


# 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 <b>15</b>		
<b>3 CANDIDATE / OFFICEHOLDER NAME</b>	MS / MRS / MR                      FIRST                      MI <b>Mrs.                      Brittany</b>	<b>OFFICE USE ONLY</b>			
	NICKNAME                      LAST                      SUFFIX <b>Hendrickson</b>				
<b>4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS</b> Change of Address	ADDRESS / PO BOX;                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>8008 Juliette Dr McKinney, TX 75071</b>			Date Received 	
<b>5 CANDIDATE / OFFICEHOLDER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION <b>( 214 )                      668-5186</b>			Date Hand-delivered or Date Postmarked	
<b>6 CAMPAIGN TREASURER NAME</b>	MS / MRS / MR                      FIRST                      MI <b>Mrs.                      Brittany</b>	Receipt #                      Amount \$			
	NICKNAME                      LAST                      SUFFIX <b>Hendrickson</b>	Date Processed			
<b>7 CAMPAIGN TREASURER ADDRESS</b> (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);                      APT / SUITE #;                      CITY;                      STATE;                      ZIP CODE <b>8008 Juliette Dr. McKinney, TX 75071</b>		Date Imaged		
<b>8 CAMPAIGN TREASURER PHONE</b>	AREA CODE                      PHONE NUMBER                      EXTENSION <b>( 214 )                      668-5186</b>				
<b>9 REPORT TYPE</b>	<input type="checkbox"/> January 15 <input checked="" 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)				
<b>10 PERIOD COVERED</b>	Month                      Day                      Year                      Month                      Day                      Year <b>1                      /                      1                      /                      23                      THROUGH                      3                      /                      27                      /                      23</b>				
<b>11 ELECTION</b>	ELECTION DATE Month                      Day                      Year <b>5                      /                      6                      /                      23</b>	ELECTION TYPE Primary                      Runoff                      Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special                      _____			
<b>12 OFFICE</b>	OFFICE HELD (if any)	<b>13 OFFICE SOUGHT (if known)</b> <b>McKinney ISD School Board Trustee, Place 4</b>			
<b>14 NOTICE FROM POLITICAL COMMITTEE(S)</b>	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.				
Additional Pages	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**

<b>15 C/OH NAME</b> Brittany Hendrickson		<b>16 Filer ID (Ethics Commission Filers)</b>
<b>17 CONTRIBUTION TOTALS</b>	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <b>2,148.00</b>
<b>EXPENDITURE TOTALS</b>	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <b>197.08</b>
	4. <b>TOTAL POLITICAL EXPENDITURES</b>	\$ <b>2,836.73</b>
<b>CONTRIBUTION BALANCE</b>	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <b>2,615.13</b>
<b>OUTSTANDING LOAN TOTALS</b>	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <b>1,050.00</b>

**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



**(2) Unsworn Declaration**

My name is Brittany Hendrickson, and my date of birth is 9/17/1979.  
My address is 8008 Juliette De, McKinney, TX, 75071, USA.  
(street) (city) (state) (zip code) (country)

Executed in Collin County, State of TX, on the 6th day of April, 2023.  
(month) (year)

*Brittany Hendrickson*  
Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <b>Brittany Hendrickson</b>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,148.00
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,011.67
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	■ SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2,639.65
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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 1 of 6
<b>2</b> FILER NAME Brittany Hendrickson		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  1/19/2023	<b>5</b> Full name of contributor out-of-state PAC (ID# _____) Dafne Wineroth ----- <b>6</b> Contributor address; City; State; Zip Code 8101 Caelan Ct McKinney TX 75071	<b>7</b> Amount of contribution (\$)  \$50.00
<b>8</b> Principal occupation / Job title (See Instructions) Substitute Teacher		<b>9</b> Employer (See Instructions)
Date  1/31/2023	Full name of contributor out-of-state PAC (ID# _____) Christy White ----- 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		Employer (See Instructions)
Date  2/1/2023	Full name of contributor out-of-state PAC (ID# _____) Summer Elliott ----- Contributor address; City; State; Zip Code 10712 Patton Dr McKinney, TX 75072	Amount of contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)
Date  2/3/2023	Full name of contributor out-of-state PAC (ID# _____) Nancy Robertson ----- Contributor address; City; State; Zip Code 7816 Harvest Hill McKinney, TX 75071	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Interior Designer		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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.

<b>The Instruction Guide explains how to complete this form.</b>		<b>1</b> Total pages Schedule A1: 2 of 6
<b>2</b> FILER NAME Brittany Hendrickson		<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date  2/6/2023	<b>5</b> Full name of contributor out-of-state PAC (ID#: _____) Christian Bills <hr/> <b>6</b> Contributor address; City; State; Zip Code 3685 S 2245 E Salt Lake City, UT 84109	<b>7</b> Amount of contribution (\$)  \$600.00
<b>8</b> Principal occupation / Job title (See Instructions) Accountant		<b>9</b> Employer (See Instructions)
<b>Date</b>  2/12/2023	<b>Full name of contributor</b> out-of-state PAC (ID# _____) Paige Rance <hr/> <b>Contributor address;</b> City; State; Zip Code 7104 Millard Pond Dr McKinney, TX 75071	<b>Amount of contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Self Employed		<b>Employer (See Instructions)</b>
<b>Date</b>  2/13/2023	<b>Full name of contributor</b> out-of-state PAC (ID# _____) Kenneth Ashley <hr/> <b>Contributor address;</b> City; State; Zip Code 2551 Alma Rd Apt.9D McKinney, TX 75072	<b>Amount of contribution (\$)</b>  \$25.00
<b>Principal occupation / Job title (See Instructions)</b> N/A		<b>Employer (See Instructions)</b>
<b>Date</b>  2/22/2023	<b>Full name of contributor</b> out-of-state PAC (ID# _____) Thomas Klein <hr/> <b>Contributor address;</b> City; State; Zip Code PO Box 6842 McKinney, TX 75071	<b>Amount of contribution (\$)</b>  \$100.00
<b>Principal occupation / Job title (See Instructions)</b> Retired		<b>Employer (See Instructions)</b>
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 6
2 FILER NAME Brittany Hendrickson		3 Filer ID (Ethics Commission Filers)
4 Date  3/1/2023	5 Full name of contributor out-of-state PAC (ID#: _____) John Montes <hr/> 6 Contributor address; City; State; Zip Code 701 Addie Lane McKinney, TX 75071	7 Amount of contribution (\$)  \$100.00
8 Principal occupation / Job title (See Instructions) IT		9 Employer (See Instructions)
Date  3/4/2023	Full name of contributor out-of-state PAC (ID#: _____) L F Ocshner <hr/> Contributor address; City; State; Zip Code 1821 N Lake Forest Dr, Suite 700/522 McKinney, TX 75071	Amount of contribution (\$)  \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date  3/7/2023	Full name of contributor out-of-state PAC (ID#: _____) Eliot Vollmer <hr/> Contributor address; City; State; Zip Code PO Box 40 Abbeville, LA 70611	Amount of contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Boat Captian		Employer (See Instructions)
Date  3/15/2023	Full name of contributor out-of-state PAC (ID#: _____) Greg Luse <hr/> Contributor address; City; State; Zip Code Chase Oaks Plano, TX 75025	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> 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 6
2 FILER NAME Brittany Hendrickson		3 Filer ID (Ethics Commission Filers)
4 Date 3/18/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Brandi Price ..... 6 Contributor address; City; State; Zip Code 110 E Louisiana Ave Apt M3 McKinney, TX 75069	7 Amount of contribution (\$)  \$20.00
8 Principal occupation / Job title (See Instructions) N/A		9 Employer (See Instructions)
Date 3/22/2023	Full name of contributor out-of-state PAC (ID#: _____) Brandi Price ..... Contributor address; City; State; Zip Code 110 E Louisiana Ave Apt M3 McKinney, TX 75069	Amount of contribution (\$)  \$20.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)
Date 3/23/2023	Full name of contributor out-of-state PAC (ID#: _____) Vanessa Hirt ..... Contributor address; City; State; Zip Code 923 Hills Creek Dr McKinney, TX 75072	Amount of contribution (\$)  \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/23/2023	Full name of contributor out-of-state PAC (ID#: _____) Christy White ..... Contributor address; City; State; Zip Code 4609 Forest Cove Dr Mckinney, TX 75071	Amount of contribution (\$)  \$100.00
Principal occupation / Job title (See Instructions) Retired		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 6
2 FILER NAME Brittany Hendrickson		3 Filer ID (Ethics Commission Filers)
4 Date 3/24/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Paul Petkoff ..... 6 Contributor address; City; State; Zip Code 7914 Ruskin Cir Frisco, TX 75034	7 Amount of contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions)
Date 3/25/2023	Full name of contributor out-of-state PAC (ID#: _____) Brandi Price ..... Contributor address; City; State; Zip Code 110 E. Louisiana St. Apt.M3 McKinney, TX 75069	Amount of contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) N/A		Employer (See Instructions)
Date 3/26/2023	Full name of contributor out-of-state PAC (ID#: _____) Patrick Madden ..... Contributor address; City; State; Zip Code 4404 Santa Fe Ln McKinney, TX 75070	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions)
Date 3/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Ronald Manning ..... Contributor address; City; State; Zip Code 633 Yellow Bridge Rd Van Alstyne, TX 75495	Amount of contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		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 6
2 FILER NAME Brittany Hendrickson		3 Filer ID (Ethics Commission Filers)
4 Date 3/27/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Anonymous Cash Donation	7 Amount of contribution (\$)  \$25.00
6 Contributor address; City; State; Zip Code N/A		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 3/27/2023	Full name of contributor out-of-state PAC (ID#: _____) Anonymous Cash Donation	Amount of contribution (\$)  \$50.00
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)
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.

# 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: <b>103</b>	
2 FILER NAME <b>Brittany Hendrickson</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>\$ 679.72</b>	
5 Date <b>01/15/2023</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Scott Grigg</b>	8 Amount of Contribution \$ <b>600.00</b>	9 In-kind contribution description <b>T-Posts</b>
7 Contributor address; City; State; Zip Code <b>7310 Summit Ridge Ln Sasche, TX 75048</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		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 <b>03/28/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael McCurdy</b>	Amount of Contribution \$ <b>79.72</b>	In-kind contribution description <b>Advertising</b>
Contributor address; City; State; Zip Code <b>8817 Priest Meadow Ct McKinney, TX 75071</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Self Employed</b>		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><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>203</b>	
2 FILER NAME <b>Brittany Hendrickson</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>115.13</b>	
5 Date <b>01/29/2023</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick Madden</b>	8 Amount of Contribution \$ <b>72.00</b>	9 In-kind contribution description <b>Advertising</b>
7 Contributor address; City; State; Zip Code <b>4404 Santa Fe Ln McKinney, TX 75070</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Retired</b>		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 <b>02/27/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Patrick Madden</b>	Amount of Contribution \$ <b>43.73</b>	In-kind contribution description <b>Advertising</b>
Contributor address; City; State; Zip Code <b>4404 Santa Fe Ln McKinney, TX 75070</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <b>Retired</b>		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><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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: <b>303</b>	
2 FILER NAME <b>Brittany Hendrickson</b>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <b>216.22</b>	
5 Date <b>03/23/2023</b>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael McCurdy</b>	8 Amount of Contribution \$ <b>1.71</b>	9 In-kind contribution description <b>Advertising</b>
7 Contributor address; City; State; Zip Code <b>8817 Priest Meadow Ct McKinney, TX 75071</b>		Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Self Employed</b>		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 <b>03/24/2023</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Michael McCurdy</b>	Amount of Contribution \$ <b>214.51</b>	In-kind contribution description <b>Advertising</b>
Contributor address; City; State; Zip Code <b>8817 Priest Meadow Ct McKinney, TX 75071</b>		Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) <b>Self Employed</b>		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)			
<b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b> If contributor 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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Brittany Hendrickson	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 01/10/2023	<b>5</b> Payee name VistaPrint
-----------------------------	-----------------------------------

<b>6</b> Amount (\$) <b>166.97</b>	<b>7</b> Payee address; City; State; Zip Code 275 Wyman St Waltham, MA 02451
---------------------------------------	---------------------------------------------------------------------------------

<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description Push Cards
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
---------------------------------------------------------------------	-------------------------------	---------------	-------------

Date 01/19/2023	Payee name Collin County GOP
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Amount (\$) 150.00	Payee address; City; State; Zip Code 2963 W 15th Suite 2981 Plano, TX 75075
-----------------------	--------------------------------------------------------------------------------

<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Event Expense	Description Lincoln Day Dinner
	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 01/19/2023	Payee name VistaPrint
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Amount (\$) 61.69	Payee address; City; State; Zip Code 275 Wyman St. Waltham, MA 02451
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) Printing Expense	Description Business Cards
	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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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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Brittany Hedrickson	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 01/20/2023	<b>5</b> Payee name Keeperspress	
<b>6</b> Amount (\$) <b>1,853.13</b>	<b>7</b> Payee address; City; State; Zip Code 520 Loma Vista Dr Heath, TX 75032	
<b>8</b>  PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) Printing Expense	<b>(b)</b> Description Signs
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>01/26/2023</b>	Payee name CampaignPartner.com	
Amount (\$) <b>49.00</b>	Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising	Description Website
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held
Date <b>02/26/2023</b>	Payee name CampaignPartner.com	
Amount (\$) <b>49.00</b>	Payee address; City; State; Zip Code PO Box 118 Still River, MA 01467	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Website
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME Brittany Hendrickson	<b>3</b> Filer ID (Ethics Commission Filers)
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<b>4</b> Date 03/10/2023	<b>5</b> Payee name VistaPrint
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<b>6</b> Amount (\$) <b>260.86</b>	<b>7</b> Payee address; 275 Wyman St Waltham, MA 02451
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<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a) Category</b> (See Categories listed at the top of this schedule) Printing Expense	<b>(b) Description</b> Push Cards
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>03/26/2023</b>	Payee name CampaignPartner.com
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Amount (\$) <b>49.00</b>	Payee address; PO Box 118 Still River, MA 01467
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule) Advertising	<b>Description</b> Website
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date	Payee name
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Amount (\$)	Payee address; City; State; Zip Code
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<b>PURPOSE OF EXPENDITURE</b>	<b>Category</b> (See Categories listed at the top of this schedule)	<b>Description</b>
	<b>(c)</b> Check if travel outside of Texas. Complete Schedule T. <span style="float:right">Check if Austin, TX, officeholder living expense</span>	

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