

received
4/28/23 DU 1:10pm

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: 12 | | | |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST | MI | OFFICE USE ONLY | | |
| | Mrs. Brittany | | | | | |
| NICKNAME | LAST | SUFFIX | Date Received | | | |
| Hendrickson | | | | | | |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <small>✓ Change of Address</small> | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE | | | | | |
| | 6841 Virginia Parkway Suite 103-114 McKinney, TX 75071 | | | | | |
| 5 CANDIDATE / OFFICEHOLDER PHONE | AREA CODE | PHONE NUMBER | EXTENSION | Date Hand-delivered or Date Postmarked | | |
| | (214) | 668-5186 | | | | |
| 6 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST | MI | Receipt # | | |
| | Mrs. Brittany | | | Amount \$ | | |
| NICKNAME | LAST | SUFFIX | Date Processed | | | |
| Hendrickson | | | Date Imaged | | | |
| 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 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 checked="" 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 |
| 3 / 28 / 23 THROUGH 4 / 26 / 23 | | | | | | |
| 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 <u>Brittany Hendrickson</u> | | 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) | \$ <u>610.00</u> |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE. | \$ <u>25.32</u> |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ <u>5088.50</u> |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD | \$ <u>1372.35</u> |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ <u>4300.00</u> |

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 28th 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

Brittany 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 | \$ 610.00 |
| 2. | <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | \$ 9,143.03 |
| 3. | SCHEDULE B: PLEDGED CONTRIBUTIONS | \$ |
| 4. | <input checked="" type="checkbox"/> SCHEDULE E: LOANS | \$ 3,250.00 |
| 5. | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS | \$ 5,063.18 |
| 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: 103 |
| 2 FILER NAME Brittany Hendrickson | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/1/23 | 5 Full name of contributor out-of-state PAC (ID#: _____) Chris Grant | 7 Amount of contribution (\$) \$100.00 |
| | 6 Contributor address; City; State; Zip Code 7000 Old York Rd McKinney TX 75122 | |
| 8 Principal occupation / Job title (See Instructions) Self employed | | 9 Employer (See Instructions) |
| Date 4/2/23 | Full name of contributor out-of-state PAC (ID#: _____) Patsy Fix | Amount of contribution (\$) 25.00 |
| | Contributor address; City; State; Zip Code 3404 Hickory Bend Trail McKinney TX | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 4/7/23 | Full name of contributor out-of-state PAC (ID#: _____) Winston Jones | Amount of contribution (\$) 25.00 |
| | Contributor address; City; State; Zip Code 2708 Piersall Dr McKinney TX 75072 | |
| Principal occupation / Job title (See Instructions) Retired | | Employer (See Instructions) |
| Date 4/7/23 | Full name of contributor out-of-state PAC (ID#: _____) Patii Jones | Amount of contribution (\$) 25.00 |
| | Contributor address; City; State; Zip Code 2708 Piersall Dr. McKinney TX 75072 | |
| 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: 2 of 3 |
| 2 FILER NAME Brittany Hendrickson | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/22/23 | 5 Full name of contributor CASH out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code | 7 Amount of contribution (\$) 60.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 4/10/23 | Full name of contributor Victoria Anthaume out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 7700 Hilton Head Rd. McKinney TX 75072 | Amount of contribution (\$) \$100.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/12/23 | Full name of contributor Stan Sewell out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 4/13/23 | Full name of contributor Stacy Duffey out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code 600 Belford Place McKinney Tx 75071 | Amount of contribution (\$) \$25.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| <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> | | |

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: 393 |
| 2 FILER NAME Brittany Hendrickson | | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/24/23 | 5 Full name of contributor out-of-state PAC (ID#: _____) Cash | 7 Amount of contribution (\$) \$50.00 |
| 6 Contributor address; City; State; Zip Code | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 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) |

| | | |
|---|--|-----------------------------|
| 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) |

| | | |
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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: 2 3 | |
| 2 FILER NAME Brittany Hendrickson | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 2803.58 | |
| 5 Date 3/28 - 4/20/2023 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael McCurdy | 8 Amount of Contribution \$ \$466.00 | 9 In-kind contribution description Advertising |
| 7 Contributor address; City; State; Zip Code 8817 Priest Meadow Ct. McKinney TX | | 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 3/28 - 4/20/2023 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael McCurdy | Amount of Contribution \$ \$2337.58 | In-kind contribution description Advertising |
| Contributor address; City; State; Zip Code 8817 Priest Meadow Ct McKinney TX | | 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 | |
| 2 FILER NAME Brittany Hendrickson | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 1075.57 | |
| 5 Date 3/29/23 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Collin County Patriots | 8 Amount of Contribution \$ \$1075.57 | 9 In-kind contribution description Advertising |
| 7 Contributor address; City; State; Zip Code PO Box 3816 McKinney Tx 75071 | | 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 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code | Amount of Contribution \$ | In-kind contribution description |
| 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) | | | |
| 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: 23 | |
| 2 FILER NAME Brittany Hendrickson | | 3 Filer ID (Ethics Commission Filers) | |
| 4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS | | \$ 5263.88 | |
| 5 Date 4/14/23 | 6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael McCurdy | 8 Amount of Contribution \$ \$2526.30 | 9 In-kind contribution description Advertising |
| 7 Contributor address; City; State; Zip Code 8817 Priest Meadow Ct McKinney TX | | 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 4/17/23 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael McCurdy | Amount of Contribution \$ \$2737.58 | In-kind contribution description Advertising |
| Contributor address; City; State; Zip Code 8817 Priest Meadow Ct McKinney TX | | Check if travel outside of Texas. Complete Schedule T. | |
| 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) | | | |

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

LOANS

SCHEDULE E

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

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule E: 1 |
| 2 FILER NAME Brittany Hendrickson | | 3 Filer ID (Ethics Commission Filers) |
| 4 TOTAL OF UNITEMIZED LOANS | | \$ 3250.00 |
| 5 Date of loan 4/17/23 | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittany Hendrickson | 9 Loan Amount (\$) \$2500.00 |
| 6 Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | 8 Lender address; City; State; Zip Code 8008 Juliette Dr. McKinney TX 75071 | 10 Interest rate 0 |
| | | 11 Maturity date varies |
| 12 Principal occupation / Job title (See Instructions) Tax consultant/COO | | 13 Employer (See Instructions) |
| 14 Description of Collateral none | | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION not applicable | 17 Name of guarantor | 19 Amount Guaranteed (\$) |
| | 18 Guarantor address; City; State; Zip Code | |
| 20 Principal Occupation (See Instructions) | | 21 Employer (See Instructions) |
| Date of loan 4/19/23 | Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Brittany Hendrickson | Loan Amount (\$) \$750.00 |
| Is lender a financial institution? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | Lender address; City; State; Zip Code 8008 Juliette Dr. McKinney TX 75071 | Interest rate 0 |
| | | Maturity date varies |
| Principal occupation / Job title (See Instructions) Tax Consultant/COO | | Employer (See Instructions) |
| Description of Collateral none | | <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| GUARANTOR INFORMATION 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 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: 1062 | 2 FILER NAME Brittany Hendrickson | 3 Filer ID (Ethics Commission Filers) |
|------------------------------------|--------------------------------------|---------------------------------------|

| | |
|------------------|------------------------------|
| 4 Date 4/1/23 | 5 Payee name Keeper Press |
|------------------|------------------------------|

| | | | | |
|-------------------------|--|-------|--------|----------|
| 6 Amount (\$) 490.73 | 7 Payee address; 520 Loma Vista Heath, Tx 75032 | City; | State; | Zip Code |
|-------------------------|--|-------|--------|----------|

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

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

| | |
|-----------------|-----------------------------|
| Date 4/11/23 | Payee name The UPS Store |
|-----------------|-----------------------------|

| | | | | |
|-------------------------|--|-------|--------|----------|
| Amount (\$) \$120.41 | Payee address; 6841 Virginia Pkwy #103 McKinney, TX 75071 | City; | State; | Zip Code |
|-------------------------|--|-------|--------|----------|

| | | |
|------------------------|---|-----------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Other | Description PO Box |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

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

| | |
|-----------------|--------------------------|
| Date 4/12/23 | Payee name Stannp.com |
|-----------------|--------------------------|

| | | | | |
|------------------------|--|-------|--------|----------|
| Amount (\$) 1396.04 | Payee address; 251 Littlefalls Dr. Wilmington, DE 19801 | City; | State; | Zip Code |
|------------------------|--|-------|--------|----------|

| | | |
|------------------------|---|------------------------|
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising Expense | Description Mailers |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |

| | | | |
|---|-------------------------------|---------------|-------------|
| Complete ONLY 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 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: 2 of 2 | 2 FILER NAME Brittany Hendrickson | 3 Filer ID (Ethics Commission Filers) |
| 4 Date 4/26/23 | 5 Payee name Campaign Partner | |
| 6 Amount (\$) \$49.00 | 7 Payee address; City; State; Zip Code PO Box 118 Still River MA 01467 | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Advertising Expense | (b) Description Website |
| | (c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| 9 Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

| | | |
|---|---|---------------------------|
| Date 4/20/2023 | Payee name Stannp.com | |
| Amount (\$) \$2007.00 | Payee address; City; State; Zip Code 251 Little Falls Dr. Wilmington, DE 19801 | |
| PURPOSE OF EXPENDITURE | Category (See Categories listed at the top of this schedule) Advertising expense | Description Mailables |
| | Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/> | |
| Complete ONLY if direct expenditure to benefit C/OH | Candidate / Officeholder name | Office sought Office held |

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

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED