
Principal Occupation Date of loan 2/24 Is lender a financial Institution? Y N Principal occupation	Name of lender Brent R. R. Lender address;	out-of-state charls charls City; Kingdan	21 Employer (See Instructions) PAC (IDII:) State; Zip Code P. T. 78639 Employer (See Instructions)	Interest rate O 7, Maturity date Fall of Campanya
Principal Occupation Date of loan 2/24 Is lender a financial Institution? Y N Principal occupation Return a Communication of Communicati	Name of lender Brent R. R. Lender address;	out-of-state charls charls City; Kingdan	21 Employer (See Instructions) PAC (IDII:) State; Zip Code // Tx 78639 Employer (See Instructions)	Interest rate O 7, Maturity date Fall of Campanya
Principal Occupation 2/24 Is lender a financial Institution? Y N Principal occupation Retired Description of Company of Compan	Name of lender Brent R. R. Lender address;	out-of-state charls charls City; Kingdan	21 Employer (See Instructions) PAC (IDII:) State; Zip Code // Tx 78639 Employer (See Instructions)	Interest rate O 7, Maturity date End of Campanya ands were deposited into political actions)
Principal Occupation Date of loan 2/24 Is lender a financial Institution? Y N Principal occupation Return a financial Institution for Company of Com	Name of lender Brent R. R. Lender address; tion / Job title (See Instruction) Name of guarantor Guarantor address;	out-of-state charls City; Kingsland	21 Employer (See Instructions) PAC (IDII:) State; Zip Code // Tx 78639 Employer (See Instructions) Check if personal for account (See Instru	Interest rate O 7 Maturity date Field of Care, as you ands were deposited into political actions)

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Accounting/Banking Consulting Expense Contributions/Donations Mac Candidate/Officeholder/Po	de By Gift/Awar	verage Expense rda/Memorials Expense rvices	Polling E Printing	verhead/Rental Expen: Expense Expense /Wages/Contract Labo	Travel In District Travel Out Of D	
The Instruction	n Guide explains how to c	complete this form.		USE A NEW PAGE	FOR EACH CREDIT	CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	Brent &	2. Richar	ds		3 FILER ID (E	thics Commission Filers)
4 TOTAL OF UNITEMIZED EX	(PENDITURES CHARGED TO				\$ 376	50
S CREDIT CARD ISSUER ARTAL BUE	Name of financial institution of the last the la	ution Dae		- Alles		
6 PAYMENT	(a) Amount Charged \$ 376-50	(b) Date Expenditure 4/29/2	7	(c) Date(s) Credit C	ard Issuer Paid	
7 PAYEE	Print Place		(b) Payee ad	.11-	City, s Berlington, Ti	ktate, Zip Code
8 PURPOSE OF EXPENDITURE Political Non-Political	(a) Category (See Categories Printing (c) Check if travel or			(b) Description Flyers Chec	k if Austin, TX, officeholder	living expense
9 Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder	name	Of	fice Sought	Office	e Held
PAYMENT	(a) Amount Charged	(b) Date Expenditur	re Charged	(c) Date(s) Credit C	ard Issuer Paid	
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City, S	itate, Zip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) (b) Description					
Non-Political	(c) Check if travel o	utside of Texas. Complete	Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholder	r na me	Of	fice Sought	Office	e Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Credit C	ard Issuer Paid	
PAYEE	(a) Payee name		(b) Payee ad	ldress;	City, S	State, Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories	listed at the top of this sched	ule)	(b) Description		
Political Non-Political	(c) Check if travel o	utside of Texas. Complete	Schedule T.	ch	neck if Austin, TX, officehold	der living expense
Complete ONLY If direct expenditure to benefit C/OH	Candidate / Officeholde	r name	Of	fice Sought	Office	e Held
	ATTACH ADD	ITIONAL COPIES	OF THIS	SCHEDULE AS	SNEEDED	

POLITICAL EXPENDITURES MADE FROM **PERSONAL FUNDS**

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Food/Beverage Expense Glft/Awards/Memorials Expense Legal Services

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Credit Card Payment	The Instruction Guide explains how to complete this form.
Total pages Schedule G:	2 FILER NAME Breat R. Richards 3 Filer ID (Ethics Commission Filers)
Date 3/13/24	5 Payee name 519ns Across Texas
Amount (\$) 1896.56 Relmbursement from political contributions intended	7 Payee address; City; State; Zip Code 2251 W. Ranch Roul 1431 Kingsland TX 78839
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense 51995, Campaign
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
emplete ONLY if direct penditure to benefit C/OH	Candidate / Officeholder name Office sought Office held
Date 8/27/24	Payee name KMUD
Amount (\$) 259 Reimbursement from political contributions intended	Payee address; City; State; Zip Code 100 Ingram ST. Kingsland TX 78639
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EvenT Expense MeeT 4 GreeT
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	
Pate 4/13/24	Markel American Insurance CO.
Amount (\$) 1/50.00 Reimbursement from political contributions intended	Payee address; City; State; Zip Code P.B. Box 906 Pewayket Wisconsin 53072-0906
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EvenT Expense EvenT Insurance
	Check litravel outside of Texas. Complete Schedule T. Check lif Austin, TX, officeholder living expense

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
CandidatOfficeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundralsing Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Polith Credit Card Payment	cal Committee Legal Services Salaries/N The Instruction Guide explains how to c	Vages/Contract Labor complete this form.	Other (enter a categor	y not listed above)
1 Total pages Schedule G: Page 2 of 3	Brent R. Ruhards		3 Filer ID (Ethics	Commission Filers)
4 Date 4/2/24	5 Payee name Highland Lakes Week!	' Y		
Amount (\$) 70.00 Reimbursement from political contributions intended	7 Payee address; P.D. Box 911 Kingsland	City;	State; 7 85 39	Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) EvenT Expense	(b) Description AuerTisin	7	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Check if Austin, 1 Office sought	TX, officeholder living ex	office held
1/22/24	Signs Acress Texas			
Amount (\$) 871. 25 Reimbursement from political contributions intended	Payee address; 2251 W Ranch Road 1431	City; Kingsland	State;	Zip Code 78639
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertsing Expense C Check if travel outside of Texas. Complete Schedule T.	Description Campage	51945 TX, officeholder living ex	Vhahea
Complete QNLY if direct expenditure to benefit C/O	Candidate / Officeholder name	Office sought		Office held
4/22/24	ACE Hardware			
Amount (\$) ### 303.46 Reimbursement from political contributions intended	Payee address;	city;	State;	Zip Code
PURPOSE OF EXPENDITURE		Description T-PosTs for D		
	Check if travel outside of Texas. Complete Schedule T.		TX, officeholder living ex	2.22
Complete ONLY if direct expenditure to benefit C/OH		Office sought		Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

If the requested information is not applicable, DO NOT include this page in the report.

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

Event Expense Fees Food/Beverage Expense Gitt/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salarles/Wages/Contract Labor

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Cut Of District

Candidate/Officeholder/Polit Credit Card Payment	cal Committee Legal Services Salaries The Instruction Guide explains how to	Wages/Contract Labor complete this form.	Other (enter a category not listed above)
Total pages Schedule G:	Brest R. Richards		3 Filer ID (Ethics Commission Filers)
Date 5/13/24	5 Payee name Signs Across Texas		
Amount (\$) 175.31 Relmbursement from political contributions intended	7 Payee address; 2251 W Ranch Real 1431	City; Kingsland	State; Zip Code TX 78631
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description	
mplete <u>ONLY</u> if direct penditure to benefit C/OH	(c) Check if travel outside of Texas. Complete Schedule T. Candidate / Officeholder name	Office sought	TX, officeholder living expense Office held
Date 1/14/24	Payee name USPS Kingsland TX		
Amount (\$) 616.51 Relmbursement from political contributions intended	Payee address; 1901 W Kanch Read 1431	Kingsland	State; Zip Code 7× 78631
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Mailing Co	very Door Delivery
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/	Candidate / Officeholder name OH	Office sought	Office held
Date 3/6/24 3/13/24	Anedot Online Fundra	ising	
Amount (5) \$10-30 \$10-30 \$40-30	Payee address: 1340 Paydras ST. New L Suite 1770	City: Drleans	State; Zip Code LA 7011 2
	Category (See Categories listed at the top of this schedule)	Description Donation	6
PURPOSE OF EXPENDITURE	Fees	Vonation	166)
OF	Check if travel outside of Texas. Complete Schedule T.		, TX, officeholder living expense