

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: 18								
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR FIRST BRIAN MI J NICKNAME LAST SUFFIX DIXON	OFFICE USE ONLY Date Received <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">RECEIVED</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">JUN 13 2022</div> <div style="text-align: center; color: red; font-weight: bold; font-size: 1.2em;">Board of Education</div> Date Hand Delivered or Date Postmarked e-mailed									
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO BOX 11886 FORT WORTH TX 76110 <input type="checkbox"/> Change of Address										
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (82) 277-7018										
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MR FIRST BRIAN MI J NICKNAME LAST SUFFIX DIXON	Receipt # Amount \$ Date Processed 6-13-2022 LD Date Imaged									
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: STATE: ZIP CODE 312 W LENDA ST FORT WORTH TX 76104 (Residence or <u>Business</u>)										
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (82) 277-7018										
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 04 / 28 / 2022 THROUGH 06 / 08 / 2022										
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input checked="" type="checkbox"/> Runoff <input type="checkbox"/> Other Description 06 / 18 / 2022 <input type="checkbox"/> General <input type="checkbox"/> Special										
12 OFFICE	OFFICE HELD (if any) NONE	13 OFFICE SOUGHT (if known) DISTRICT 4 TRUSTEE FUND BOARD OF TRUSTEES									
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.										
<input type="checkbox"/> Additional Pages	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 5px;">COMMITTEE TYPE</td> <td style="padding: 5px;">COMMITTEE NAME</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> GENERAL</td> <td style="padding: 5px;">COMMITTEE ADDRESS</td> </tr> <tr> <td style="padding: 5px;"><input type="checkbox"/> SPECIFIC</td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;">COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS
COMMITTEE TYPE	COMMITTEE NAME										
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS										
<input type="checkbox"/> 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

BRIAN J DIXON

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)

\$ 16,275

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 32,347.36

CONTRIBUTION
BALANCE

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

\$ 673.43

OUTSTANDING
LOAN TOTALS

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

\$

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 Brian J Dixon, and my date of birth is 07/03/1980
My address is 1109 E Leuda Street, Fort Worth, TX, 76104, USA
(street) (city) (state) (zip code) (country)
Executed in Tarrant County, State of Texas, on the 10th day of June, 20 22
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME BRIAN J DIXON		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 16,275
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 32,897.36
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

①
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: 10
2 FILER NAME BRIAN J DIXON		3 Filer ID (Ethics Commission Filers)
4 Date 4/28/2022	5 Full name of contributor Efrin Carrion <input type="checkbox"/> out-of-state PAC (ID# _____) 6 Contributor address: City: State: Zip Code 4416 Morris Ct Fort Worth TX 76103	7 Amount of contribution (\$) 250.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 4/28/2022	Full name of contributor GEDEVCO Holdings LLC <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code 501 Rivercrest Dr Fort Worth TX 76107	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/28/2022	Full name of contributor Tammy Pierce <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code 1412 Main St Dallas TX 75202	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/30/2022	Full name of contributor Bryant Berry <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address: City: State: Zip Code 2324 McIlmore Ave Fort Worth TX 76111	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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: 10
2 FILER NAME BRIAN J DIXON		3 Filer ID (Ethics Commission Filers)
4 Date 5/21/2022	5 Full name of contributor Carrie Stephens <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address: 500 Hughes Road SE Cleveland TN 37323 City: State: Zip Code	7 Amount of contribution (\$) 25.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/13/2022	Full name of contributor Deshaun Reed <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: 1800 Coyote Court Midlothian TX 76065 City: State: Zip Code	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/16/2022	Full name of contributor Nicki Caltm <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: 2933 Bourbon St Fort Worth TX 76123 City: State: Zip Code	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 5/27/2022	Full name of contributor Michael Needham <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address: 6251 Klamath Rd Fort Worth TX 76116 City: State: Zip Code	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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: 14
2 FILER NAME BRIAN J DIXON		3 Filer ID (Ethics Commission Filers)
4 Date 5/27/2022	5 Full name of contributor BLEEK RAY <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 1401 Thomas Place Fort Worth TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 5/31/2022	Full name of contributor Martha Leonard <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 1411 Shady Oaks Ln Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/1/2022	Full name of contributor Charles Batista <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6000 Homewood Dr Plano TX 75025		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/2/2022	Full name of contributor Lizzy & Isaac Manning <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2217 Windsor Pl Fort Worth TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 14	
2 FILER NAME				3 Filer ID (Ethics Commission Filers)	
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)			7 Amount of contribution (\$)	
6/6/2022	Steven Mauras			50.00	
6 Contributor address:		City:	State:	Zip Code	
123 Chestnut St Ste 201		Philadelphia	PA	19106	
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)			Amount of contribution (\$)	
6/6/2022	Debra Atkinson			250.00	
Contributor address:		City:	State:	Zip Code	
110 Copper Field Ct		Weatherford	TX	76087	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)			Amount of contribution (\$)	
6/6/2022	Drew Timme			50.00	
Contributor address:		City:	State:	Zip Code	
2009 Cross Creek St		Petaluma	CA	94954	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)			Amount of contribution (\$)	
6/6/2022	Honor Anderson			25.00	
Contributor address:		City:	State:	Zip Code	
2060 West Trailwood Dr		Burleson	TX	76028	
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME BRIAN J DIXON		3 Filer ID (Ethics Commission Filers)
4 Date 6/6/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Meredith Ater	7 Amount of contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code 4912 Bulladonna Dr Fort Worth TX 76123		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/6/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Efosa Aruehia	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 11330 Legacy Dr Frisco TX 75034		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/6/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Dlen Burns	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 143 Cherry Lane Murfreesboro TN 37130		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/6/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deryl Brown	Amount of contribution (\$) \$50.00
Contributor address; City; State; Zip Code 6433 Allenton Dr Austin TX 78725		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 14
2 FILER NAME BRIAN J DIXON		3 Filer ID (Ethics Commission Filers)
4 Date 6/6/2022	5 Full name of contributor BRIAN DIGGS <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 137 Red Pine Drive Red Oak TX 75154		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/6/2022	Full name of contributor Tegan Broadwater <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code PO Box 33646 Fort Worth TX 76162		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/6/2022	Full name of contributor Ken Hopper <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 408 Virginia Place Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/6/2022	Full name of contributor Yvet Cisneros <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 5 Texas Brownville TX 78526		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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: **16**

2 FILER NAME

BRIAN J DIXON

3 Filer ID (Ethics Commission Filers)

4 Date

6/6/2022

5 Full name of contributor

Nathan Mc Daniel

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

100.00

6 Contributor address;

City;

State;

Zip Code

3712 El Campo Drive Fort Worth TX 76107

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

6/6/2022

Full name of contributor

Jed Grisel

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

1000.00

Contributor address;

City;

State;

Zip Code

4838 Anchor Rd Wichita Falls TX 76310

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/6/2022

Full name of contributor

LAKIESHA Crawford

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

250.00

Contributor address;

City;

State;

Zip Code

6829 Lakontan Dr Fort Worth TX 76132

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

6/6/2022

Full name of contributor

Taylor Miller

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

50.00

Contributor address;

City;

State;

Zip Code

187 West Ave South La Crosse WI 54601

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

8
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: 10
2 FILER NAME BRIAN J DIXON		3 Filer ID (Ethics Commission Filers)
4 Date 6/6/2022	5 Full name of contributor DIANE ARNAOUT <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 100.00
6 Contributor address: City: State: Zip Code 3200 Riverfront Dr #103 Fort Worth TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/6/2022	Full name of contributor Mike Coffey <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 100.00
Contributor address: City: State: Zip Code 2546 Shirley Avenue Fort Worth TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/6/2022	Full name of contributor Allison Craig <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 50.00
Contributor address: City: State: Zip Code 3033 Sixth Ave Fort Worth TX 76110		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/7/2022	Full name of contributor Michael Green Jr MD <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 250.00
Contributor address: City: State: Zip Code 800 Jerome St #204 Fort Worth TX 76092		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

③
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: 14
2 FILER NAME BRIAN J DIXON		3 Filer ID (Ethics Commission Filers)
4 Date 6/7/2022	5 Full name of contributor SCOTT KIEBERG <input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) 500.00
6 Contributor address: City: State: Zip Code 104 Hazelwood Dr Fort Worth TX 76082		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 6/7/2022	Full name of contributor Great Schools, Great City SPAC <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 6,000.00
Contributor address: City: State: Zip Code 4341 Klamath Rd Fort Worth TX 76116		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/7/2022	Full name of contributor Catherine Sheffield <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 50.00
Contributor address: City: State: Zip Code 4721 Collinwood Ave Fort Worth TX 76107		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 6/7/2022	Full name of contributor Christopher Anagnostis <input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) 100.00
Contributor address: City: State: Zip Code 4501 Ranch View Rd Fort Worth TX 76109		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

10
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: 10	
2 FILER NAME BRIAN J DIXON				3 Filer ID (Ethics Commission Filers)	
4 Date 6/7/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Michael Miller			7 Amount of contribution (\$) 50.00	
6 Contributor address; City; State; Zip Code 14826 Claymore Bloomington IL 61705					
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 6/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Shrinivas Sishu			Amount of contribution (\$) 50.00	
Contributor address; City; State; Zip Code 1312 1st St Pl Ann Arbor MI 48104					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 6/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) TJ Lile			Amount of contribution (\$) 250.00	
Contributor address; City; State; Zip Code 290 Idle Hour Dr Lexington KY 40502					
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 6/8/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Deborah Cooley			Amount of contribution (\$) 100.00	
Contributor address; City; State; Zip Code 11255 Cap Bone West Blvd Aledo TX 76008					
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: 11
2 FILER NAME BRIAN J DIXON		3 Filer ID (Ethics Commission Filers)
4 Date 6/6/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRIAN J DIXON	7 Amount of contribution (\$) 1000.00
6 Contributor address; City; State; Zip Code 1109 E LEMAY ST FW TX 76104		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME BRIAN DIXON	3 Filer ID (Ethics Commission Filers)
4 Date 5/3/2022	5 Payee name MURPHY NASICA	
6 Amount (\$) 500.00	7 Payee address: PO Box 1648	City: Austin State: TX Zip Code: 78767
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Consulting Fee
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Candidate / Officeholder name		
Office sought		
Office held		

Date 5/3/2022	Payee name Murphy Nasica		
Amount (\$) 2,409.04	Payee address: P.O. Box 1648	City: Austin	State: TX Zip Code: 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Text	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

Date 5/3/2022	Payee name Murphy Nasica		
Amount (\$) 3,500.00	Payee address: PO Box 1648	City: Austin	State: TX Zip Code: 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital Ads	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Candidate / Officeholder name			
Office sought			
Office held			

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

2

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME BRIAN J DIXON	3 Filer ID (Ethics Commission Filers)
4 Date 5/5/2022	5 Payee name MURPHY NASICA	
6 Amount (\$) 6,001.75	7 Payee address: PO Box 1648	City: Austin State: TX Zip Code: 78767
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mailer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/6/2022	Payee name MURPHY NASICA	
Amount (\$) 1,514.29	Payee address: PO Box 1648	City: Austin State: TX Zip Code: 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Text
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 5/6/2022	Payee name Murphy Nasica	
Amount (\$) 5,020.72	Payee address: PO Box 1648	City: Austin State: TX Zip Code: 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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3

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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME BRIAN J DIXON	3 Filer ID (Ethics Commission Filers)
4 Date 5/9/2022	5 Payee name MURPHY NANCIA	
6 Amount (\$) 711.00	7 Payee address: P.O. Box 1648	City: Austin State: TX Zip Code: 78767
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Field Team
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/8/2022	Payee name Murphy Nancia	
Amount (\$) 3,340.00	Payee address: P.O. Box 1648	City: Austin State: TX Zip Code: 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	Description Field Team
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/8/2022	Payee name Murphy Nancia	
Amount (\$) 1,250.00	Payee address: P.O. Box 1648	City: Austin State: TX Zip Code: 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Digital
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4	2 FILER NAME BRIAN J DIXON	3 Filer ID (Ethics Commission Filers)
4 Date 6/8/2022	5 Payee name MURPHY NASICA	
6 Amount (\$) 4,142.63	7 Payee address; PO Box 1648	City: Austin State: TX Zip Code: 78767
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Mailer
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/8/2022	Payee name MURPHY NASICA	
Amount (\$) 3,625.63	Payee address; PO Box 1648	City: Austin State: TX Zip Code: 78767
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Mailer
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date 6/8/2022	Payee name Anedot Inc	
Amount (\$) 382.90	Payee address; 1340 POWDERST STE 1770 New Orleans LA 70112	City: State: Zip Code:
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) FEES	Description Credit Card processing fees
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

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