

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: 17			
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received 1-17-2023 <i>mmp</i> <i>1:00pm</i>		
	Mrs.	Brittany	V			
NICKNAME	LAST	SUFFIX				
	Hendrickson					
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>Change of Address</small>	ADDRESS / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE	
	8008 Juliette Dr. McKinney, TX 75071					
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(214)	668-5186				
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST	MI			
	Mrs.	Brittany	V			
	NICKNAME	LAST	SUFFIX			
		Hendrickson				
7 CAMPAIGN TREASURER ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	8008 Juliette Dr McKinney, TX 75071					
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER	EXTENSION			
	(214)	668-5186				
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)		
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day	Year	Month	Day	Year
	8	30	22	THROUGH	12	31
11 ELECTION	ELECTION DATE			ELECTION TYPE		
	Month	Day	Year	Primary	Runoff	Other Description
	5	6	23	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any)			13 OFFICE SOUGHT (if known)		
				McKinney ISD School Board Trustee Place 4		
14 NOTICE FROM POLITICAL COMMITTEE(S) <small>Additional Pages</small>	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	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME				
		COMMITTEE CAMPAIGN TREASURER ADDRESS				

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
Brittany V. Hendrickson

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. 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)	\$ 4,522.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 128.60
	4. TOTAL POLITICAL EXPENDITURES	\$ 2,268.14
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 2,253.86
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,050.00

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Brittany Hendrickson, and my date of birth is 09/17/1979

My address is 8008 Juliette Dr, McKinney, TX, 75071, USA
(street) (city) (state) (zip code) (country)

Executed in Collin County, State of Texas, on the 17th day of January, 2023
(month) (year)

Brittany V. Hendrickson
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME Brittany V. Hendrickson		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 4,522.00
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 244.35
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS		\$ 1,050.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 2,268.14
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 PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 1 of 7
2 FILER NAME Brittany V. Hendrickson		3 Filer ID (Ethics Commission Filers)
4 Date 8/30/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Kevin Parker ----- 6 Contributor address; City; State; Zip Code PO Box 5950 Longview, TX 75608	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Self Employed		9 Employer (See Instructions)
Date 8/30/2022	Full name of contributor out-of-state PAC (ID#: _____) Michael McCurdy ----- Contributor address; City; State; Zip Code 8817 Priest Meadow Ct McKinney, TX 75071	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions)
Date 8/31/2022	Full name of contributor out-of-state PAC (ID#: _____) Stacy Duffy ----- Contributor address; City; State; Zip Code 600 Belford Pl McKinney, TX 75071	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Stay at Home Mother		Employer (See Instructions)
Date 9/7/2022	Full name of contributor out-of-state PAC (ID#: _____) Michael McCurdy ----- Contributor address; City; State; Zip Code 8817 Priest Meadow Ct McKinney, TX 75071	Amount of contribution (\$) \$2000.00
Principal occupation / Job title (See Instructions) Self Employed		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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2 of 7
2 FILER NAME Brittany V. Hendrickson		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/2022	5 Full name of contributor out-of-state PAC (ID# _____) Jennifer Van Dyke 6 Contributor address; City; State; Zip Code 5925 Sterling Trail McKinney, TX 75071	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Estate Administrator		9 Employer (See Instructions)
Date 9/17/2022	Full name of contributor out-of-state PAC (ID# _____) Dafne Wineroth Contributor address; City; State; Zip Code 8101 Caelen Ct McKinney, TX 75071	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Hospitality		Employer (See Instructions)
Date 9/17/2022	Full name of contributor out-of-state PAC (ID# _____) Ted Grinnell Contributor address; City; State; Zip Code 6375 Canyon Rd Sanger, TX 76266	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/17/2022	Full name of contributor out-of-state PAC (ID# _____) Rachel Elliott Contributor address; City; State; Zip Code 5825 Vineyard Ln McKinney, TX 75070	Amount of contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) Self Employed		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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3 of 7
2 FILER NAME Brittany V. Hendrickson		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Andrea Powell <hr style="border-top: 1px dotted black;"/> 6 Contributor address; City; State; Zip Code 2115 Mississippi Street La Crosse WI, 54601	7 Amount of contribution (\$) \$23.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/17/2022	Full name of contributor out-of-state PAC (ID#: _____) Christy White <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code 4609 Forest Cove Dr McKinney, TX 75071	Amount of contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) Retired Teacher		Employer (See Instructions)
Date 9/17/2022	Full name of contributor out-of-state PAC (ID#: _____) Patrick Madden <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code 4404 Santa Fe Ln McKinney, TX 75070	Amount of contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 9/17/2022	Full name of contributor out-of-state PAC (ID#: _____) Jan Foresee <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code 705 Autumn Ridge Drive	Amount of contribution (\$) \$100.00
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 of 7
2 FILER NAME Brittany V. Hendrickson		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Edwin W. Litolff Jr <hr style="border-top: 1px dotted black;"/> 6 Contributor address; City; State; Zip Code 8400 Hickory St Unit 4102 Frisco, TX 75034	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Valuation Consultant		9 Employer (See Instructions)
Date 9/17/2022	Full name of contributor out-of-state PAC (ID#: _____) Nichole Creak <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code 504 Elderberry Ct McKinney, TX 75072	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/17/2022	Full name of contributor out-of-state PAC (ID#: _____) John Montes <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code 701 Addie Lane McKinney, TX 75071	Amount of contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) IT Manager		Employer (See Instructions)
Date 9/17/2022	Full name of contributor out-of-state PAC (ID#: _____) Tiffany Rahn <hr style="border-top: 1px dotted black;"/> Contributor address; City; State; Zip Code W6414 Hackbarth Rd Fort Atkinson, WI 53538	Amount of contribution (\$) \$23.00
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 5 of 7
2 FILER NAME Brittany V.Hendrickson		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/2022	5 Full name of contributor out-of-state PAC (ID# _____) Jennifer Dittrich <hr/> 6 Contributor address; City; State; Zip Code 5421 Fern Valley Ln McKinney, TX 75070	7 Amount of contribution (\$) \$23.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9/17/2022	Full name of contributor out-of-state PAC (ID# _____) Liz George <hr/> Contributor address; City; State; Zip Code 526 Goodwin Dr .Richardson, TX 75081	Amount of contribution (\$) \$23.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/17/2022	Full name of contributor out-of-state PAC (ID# _____) Brandi Vansickle <hr/> Contributor address; City; State; Zip Code 6009 Bobbie Lane Rowlett, TX 75089	Amount of contribution (\$) \$25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/19/2022	Full name of contributor out-of-state PAC (ID# _____) Michael McCurdy <hr/> Contributor address; City; State; Zip Code 8817 Priest Meadow Cr McKinney, TX 75071	Amount of contribution (\$) \$1061.00
Principal occupation / Job title (See Instructions) Self Employed		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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 6 of 7
2 FILER NAME Brittany V. Hendrickson		3 Filer ID (Ethics Commission Filers)
4 Date 9/20/2022	5 Full name of contributor out-of-state PAC (ID#: _____) Whitney Kenney <hr/> 6 Contributor address; City; State; Zip Code 1704 Freedom Dr McKinney, TX 75071	7 Amount of contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10/24/2022	Full name of contributor out-of-state PAC (ID#: _____) Cathy Vollmer <hr/> Contributor address; City; State; Zip Code 6102 Bluebonnet Pond Lane Kingwood, TX 77345	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 10/29/2022	Full name of contributor out-of-state PAC (ID#: _____) Amy Lancaster <hr/> Contributor address; City; State; Zip Code 700 Whispering Way Prosper, TX 75078	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/14/2022	Full name of contributor out-of-state PAC (ID#: _____) Steve Bjornberg <hr/> Contributor address; City; State; Zip Code 3309 Windcrest Ct Highland Village, TX 75077	Amount of contribution (\$) \$25.00
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

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7 of 7
2 FILER NAME Brittany V. Hendrickson		3 Filer ID (Ethics Commission Filers)
4 Date 9/17/2022	5 Full name of contributor out-of-state PAC (ID#: _____) David Vollmer <hr style="border-top: 1px dotted black;"/> 6 Contributor address; City; State; Zip Code 119 Wild Cherry Lane Lafayette, LA 70508	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) <hr style="border-top: 1px dotted black;"/> 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#: _____) <hr style="border-top: 1px dotted black;"/> 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#: _____) <hr style="border-top: 1px dotted black;"/> 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1 of 3	
2 FILER NAME Brittany V. Hendrickson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 244.35	
5 Date 08/25/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael McCurdy	8 Amount of Contribution \$ 48.35	9 In-kind contribution description Website
7 Contributor address; City; State; Zip Code 8817 Priest Meadow Ct McKinney, TX 75071		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Self Employed		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 09/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael McCurdy	Amount of Contribution \$ 49.00	In-kind contribution description Website
Contributor address; City; State; Zip Code 8817 Priest Meadow Ct McKinney, TX 75071		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Self Employed		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2 of 3	
2 FILER NAME Brittany V. Hendrickson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 244.35	
5 Date 10/25/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael McCurdy	8 Amount of Contribution \$ 49.00	9 In-kind contribution description Website
7 Contributor address; City; State; Zip Code 8817 Priest Meadow Ct McKinney, TX 75071		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Self Employed		11 Employer (FOR NON-JUDICIAL) (See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date 11/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael McCurdy	Amount of Contribution \$ 49.00	In-kind contribution description Website
Contributor address; City; State; Zip Code 8817 Priest Meadow Ct McKinney, TX 75071		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Self Employed		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 3 of 3	
2 FILER NAME Brittany V. Hendrickson		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 244.35	
5 Date 12/25/2022	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael McCurdy	8 Amount of Contribution \$ 49.00	9 In-kind contribution description Website
7 Contributor address; City; State; Zip Code 8817 Priest Meadow Ct McKinney, TX 75071		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Self Employed		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>			

LOANS

SCHEDULE E

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME Brittany V. Hendrickson		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,050.00
5 Date of loan 9/1/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittany V. Hendrickson	9 Loan Amount (\$) \$500.00
6 Is lender a financial Institution? Y N	8 Lender address; City; State; Zip Code 8008 Juliette Dr. McKinney, TX 75071	10 Interest rate 0.00%
		11 Maturity date Varies
12 Principal occupation / Job title (See Instructions) Tax Consultant Manager/COO		13 Employer (See Instructions)
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions) Tax Consultant Manager/COO		21 Employer (See Instructions)
Date of loan 10/3/2022	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittany V. Hendrickson	Loan Amount \$550.00
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code 8008 Juliette Dr. McKinney, TX 75071	Interest rate 0.00%
		Maturity date Varies
Principal occupation / Job title (See Instructions) Tax Consultant Manager/COO		Employer (See Instructions)
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 3	2 FILER NAME Brittany V. Hendrickson	3 Filer ID (Ethics Commission Filers)
4 Date 9/12/2022	5 Payee name Julie Harville	
6 Amount (\$) \$500.00	7 Payee address; 3263 Appleblossom Dr.	City; State; Zip Code Frisco, TX 75033
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Education Research & Review
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

Date 10/4/2022	Payee name Julie Harville	
Amount (\$) \$500.00	Payee address; 3263 Appleblossom Dr.	City; State; Zip Code Frisco, TX 75033
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description Education Research & Review
	Check if travel outside of Texas. Complete Schedule T. 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 10/25/2022	Payee name Minuteman Press McKinney	
Amount (\$) \$226.39	Payee address; 1502 W University Dr #111	City; State; Zip Code McKinney, TX 75069
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Pushcards
	Check if travel outside of Texas. Complete Schedule T. 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

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

EXPENDITURE CATEGORIES FOR BOX 8(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)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 3	2 FILER NAME Brittany V. Hendrickson	3 Filer ID (Ethics Commission Filers)	
4 Date 11/18/2022	5 Payee name Amazon		
6 Amount (\$) \$24.86	7 Payee address; 410 Terry Ave N	City; Seattle, WA	State; WA
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Other	(b) Description Supplies	
	(c) Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 11/26/2022	Payee name Vistaprint		
Amount (\$) \$163.37	Payee address; 275 Wyman St.	City; Waltham, MA	State; MA
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Pushcards	
	Check if travel outside of Texas. Complete Schedule T.		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 11/29/2022	Payee name Keepers Press		
Amount (\$) \$566.92	Payee address; 520 Loma Vista	City; Heath, TX	State; TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description Signs	
	Check if travel outside of Texas. Complete Schedule T.		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

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(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 Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	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 F1: 3 of 3	2 FILER NAME Brittany V. Hendrickson	3 Filer ID (Ethics Commission Filers)
4 Date 11/17/2022	5 Payee name Vistaprint	
6 Amount (\$) 158.00	7 Payee address; 275 Wyman St City: Waltham, MA 02451 State: Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Pushcards
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
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 <u>ONLY</u> 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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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