

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: 14
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST BRIAN	OFFICE USE ONLY
	NICKNAME	LAST DIXON	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 11886 FORT WORTH TX 76110		Date Received 4/29/2022
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (682) 277-7018		Date Hand-delivered or Date Postmarked
	6 CAMPAIGN TREASURER NAME		Receipt # Amount \$ 0
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 312 W LEUDA ST FORT WORTH TX 76104		Date Processed 4/29/2022
	8 CAMPAIGN TREASURER PHONE		Date Imaged 4/29/2022
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 03 / 29 / 2022 THROUGH 04 / 27 / 2022	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 05 / 07 / 2022 <input type="checkbox"/> General <input checked="" type="checkbox"/> Special	
12 OFFICE		13 OFFICE SOUGHT (if known) NONE DISTRICT 4 TRUSTEE; FWID 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.			
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)

\$ 24,125

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$ 19,848.78

CONTRIBUTION
BALANCE

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

\$ 9,149.89

OUTSTANDING
LOAN TOTALS

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

\$ 1,000

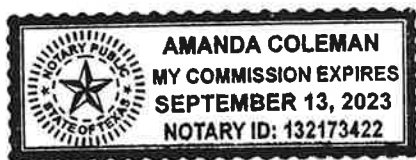
18 SIGNATURE

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 Brian J. Dixon this the 29th day of April.

20 22, 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 _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(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	\$ 24,125
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/>	SCHEDULE E: LOANS	\$ 1,000.00
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 19,848.78
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

①

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 7
2 FILER NAME BRIAN J DIXON		3 Filer ID (Ethics Commission Filers)
4 Date 3/29/22	5 Full name of contributor WILLIAM ARIAS <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 500.00
6 Contributor address; City; State; Zip Code 6917 Old Homestead Rd Fort Worth TX 76132		
8 Principal occupation / Job title (See Instructions) Sr. VP		9 Employer (See Instructions) BOBBY COX CO
Date 3/29/22	Full name of contributor Bret Helmer <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 6450 Ridglea Court Dr Fort Worth TX 76116		
Principal occupation / Job title (See Instructions) LAWYER		Employer (See Instructions) RCP
Date 3/29/22	Full name of contributor JOSEPH GUILLORY <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 704 NEALS WAY MANFIELD TX 76063		
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) UTSW
Date 3/31/22	Full name of contributor STEVEN POOLE <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 2000.00
Contributor address; City; State; Zip Code 3611 W 5th St Fort Worth TX 76107		
Principal occupation / Job title (See Instructions) EXECUTIVE DIRECTOR		Employer (See Instructions) HEA

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.

②

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

BRIAN J DIXON

3 Filer ID (Ethics Commission Filers)

4 Date

4/2/22

5 Full name of contributor

Melody Johnson

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

500.00

6 Contributor address;

2729 Manorwood Drive Fort Worth TX 76109

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

4/4/22

Full name of contributor

Mac Miles

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

125.00

Contributor address;

6371 Newport Ct Fort Worth TX 76116

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Tile Insurance

Employer (See Instructions)

Retired Tile

Date

4/4/22

Full name of contributor

Wesley Berkowsky

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

1301 Throckmorton #2525 Fort Worth TX 76102

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

4/5/22

Full name of contributor

Great Schools, Great City SPAC

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

10,000.00

Contributor address;

6341 Klamath Rd Fort Worth TX 76116

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Retired / PAC

Employer (See Instructions)

Retired / PAC

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.

5

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

BRIAN J DIXON

3 Filer ID (Ethics Commission Filers)

4 Date

4/6/22

5 Full name of contributor

Wesley Turner

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

1,000.00

6 Contributor address;

500 West 7th St

City;

Fort Worth

State;

TX

Zip Code

76102

8 Principal occupation / Job title (See Instructions)

BOARD MEMBER

9 Employer (See Instructions)

ADVANCE NEWSPAPERS

Date

4/10/22

Full name of contributor

Stacy Marshall

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

6516 Club Wood Dr

City;

Dallas

State;

TX

Zip Code

75237

Principal occupation / Job title (See Instructions)

MARKETING

Employer (See Instructions)

mmg

Date

4/10/22

Full name of contributor

Paul Weber

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

4425 Fairway View Dr

City;

Aledo

State;

TX

Zip Code

76008

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

4/10/22

Full name of contributor

Rich Darr

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

P.O. Box 101242

City;

Fort Worth

State;

TX

Zip Code

76185

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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.

4

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

BRIAN J DIXON

3 Filer ID (Ethics Commission Filers)

4 Date

4/11/2022

5 Full name of contributor

Annie Stewart

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

25.00

6 Contributor address;

3329 Worth Hills Dr

City;

Fort Worth

State;

TX

Zip Code

74109

8 Principal occupation / Job title (See Instructions)

Clinical Therapist

9 Employer (See Instructions)

COOK CHILDREN

Date

4/11/22

Full name of contributor

ELLEN HARRIS

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

500.00

Contributor address;

8040 Valley Dr

City;

North Richland Hills

State;

TX

Zip Code

76182

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

Date

4/11/22

Full name of contributor

Edward Lavater

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

250.00

Contributor address;

2101 Ward Parkway

City;

Fort Worth

State;

TX

Zip Code

76110

Principal occupation / Job title (See Instructions)

Executive

Employer (See Instructions)

ADI

Date

4/12/22

Full name of contributor

Dennis Johnson

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

2116 Park Place Ave

City;

Fort Worth

State;

TX

Zip Code

76110

Principal occupation / Job title (See Instructions)

Retired

Employer (See Instructions)

Retired

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.

5

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

BRIAN J DIXON

3 Filer ID (Ethics Commission Filers)

4 Date

4/15/22

5 Full name of contributor

Mike Coffey

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

250.00

6 Contributor address;

2502 Shiloh

City;

Ft Worth

State;

TX

Zip Code

76109

8 Principal occupation / Job title (See Instructions)

Executive

9 Employer (See Instructions)

Imperial Information Group

Date

4/17/22

Full name of contributor

Trenton Laird

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

500.00

Contributor address;

10003 Portrush Dr

City;

Ft Worth

State;

TX

Zip Code

76116

Principal occupation / Job title (See Instructions)

General Contractor

Employer (See Instructions)

The Construction Group, LLC

Date

4/19/22

Full name of contributor

Michael Bernas

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

250.00

Contributor address;

3635 Crestline Rd

City;

Ft Worth

State;

TX

Zip Code

76107

Principal occupation / Job title (See Instructions)

Associate Professor

Employer (See Instructions)

TCU School of Medicine

Date

4/19/22

Full name of contributor

Virginia Hoff

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

25.00

Contributor address;

16015 Pinwood Cir

City;

Ft Arlington

State;

TX

Zip Code

76001

Principal occupation / Job title (See Instructions)

Executive Director

Employer (See Instructions)

Mental Health Connection

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.

⑥

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 7

2 FILER NAME

BRIAN J DIXON

3 Filer ID (Ethics Commission Filers)

4 Date

4/20/22

5 Full name of contributor

John Hallgren

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

8604 Broadmoor Dr Omaha NE 68114

8 Principal occupation / Job title (See Instructions)

PHYSICIAN

9 Employer (See Instructions)

PONCA TRIBE OF NEBRASKA

Date

4/22/22

Full name of contributor

Cathy Sheffield

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

4721 Collinwood Ave Fort Worth TX 76107

Principal occupation / Job title (See Instructions)

Chief Advancement Officer

Employer (See Instructions)

Lena Pope

Date

4/23/22

Full name of contributor

Christopher Nettes Campaign Fund

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

200.00

Contributor address;

City;

State;

Zip Code

1121 E Bowtie St Fort Worth TX 76104

Principal occupation / Job title (See Instructions)

CAMPAIGN

Employer (See Instructions)

CAMPAIGN

Date

4/23/22

Full name of contributor

CAROL STEWART

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

3636 S. Hill Ave Fort Worth, TX 76109

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

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.

⑦

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: 7	
2 FILER NAME BRIAN J DIXON				3 Filer ID (Ethics Commission Filers)	
4 Date 4/23/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Great Schools, Great City SPAC			7 Amount of contribution (\$) 5000.00	
6 Contributor address; City; State; Zip Code 4341 Elmwood Rd Fort Worth TX 76116					
8 Principal occupation / Job title (See Instructions) PAC / RETIRED			9 Employer (See Instructions) PAC / RETIRED		
Date 4/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRIAN J DIXON			Amount of contribution (\$) 100.00	
Contributor address; City; State; Zip Code 1109 E LEUDA ST Fort Worth TX 76104					
Principal occupation / Job title (See Instructions) PHYSICIAN			Employer (See Instructions) PROGRESSIVE PHYSICIANS, PA		
Date 4/26/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DARIEN GEORGE			Amount of contribution (\$) 100.00	
Contributor address; City; State; Zip Code 1501 Ben Hall Court Fort Worth TX 76110					
Principal occupation / Job title (See Instructions) CONSULTANT			Employer (See Instructions) MACKENZIE EASON		
Date 4/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maribel Gualardo			Amount of contribution (\$) 100.00	
Contributor address; City; State; Zip Code 2650 Parkview Dr Fort Worth TX 76102					
Principal occupation / Job title (See Instructions) Administration			Employer (See Instructions) Greater Fort Worth Association of Realtors		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>					

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: 1
2 FILER NAME <div style="font-size: 1.2em; font-family: cursive;">BRIAN J DIXON</div>		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 1,000
5 Date of loan 2/25/2022	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) <div style="font-size: 1.2em; font-family: cursive;">BRIAN J DIXON</div>	9 Loan Amount (\$) 1,000.00
6 Is lender a financial Institution? Y <input checked="" type="radio"/> N	8 Lender address; City; State; Zip Code <div style="font-size: 1.2em; font-family: cursive;">1109 E LEWIS ST FORT WORTH TX 76104</div>	10 Interest rate 0%
		11 Maturity date 12/31/2022
12 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">PHYSICIAN</div>		13 Employer (See Instructions) <div style="font-size: 1.2em; font-family: cursive;">PROGRESSIVE PSYCHIATRY PA</div>
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	17 Name of guarantor	
	18 Guarantor address; City; State; Zip Code	
19 Amount Guaranteed (\$)		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)

Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial Institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	
	Guarantor address; City; State; Zip Code	
Amount Guaranteed (\$)		
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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

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

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: <u>3</u>	2 FILER NAME <u>BRIAN J DIXON</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>4/1/2022</u>	5 Payee name <u>MURPHY NASICA</u>			
6 Amount (\$) <u>4,492.38</u>	7 Payee address; <u>P.O. Box 1648</u>		City; <u>Austin</u>	State; <u>TX</u> Zip Code <u>78767</u>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		(b) Description <u>Signs</u>	
	<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 <u>4/6/2022</u>	Payee name <u>MURPHY NASICA</u>			
Amount (\$) <u>234.99</u>	Payee address; <u>P.O. Box 1648</u>		City; <u>Austin</u>	State; <u>TX</u> Zip Code <u>78767</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Printing Expense</u>		Description <u>Thank You Cards</u>	
	<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 <u>4/6/2022</u>	Payee name <u>MURPHY NASICA</u>			
Amount (\$) <u>1000.00</u>	Payee address; <u>P.O. Box 1648</u>		City; <u>Austin</u>	State; <u>TX</u> Zip Code <u>78767</u>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>Consulting Expense</u>		Description <u>Fees</u>	
	<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

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: 3	2 FILER NAME BRIAN J DIXON	3 Filer ID (Ethics Commission Filers)
4 Date 4/6/2022	5 Payee name MURPHY NASICA	
6 Amount (\$) 2,560.64	7 Payee address; P.O. Box 1648	City; State; Zip Code Austin TX 78767
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting expense	(b) Description Contract labor
	(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 4/20/2022	Payee name MURPHY NASICA		
Amount (\$) 592.24	Payee address; P.O. Box 1648	City; State; Zip Code Austin TX 78767	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description literature	
	<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 4/21/2022	Payee name MURPHY NASICA		
Amount (\$) 5,020.72	Payee address; P.O. Box 1648	City; State; Zip Code Austin TX 78767	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description literature, mailing	
	<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

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: 3		2 FILER NAME		3 Filer ID (Ethics Commission Filers)	
4 Date 4/26/2022		5 Payee name MURPHY NASICA			
6 Amount (\$) 5,632.14		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) Consulting Expense		(b) Description Fees + Contract labor		
	(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 4/27/2022		Payee name Anedot			
Amount (\$) 315.67		Payee address; 1340 Poydras St Suite 1770 New Orleans		City; LA	State; LA
				Zip Code 70112	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Donation fees		
	<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		Payee name			
Amount (\$)		Payee address;		City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <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