

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

<p>The C/OH Instruction Guide explains how to complete this form.</p>		<p>1 Filer ID (Ethics Commission Filers)</p>	<p>2 Total pages filed:</p>
<p>3 CANDIDATE / OFFICEHOLDER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p><i>Daphne</i> <i>D.</i></p> <p>NICKNAME LAST SUFFIX</p> <p><i>Brookins</i></p>		<p>OFFICE USE ONLY</p> <p>Date Received</p> <p>RECEIVED</p> <p>OCT 28 2019</p> <p>Board of Education</p> <p>Date <u>Hand-delivered</u> or Date Postmarked</p> <p><i>10-28-19</i></p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>
	<p>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</p> <p>ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><i>4729 LEONARD St.</i></p> <p><i>Forest Hill, TX 76119</i></p> <p><input type="checkbox"/> Change of Address</p>		
<p>5 CANDIDATE / OFFICEHOLDER PHONE</p> <p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>(817) 733-0727</i></p>			
<p>6 CAMPAIGN TREASURER NAME</p>	<p>MS / MRS / MR FIRST MI</p> <p><i>Glenn</i> <i>H.</i></p> <p>NICKNAME LAST SUFFIX</p> <p><i>Spoons</i></p>		
	<p>7 CAMPAIGN TREASURER ADDRESS</p> <p>STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE</p> <p><i>1912 Delga St.</i></p> <p><i>Fort Worth, TX 76102</i></p> <p>(Residence or Business)</p>		
<p>8 CAMPAIGN TREASURER PHONE</p>	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p><i>(817) 988-0500</i></p>		
<p>9 REPORT TYPE</p>	<p> <input 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) </p> <p> <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR) </p>		
<p>10 PERIOD COVERED</p>	<p>Month Day Year Month Day Year</p> <p><i>10 / 5 / 19</i> THROUGH <i>10 / 28 / 19</i></p>		
<p>11 ELECTION</p>	<p>ELECTION DATE ELECTION TYPE</p> <p>Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description</p> <p><i>11 / 5 / 19</i> <input type="checkbox"/> General <input checked="" type="checkbox"/> Special</p>		
<p>12 OFFICE</p>	<p>OFFICE HELD (if any) 13 OFFICE SOUGHT (if known)</p>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME

15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM
POLITICAL
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

COMMITTEE NAME

☐ GENERAL

☐ SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY), UNLESS ITEMIZED

\$

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4350

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS,
UNLESS ITEMIZED

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 4038.04

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

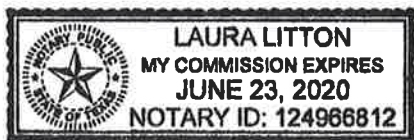
\$ 1025.56

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$

18 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Daphne D. Brookins

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daphne D. Brookins, this the 28th day of October, 20 19, to certify which, witness my hand and seal of office.

Laura Litton

Signature of officer administering oath

Laura Litton

Printed name of officer administering oath

Assistant

Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 4350
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 4038.04
6.	<input checked="" type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 5501.34
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

8

2 FILER NAME

DAPHNE BROOKINS

3 Filer ID (Ethics Commission Filers)

4 Date

10/13/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

MARTY LEONARD (Mrs.)

6 Contributor address;

City; State; Zip Code

4411 SHADY OAKS Lw. FTW, TX 76107

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/15/19

Full name of contributor

☐ out-of-state PAC (ID#:

Ann & Zedime WARD

Contributor address;

City; State; Zip Code

3601 Monticello Dr. FTW, TX 76107

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/19

Full name of contributor

☐ out-of-state PAC (ID#:

John Williams

Contributor address;

City; State; Zip Code

4137 LAFAYETTE AVE. FTW, TX 76107

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/19

Full name of contributor

☐ out-of-state PAC (ID#:

JANIE RECTOR

Contributor address;

City; State; Zip Code

325 N. BROADWAY RD, AZLE, TX 76020

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

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 how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Daphne Brooks

3 Filer ID (Ethics Commission Filers)

4 Date

10/15/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

KEN + KAREN BARR

7 Amount of contribution (\$)

\$ 150

6 Contributor address;

City; State; Zip Code

3101 Abundant

FW, TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/15/19

Full name of contributor

☐ out-of-state PAC (ID#:

Cindy Boyd

Amount of contribution (\$)

\$ 75

Contributor address;

City; State; Zip Code

3720 Belaire Dr. North FW, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/15/19

Full name of contributor

☐ out-of-state PAC (ID#:

Scott + Julie Kleberg

Amount of contribution (\$)

\$ 250

Contributor address;

City; State; Zip Code

104 Hazelwood Dr., FW, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/12/19

Full name of contributor

☐ out-of-state PAC (ID#:

Charles B. Maxwell

Amount of contribution (\$)

\$ 200

Contributor address;

City; State; Zip Code

Commerce Maxwell Bldg.
950 Commerce St. FW, TX 76102

Principal occupation / Job title (See Instructions)

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 how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Daphne Brooks

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

John & Linda Madrup

6 Contributor address;

City; State; Zip Code

2120 Ridgmar Blvd Ste. 14 FtW, TX 76116

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/17/19

Full name of contributor

☐ out-of-state PAC (ID#)

Martha Price

Contributor address;

City; State; Zip Code

5429 Northeast Rd. FtW, TX 76107

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/19

Full name of contributor

☐ out-of-state PAC (ID#)

JAN FEELING

Contributor address;

City; State; Zip Code

3800 Trailwood FtW, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/19

Full name of contributor

☐ out-of-state PAC (ID#)

LOFTON CAROL WITCHER

Contributor address;

City; State; Zip Code

3985 W. Vickrey Blvd., FtW, TX 76107

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

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 how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

DAPHNE BROOKINS

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

DAVID & JAN HULL

6 Contributor address;

City; State; Zip Code

3958 SARGENT PARK FHW, TX 76109

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/17/19

Full name of contributor

☐ out-of-state PAC (ID#:

RON & CAROL GOLDMAN

Contributor address;

City; State; Zip Code

1880 HULSTON ST. FHW, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/19

Full name of contributor

☐ out-of-state PAC (ID#:

DAUG & JILL BLACK

Contributor address;

City; State; Zip Code

2031 WARD PARKWAY FHW, TX 76110

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/19

Full name of contributor

☐ out-of-state PAC (ID#:

MELODY JOHNSON

Contributor address;

City; State; Zip Code

2709 MANORWOOD DR FHW, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

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 how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Daphne Brooks

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

Matt & Lisa Rose

6 Contributor address;

City; State; Zip Code

1110 Post Oak Pl. WICKLAK, TX 76262

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/17/19

Full name of contributor

☐ out-of-state PAC (ID#)

Mike & Rhonda Needham

Contributor address;

City; State; Zip Code

6251 Klamath Rd. FHW, TX 76116

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/19

Full name of contributor

☐ out-of-state PAC (ID#)

Virginia Smith

Contributor address;

City; State; Zip Code

612 Rowing Springs Rd. FHW, TX 76114

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/19

Full name of contributor

☐ out-of-state PAC (ID#)

Pete & Beckie Green

Contributor address;

City; State; Zip Code

1200 Washington Ave. FHW, TX 76107

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

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 how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

DAPHNE BECKINS

3 Filer ID (Ethics Commission Filers)

4 Date

10/17/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

BARKE + STEPHANIE HARVEY

6 Contributor address;

City: State: Zip Code

4316 RIDGEHAVEN CT. FTW, TX 76116

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/17/19

Full name of contributor

☐ out-of-state PAC (ID#:

Patricia HONEA

Contributor address;

City: State: Zip Code

4701 HARLEY AVE., FTW, TX 76107

Amount of contribution (\$)

\$25

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/19

Full name of contributor

☐ out-of-state PAC (ID#:

JAN CUREY

Contributor address;

City: State: Zip Code

6125 PLUM VALLEY PL. FTW, TX 76116

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/17/19

Full name of contributor

☐ out-of-state PAC (ID#:

JULY NEEDHAM

Contributor address;

City: State: Zip Code

6341 Klamath Rd., FTW, TX 76116

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

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 how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

DAPHNE BROOKINS

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

JOHN & JEAN ROACH II

6 Contributor address;

City; State; Zip Code

2805 Alton Rd. FtW, TX 76109

7 Amount of contribution (\$)

\$200

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/18/19

Full name of contributor

☐ out-of-state PAC (ID#:

BOB & JOANI BENDA

Contributor address;

City; State; Zip Code

608 Paint Pony Trail North FtW, TX 76108

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/19

Full name of contributor

☐ out-of-state PAC (ID#:

JOHN KLEINHEIMZ

Contributor address;

City; State; Zip Code

301 Commerce St. Suite 1400 FtW, TX 76102

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/18/19

Full name of contributor

☐ out-of-state PAC (ID#:

GAIL RAWL

Contributor address;

City; State; Zip Code

4 Westover Rd. FtW, TX 76107

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

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 how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Daphne Brooks

3 Filer ID (Ethics Commission Filers)

4 Date

10/18/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Carbonyl Ellie Buellette

6 Contributor address;

City; State; Zip Code

4717 Lafayette Ave., FtW, TX 76107

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/19/18

Full name of contributor

☐ out-of-state PAC (ID#:

Richard Abrams

Contributor address;

City; State; Zip Code

6145 Wedgwood Dr. FtW, TX 76133

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address;

City; State; Zip Code

Amount of contribution (\$)

Principal occupation / Job title (See Instructions)

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.

1950

M505

I-35 76134

S. Freeway

POLITICAL EXPENDITURES MADE 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: <u>2</u>		2 FILER NAME <u>DAPHNE BROOKINS</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>10/15/19</u>		5 Payee name <u>FTW Black News</u>			
6 Amount (\$) <u>\$145.00</u>		7 Payee address; City; State; Zip Code <u>P.O. Box 121961 FTW, TX 76121</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Advertising & Publicity 1/8 PAGE Display Ad BLK/whit.</u>		(b) Description <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 <u>DAPHNE BROOKINS</u>		Office sought <u>State Representative</u> Office held	
Date <u>10/22/19</u>		Payee name <u>Home Depot</u>			
Amount (\$) <u>\$180.15</u>		Payee address; City; State; Zip Code <u>7950 South Freeway FTW, TX 76134</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising</u>		Description <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	
Date <u>10/24/19</u>		Payee name <u>Murphy NASIC & Associates</u>			
Amount (\$) <u>\$3212.89</u>		Payee address; City; State; Zip Code <u>815-A Brazos St. STE 304 Austin, TX 78701</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Consulting exp. Senior E/3M</u>		Description <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	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL EXPENDITURES MADE 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: 2 FILER NAME **Daphne Brooks** 3 Filer ID (Ethics Commission Filers)

4 Date **10/25/19** 5 Payee name **Murphy Masica & Associates**

6 Amount (\$) **4500** 7 Payee address; City; State; Zip Code **815-A BEAZOS ST, STE 304 Austin, TX 78701**

8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) **Consulting - September** (b) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

Date Payee name

Amount (\$) Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE Category (See Categories listed at the top of this schedule) Description ☐ Check if travel outside of Texas. Complete Schedule T. ☐ Check if Austin, TX, officeholder living expense

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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 F2: 2	2 FILER NAME Daphne Brookins	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$ 5507.37
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5 Date 9/26/19	6 Payee name Murphy NASICA & Assoc	
7 Amount (\$) \$500	8 Payee address; City; State; Zip Code 815-A BRAZOS ST., STE 304 Austin, TX 78701	
9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Monthly Consulting Fee MONTH OF OCTOBER	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Brookins	Office sought Dist 4 Board Rep	Office held
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Date 10/7/19	Payee name Murphy NASICA & Assoc	
Amount (\$) \$1359.35	Payee address; City; State; Zip Code 815-A BRAZOS ST., STE 304 Austin, TX 78701	
TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Letter & Postage	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Brookins	Office sought Dist 4 Board Rep	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2:	2 FILER NAME Daphne Brookins	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 10/9/19	6 Payee name Murphy NASICA & Assoc
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7 Amount (\$) \$2148.76	8 Payee address; City; State; Zip Code 815-A BEAZOS ST. STE 304 Austin, TX 78701
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9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 500 Road Signs	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Brookins	Office sought Dist 4 Board Rep	Office held
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Date 10/9/19	Payee name Murphy NASICA & Assoc
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Amount (\$) \$1499.26	Payee address; City; State; Zip Code 815-A BEAZOS ST. STE 304 Austin, TX 78701
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TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising 25 Road Signs	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Daphne Brookins	Office sought Dist 4 Board Rep	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED