

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)

2 Total pages filed:

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

Daphne
NICKNAME

D
LAST

SUFFIX

Brookins

OFFICE USE ONLY

Date Received

RECEIVED

NOV 14 2019

Board of Education

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

4729 LEONARD St.

Forest Hill, TX 76119

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

733-0727

Date Hand-delivered or Date Postmarked

11-14-19

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

Glenn
NICKNAME

H.
LAST

SUFFIX

Sporns

Receipt #

Amount \$

Date Processed

11-14-19

Date Imaged

11-14-19

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #;

CITY;

STATE;

ZIP CODE

1912 Delca St.

Ford Worth, TX 76102

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(817)

988-0500

9 REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign
treasurer appointment
(Officeholder Only)

☐ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

10/28/19

THROUGH

Month

Day

Year

11/8/19

11 ELECTION

ELECTION DATE

Month

Day

Year

11/5/19

ELECTION TYPE

☐ Primary

☐ Runoff

☐ Other
Description

☐ General

☒ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

District 4 Board
Representative

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)

\$

8,135

EXPENDITURE
TOTALS

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

\$

4. TOTAL POLITICAL EXPENDITURES

\$

7,722.66

CONTRIBUTION
BALANCE

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

\$

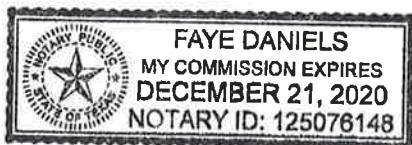
1,437.90

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 Brookins

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Daphne Brookins, this the 14th day of November, 2019, to certify which, witness my hand and seal of office.

Faye Daniels

Signature of officer administering oath

Faye Daniels

Printed name of officer administering oath

Executive Sec.

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 SCHEDULESUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 8,135 ¹⁸
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	\$ 7,722.66
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
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: **10**

2 FILER NAME

DAPHNE BROOKINS

3 Filer ID (Ethics Commission Filers)

4 Date

10/21/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

AL. REV. SAM DULSEY

6 Contributor address;

City; State; Zip Code

1600 TEXAS ST., Apt. 11507 FTW, TX 76102

7 Amount of contribution (\$)

\$ 35

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/21/19

Full name of contributor

☐ out-of-state PAC (ID#:

MR. & MRS. MIKE REILLY

Contributor address;

City; State; Zip Code

1017 S FM ROAD S ALEDO, TX 76008

Amount of contribution (\$)

\$ 250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21/19

Full name of contributor

☐ out-of-state PAC (ID#:

DR. & MRS. GEORGE SIDDEONS

Contributor address;

City; State; Zip Code

6404 KLAMATH RD. FTW, TX 76116

Amount of contribution (\$)

\$ 50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/21/19

Full name of contributor

☐ out-of-state PAC (ID#:

MR. & MRS. TOM STURDIVANT

Contributor address;

City; State; Zip Code

2840 MAVERWOOD DR. FTW, TX 76109

Amount of contribution (\$)

\$ 50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Deposits made 11/1/19

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: 10

2 FILER NAME
Daphne Beakins

3 Filer ID (Ethics Commission Filers)

4 Date
10/21/19

5 Full name of contributor ☐ out-of-state PAC (ID#)

Mr. & Mrs. Ned Stocker
6 Contributor address; City; State; Zip Code
4816 Lafayette Ave., FtW, TX 76107

7 Amount of contribution (\$)

\$50

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
10/21/19

Full name of contributor ☐ out-of-state PAC (ID#)

Mr. & Mrs. Denny Alexander
Contributor address; City; State; Zip Code
2928 Alton Rd. FtW, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/22/19

Full name of contributor ☐ out-of-state PAC (ID#)

Mr. & Mrs. Paul Ray, Jr.
Contributor address; City; State; Zip Code
5914 El Campo Ave. FtW, TX 76116

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date
10/22/19

Full name of contributor ☐ out-of-state PAC (ID#)

Russ Wohlberg & Kathie Cummins
Contributor address; City; State; Zip Code
620 Loring Springs Rd. FtW, TX 76114

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Deposits made 11/1/19

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

250

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 10

2 FILER NAME

Daphne Brookins

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

Hayden Cutler, Jr.

6 Contributor address;

City; State; Zip Code

3825 CAMP BOWE BLVD. FTW, TX 76107

7 Amount of contribution (\$)

\$ 250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#)

Mr. & Mrs. Joseph K. Dulle

Contributor address;

City; State; Zip Code

2127 Pembroke Dr., FtW, TX 76110

Amount of contribution (\$)

\$ 50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#)

Mr. & Mrs. Ronald Clinkscale

Contributor address;

City; State; Zip Code

5801 El Campo Ave. FtW, TX 76107

Amount of contribution (\$)

\$ 250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#)

DAN LOWEANCE

Contributor address;

City; State; Zip Code

2008 Fair Oaks Ln. FtW, TX 76107

Amount of contribution (\$)

\$ 100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Deposits made 11/1/19

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

650

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9/10

2 FILER NAME

Daphne Brookins

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/19

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

DAVID HUNTER

6 Contributor address;

City; State; Zip Code

P.O. Box 471609 Ftw, TX 76147

7 Amount of contribution (\$)

\$250

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

SHEILA JOHNSON

Contributor address;

City; State; Zip Code

4636 Harley Ave Ftw, TX 76107

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

DR. & MRS. ROBERT BATTEN

Contributor address;

City; State; Zip Code

4451 Crestline Rd Ftw, TX 76107

Amount of contribution (\$)

\$50

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/22/19

Full name of contributor

☐ out-of-state PAC (ID#: _____)

MR. & MRS. BRIAN MURPHY

Contributor address;

City; State; Zip Code

715 Jones St, SE 201 Ftw, TX 76102

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Deposits made 11/1/19

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

700

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9/10

2 FILER NAME

Daphne Brooks

3 Filer ID (Ethics Commission Filers)

4 Date

10/22/19

5 Full name of contributor

Patricia Schutts

☐ out-of-state PAC (ID#)

6 Contributor address;

City; State; Zip Code

4701 Washburn Ave., FtW, TX 76107

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/24/19

Full name of contributor

Mr. & Mrs. John Robinson

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

4459 Kiekland Dr., FtW, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/19

Full name of contributor

Paul Leonard, Jr.

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

P.O. Box 1718 FtW, TX 76101

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/24/19

Full name of contributor

Mr. & Mrs. Rick Sorenson

☐ out-of-state PAC (ID#)

Contributor address;

City; State; Zip Code

420 Ridgewood Rd., FtW, TX 76107

Amount of contribution (\$)

\$150

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Deposits made 11/1/19

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

450

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

9/10

2 FILER NAME

Daphne Brooks

3 Filer ID (Ethics Commission Filers)

4 Date

10/24/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Mr. & Mrs. A. E. DIKE

7 Amount of contribution (\$)

\$100

6 Contributor address;

City; State; Zip Code

1108 SHADY OAKS LN. FTW, TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/26/19

Full name of contributor

☐ out-of-state PAC (ID#:

Mr. & Mrs. RAY Dickerson

Amount of contribution (\$)

\$100

Contributor address;

City; State; Zip Code

FTW, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/19

Full name of contributor

☐ out-of-state PAC (ID#:

Mr. & Mrs. Jeff Alexander

Amount of contribution (\$)

\$100.

Contributor address;

City; State; Zip Code

3717 AVENUE DE. FTW, TX 76109

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/19

Full name of contributor

☐ out-of-state PAC (ID#:

Mr. & Mrs. William Meadows

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

121 Rivercrest Dr., FTW, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Deposits made 11/1/19

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

350

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 910

2 FILER NAME

Daphne Brooks

3 Filer ID (Ethics Commission Filers)

4 Date

10/26/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

ANAEL LUEBANOS

6 Contributor address;

City; State; Zip Code

3321 RYAN AVE., FTW, TX 76110

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/26/19

Full name of contributor

☐ out-of-state PAC (ID#)

Mr. & Mrs. Wes Tolver

Contributor address;

City; State; Zip Code

4919 WESTBEAR DR., FTW, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/19

Full name of contributor

☐ out-of-state PAC (ID#)

Mr. & Mrs. Joe March

Contributor address;

City; State; Zip Code

6001 WESTVIEW DR. FTW, TX 76107

Amount of contribution (\$)

\$250.

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/26/19

Full name of contributor

☐ out-of-state PAC (ID#)

Mr. & Mrs. Jim Rosenthal

Contributor address;

City; State; Zip Code

3852 HUSTLE LANE FTW, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Deposits made 11/1/19

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:

10

2 FILER NAME

DAPHNE BROOKINS

3 Filer ID (Ethics Commission Filers)

4 Date

10/26/19

5 Full name of contributor

☐ out-of-state PAC (ID#)

Mr. & Mrs. JAMES RAINBOLT

6 Contributor address;

City; State; Zip Code

6221 INDIAN CREEK DR, FFW, TX 76107

7 Amount of contribution (\$)

\$100

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/26/19

Full name of contributor

☐ out-of-state PAC (ID#)

Mr. & Mrs. DAVID NOLET

Contributor address;

City; State; Zip Code

3663 ENCANTO DR, FFW, TX 76109

Amount of contribution (\$)

\$100

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/19

Full name of contributor

☐ out-of-state PAC (ID#)

MAYOR BETSY PRICE

Contributor address;

City; State; Zip Code

3908 SUMMEECREST DR, FFW, TX 76109

Amount of contribution (\$)

\$250

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/19

Full name of contributor

☐ out-of-state PAC (ID#)

MOLLIE CASARIE

Contributor address;

City; State; Zip Code

1301 HUMBLE CREST FFW, TX 76107

Amount of contribution (\$)

\$500

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Deposits made 11/1/19

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

950

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 9/10

2 FILER NAME

Daphne Brookins

3 Filer ID (Ethics Commission Filers)

4 Date

10/31/19

5 Full name of contributor

PSEL PAC

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

\$1500

6 Contributor address;

City; State; Zip Code

201 MAIN ST., STE 2500 FTW, TX 76102

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

10/31/19

Full name of contributor

Good Covenant Fund

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$1500

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/30/19

Full name of contributor

Glenn Darden

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$250

Contributor address;

City; State; Zip Code

54 VALLEY RIDGE RD FTW, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

10/28/19

Full name of contributor

Mr. & Mrs. John Koslow

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

\$50

Contributor address;

City; State; Zip Code

1913 CANTERBURY DR. FTW, TX 76107

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

* Deposits made 11/1/19

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

3200
3100

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

10

2 FILER NAME

Daphne Brooks

3 Filer ID (Ethics Commission Filers)

4 Date

10/28/19

5 Full name of contributor

☐ out-of-state PAC (ID#:

Melinda Vance

7 Amount of contribution (\$)

\$50

6 Contributor address;

City; State; Zip Code

3901 Makinshed Ln FtW TX 76109

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

11/5/19

Full name of contributor

☐ out-of-state PAC (ID#:

Mr. & Mrs. Paul Andrews

Amount of contribution (\$)

\$500

Contributor address;

City; State; Zip Code

700 Jenkins Rd Aledo, TX

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

Contributor address;

City; State; Zip Code

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.

500

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>3</u>		2 FILER NAME <u>Daphne Brookins</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>10/28/19</u>		5 Payee name <u>Morabson Broadcasting Co.</u>			
6 Amount (\$) <u>\$300</u>		7 Payee address; City; State; Zip Code <u>960 W. STATE ST. ALLIANCE, OH 44601</u> <u>STE 141</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) <u>Advertising - Several KHUN/KIOS Radio spots</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Daphne Brookins</u>		Office sought <u>District 4 Board Rep</u> Office held	
Date <u>10/30/19</u>		Payee name <u>D CARTER</u>			
Amount (\$) <u>\$200</u>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Advertising - Sunday Radio spot (11/3) KHUN</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Daphne Brookins</u>		Office sought <u>District 4 Board Rep</u> Office held	
Date <u>11/4/19</u>		Payee name <u>Murphy & NASICA & Assoc.</u>			
Amount (\$) <u>\$500</u>		Payee address; City; State; Zip Code <u>815 - A BEAZOS ST., STE 304</u> <u>Austin, TX 78701</u>			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) <u>Monthly Consulting Fee October</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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Daphne Brookins</u>		Office sought <u>District 4 Board Rep</u> 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: 3		2 FILER NAME Daphne Brookins		3 Filer ID (Ethics Commission Filers)	
4 Date 11/4/19		5 Payee name Murphy NASICA & Assoc.			
6 Amount (\$) \$1,359.35		7 Payee address; City; State; Zip Code 815-A BRAZOS ST. Austin, TX 78701 STE 304			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule) Fundraising Letter Printing, Postage		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name Daphne Brookins		Office sought District 4 Board Rep	
Date 11/4/19		Payee name Murphy NASICA & Assoc.			
Amount (\$) \$2,148.76		Payee address; City; State; Zip Code 815-A BRAZOS ST. Austin, TX 78701 STE 304			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Unid Signs Advertising		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 District 4 Board Rep	
Date 11/4/19		Payee name Murphy NASICA & Assoc.			
Amount (\$) \$1,499.26		Payee address; City; State; Zip Code 815-A BRAZOS ST. Austin, TX 78701 STE 304			
PURPOSE OF EXPENDITURE		Category (See Categories listed at the top of this schedule) Road Signs Advertising		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 District 4 Board Rep	

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: <u>3</u>		2 FILER NAME <u>Daphne Brookins</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>11/4/19</u>		5 Payee name <u>Murphy Basica & Assoc.</u>			
6 Amount (\$) <u>\$1,715.29</u>		7 Payee address; City; State; Zip Code <u>815-A Brazos St. Austin, TX 78701</u> <u>STE 304</u>			
8 PURPOSE OF EXPENDITURE		(a) Category (See Categories listed at the top of this schedule)		(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 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 <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		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 <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		Office sought Office held	

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