

**FORM C/OH**  
**COVER SHEET PG 1**

Revised 8/17/2020

# 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)

\$

7,350

EXPENDITURE  
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

2,197.08

CONTRIBUTION  
BALANCE

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

\$

3,873.67

OUTSTANDING  
LOAN TOTALS

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

\$

1,000

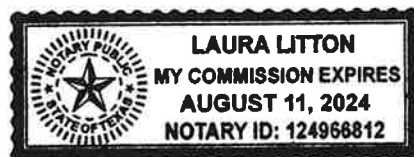
18 SIGNATURE

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 7<sup>th</sup> day of April,

20 22, to certify which, witness my hand and seal of office.

Laura Litton

Laura Litton.

Exec. Secretary

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	\$ 7,350
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	\$ 2,197.08
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: 10
2 FILER NAME BRIAN J DIXON		3 Filer ID (Ethics Commission Filers)
4 Date 2/28/2022	5 Full name of contributor KIM PERONE <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 250.00
6 Contributor address; City; State; Zip Code 3431 BRISTOL RD FORT WORTH TX 76107		
8 Principal occupation / Job title (See Instructions) ACUPUNCTURIST		9 Employer (See Instructions) CFTHA
Date 3/7/2022	Full name of contributor DEBRA ATKUSTEN <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 110 COPPER FIELD CT WEATHERFORD TX 76087		
Principal occupation / Job title (See Instructions) ASSOC PROFESSOR MEDICAL EDUCATION		Employer (See Instructions) TCU
Date 3/7/2022	Full name of contributor JOHN STEWART <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 847 ROBIN ROAD LEXINGTON KY 40502		
Principal occupation / Job title (See Instructions) DOCTOR		Employer (See Instructions) LHA
Date 3/7/2022	Full name of contributor LENORE WRIGHT <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 400 BAKER WACO TX 76708		
Principal occupation / Job title (See Instructions) PROFESSOR		Employer (See Instructions) BAYLOR UNIVERSITY
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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.

②

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

3/1/2022

5 Full name of contributor

MELANI SANDERS

☐ out-of-state PAC (ID#)

7 Amount of contribution (\$)

100.00

6 Contributor address; City; State; Zip Code

136 BAYBERRY HILLS McDonough GA 30253

8 Principal occupation / Job title (See Instructions)

RETIRED

9 Employer (See Instructions)

RETIRED

Date

3/8/2022

Full name of contributor

DREW TIMME

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

2009 CROWN CREEK ST PETALUMA CA 94954

Principal occupation / Job title (See Instructions)

THERAPIST

Employer (See Instructions)

PETALUMA CITY SCHOOLS

Date

3/8/2022

Full name of contributor

STEVE MARKS

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

2033 ROMAN ST PHILADELPHIA PA 19146

Principal occupation / Job title (See Instructions)

ACUPUNCTURIST

Employer (See Instructions)

SELF

Date

3/8/2022

Full name of contributor

T.J. LILE

☐ out-of-state PAC (ID#)

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

240 HALE HORN DR LEXINGTON KY 40502

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

UK

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.

3

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 3/13/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBBIE COSLEY	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 11255 CAMP BOWIE BLVD ARLING TX 76008		
8 Principal occupation / Job title (See Instructions) BUSINESS OWNER		9 Employer (See Instructions) M-PAC
Date 3/11/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA MCGUIRE	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 853 THOMAS BROOKING DR BURLESON TX 76028		
Principal occupation / Job title (See Instructions) PROFESSOR		Employer (See Instructions) TCU
Date 3/12/22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ANGIE REAY	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 6713 KIT CARSON TRAIL WINTER FALLS TX 76310		
Principal occupation / Job title (See Instructions) DIRECTOR		Employer (See Instructions) MSN TEXAS
Date 3/12/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JENICA ROSE-STINE	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 144 CROOKED STICK ARLING TX 76028		
Principal occupation / Job title (See Instructions) PEDIATRICIAN		Employer (See Instructions) COOK CHILDREN'S
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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.

4

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

3/12/2022

5 Full name of contributor

☐ out-of-state PAC (ID#)

KATHY TRAM-DAMS

6 Contributor address;

City;

State;

Zip Code

1818 QUAK HOLLOW CLEBURNE TX 76033

7 Amount of contribution (\$)

250.00

8 Principal occupation / Job title (See Instructions)

SALES

9 Employer (See Instructions)

ELLAVATION EDUCATION

Date

3/12/2022

Full name of contributor

☐ out-of-state PAC (ID#)

RACHEL YURER

Contributor address;

City;

State;

Zip Code

705 OAKMONT LANE NORTH FORT WORTH TX 76112

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

LABOR RELATIONS

Employer (See Instructions)

BNSF

Date

3/12/2022

Full name of contributor

☐ out-of-state PAC (ID#)

RUE BONWELL

Contributor address;

City;

State;

Zip Code

11400 BAKERS CROFTING RD BLUFF DALE TX 76458

Amount of contribution (\$)

100.00

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

TCH

Date

3/12/2022

Full name of contributor

☐ out-of-state PAC (ID#)

ROBYN DAMS

Contributor address;

City;

State;

Zip Code

213 Balboa St Irving TX 75062

Amount of contribution (\$)

25.00

Principal occupation / Job title (See Instructions)

SALES

Employer (See Instructions)

TRANCE THERAPEUTICS

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

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②

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 3/25/2022	5 Full name of contributor ROBERT VICK <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 50.00
6 Contributor address; City; State; Zip Code 2114 RALEIGH ST DENVER CO 80212		
8 Principal occupation / Job title (See Instructions) LOGISTICS		9 Employer (See Instructions) MERVINE
Date 3/25/2022	Full name of contributor TARA JOHNSON <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 404 ORLEANS DR SOUTHLAKE TX 76092		
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 3/26/2022	Full name of contributor FANTINE MERID <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 5511 MIRAGE ST #1024 YORBA LINDA CA 92887		
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF EMPLOYED
Date 3/28/2022	Full name of contributor CRYSTAL BEASFIELD <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 1229 FAIRHAVEN DR MANFIELD TX 76063		
Principal occupation / Job title (See Instructions) REGIONAL MANAGER		Employer (See Instructions) HIGHMARK RESIDENTIAL
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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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5

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 3/12/2022	5 Full name of contributor SIOBHAN BEATY <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 3270 MARYS LANE FORT WORTH, TX 76116		
8 Principal occupation / Job title (See Instructions) SOCIAL WORKER		9 Employer (See Instructions) COOK CHILDREN
Date 3/14/2022	Full name of contributor LANDRE JOHNSON <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 6208 LOZER HEIGHTS CT FORT WORTH, TX 76132 #1422		
Principal occupation / Job title (See Instructions) NURSE PRACTITIONER		Employer (See Instructions) COOK CHILDRENS
Date 3/17/2022	Full name of contributor CATHERINE R SHEFFIELD <input type="checkbox"/> 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 PARR
Date 3/17/2022	Full name of contributor VIRGINIA SMITH <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 1409 BOTHAM JEAN BLVD DALLAS TX 75215 #402		
Principal occupation / Job title (See Instructions) PROSILIAN		Employer (See Instructions) SELF
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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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②

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 3/18/2022	5 Full name of contributor BRAD DAND <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 150.00
6 Contributor address; City; State; Zip Code 6389 LEEPEE WAY FORT WORTH TX 76126		
8 Principal occupation / Job title (See Instructions) Security		9 Employer (See Instructions) REDNECK GROUP
Date 3/19/2022	Full name of contributor GARRETT ELL <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 501 RIVERCREST PARK FORT WORTH TX 76107		
Principal occupation / Job title (See Instructions) Investment		Employer (See Instructions) GEDEVELO HOLDINGS
Date 3/23/2022	Full name of contributor LATAWAMP PIRASANT <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 250.00
Contributor address; City; State; Zip Code 2469 Pascoli Place Lexington KY 40509		
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) UK
Date 3/25/2022	Full name of contributor AARON COX <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 50.00
Contributor address; City; State; Zip Code 3805 Dakota Trail Fort Worth TX 76135		
Principal occupation / Job title (See Instructions) SALES DIRECTOR		Employer (See Instructions) HAWA SLIDING SOLUTIONS

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: 10
2 FILER NAME BRIAN J DIXON		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/2022	5 Full name of contributor ANNETTE JONES <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) 100.00
6 Contributor address; City; State; Zip Code 5617 BROKEN GAP DR FORT WORTH TX 76179 SUITE 300		
8 Principal occupation / Job title (See Instructions) SNAPLY CHAIN + LOGISTICS		9 Employer (See Instructions) LHOUT NORTH AMERICA
Date 3/25/2022	Full name of contributor CATHY WILLIAMS-RIELEY <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1520 LAMPIGHTER LANE FORT WORTH TX 76134		
Principal occupation / Job title (See Instructions) PRINCIPAL		Employer (See Instructions) ANTHONY'S 100
Date 3/25/2022	Full name of contributor DAN KRAMER <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 1000.00
Contributor address; City; State; Zip Code 6001 MERRY MOUNT RD FORT WORTH TX 76107		
Principal occupation / Job title (See Instructions) EXEC VP		Employer (See Instructions) REPUBLIC TITLE
Date 3/25/2022	Full name of contributor DAN REID <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 3848 ARROW RD FORT WORTH TX 76109		
Principal occupation / Job title (See Instructions) PHYSICIAN		Employer (See Instructions) SELF EMPLOYED
<p align="center"><b>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</b></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.

⑧

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 3/25/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GINA DREILING NAVARRO	7 Amount of contribution (\$) 25.00
6 Contributor address; City; State; Zip Code 9240 OLDWEST TRL FORT WORTH TX 76131		
8 Principal occupation / Job title (See Instructions) VICTIM ASSISTANCE OFFICER		9 Employer (See Instructions) TARRANT COUNTY
Date 3/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ISAAC & LIBBY MANNING	Amount of contribution (\$) 1,250.00
Contributor address; City; State; Zip Code 2217 WINDSOR PLACE FORT WORTH TX 76110		
Principal occupation / Job title (See Instructions) REAL ESTATE		Employer (See Instructions) TRINITY WORKS
Date 3/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) RACHEL HART	Amount of contribution (\$) 25.00
Contributor address; City; State; Zip Code 1937 PERRY DRIVE MANSFIELD TX 76063		
Principal occupation / Job title (See Instructions) POLICE		Employer (See Instructions) DHS
Date 3/25/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) REBECCA GREGG	Amount of contribution (\$) 100.00
Contributor address; City; State; Zip Code 101 SW TAYLOR ST BURLEIGH TX 76028		
Principal occupation / Job title (See Instructions) BUYER		Employer (See Instructions) VETO QUINCE USA

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.

(10)

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

3/28/2022

5 Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

DARALYN DEARDREFF

7 Amount of contribution (\$)

250.00

6 Contributor address;

City;

State;

Zip Code

3212 TANGLEWOOD TRAIL FORTWORTH TX 76109

8 Principal occupation / Job title (See Instructions)

PHYSICIAN

9 Employer (See Instructions)

TCU

Date

3/28/2022

Full name of contributor

☐ out-of-state PAC (ID#: \_\_\_\_\_)

TRIWANNA WIKOFF

Amount of contribution (\$)

500.00

Contributor address;

City;

State;

Zip Code

2412 GREEN PARK ARLINGTON TX 76017

Principal occupation / Job title (See Instructions)

PHYSICIAN

Employer (See Instructions)

PRIMA MEDICAL GROUP NORTH TEXAS

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.

**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: <div style="text-align: center;">1</div>
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		\$ <div style="font-size: 1.2em; font-family: cursive;">1,000</div>
5 Date of loan <div style="font-size: 1.2em; font-family: cursive;">2/25/2022</div>	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 (\$) <div style="font-size: 1.2em; font-family: cursive;">1,000</div>
6 Is lender a financial institution? <div style="font-size: 1.5em; font-family: cursive;">N</div>	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 <div style="font-size: 1.2em; font-family: cursive;">0%</div>
		11 Maturity date <div style="font-size: 1.2em; font-family: cursive;">12/31/2022</div>
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: <b>1</b>	2 FILER NAME <b>BRIAN J DIXON</b>	3 Filer ID (Ethics Commission Filers)
4 Date <b>3/10/2022</b>	5 Payee name <b>MURPHY NASICA</b>	
6 Amount (\$) <b>1,500.00</b>	7 Payee address; <b>P.O. Box 1648</b>	City; State; Zip Code <b>Austin TX 78767</b>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <b>CONSULTING EXPENSE</b>	(b) Description <b>website, literature, branding</b>
	(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 <b>3/10/2022</b>	Payee name <b>MURPHY NASICA</b>		
Amount (\$) <b>391.56</b>	Payee address; <b>P.O. Box 1648</b>	City; State; Zip Code <b>Austin TX 78767</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>ADVERTISING EXPENSE</b>	Description <b>LITERATURE, BUSINESS CARDS</b>	
	<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 <b>3/28/2022</b>	Payee name <b>ANEDOT INC</b>		
Amount (\$) <b>305.52</b>	Payee address; <b>1340 POYDRAS ST SUITE 1700 NEW ORLEANS</b>	City; State; Zip Code <b>LA 70112</b>	
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <b>FEES</b>	Description <b>Credit card processing fees</b>	
	<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**