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 Filer	rs) 2 Total page	es filed:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mrs.	FIRST Courtney		MI D	OFFI	CE USE ONLY
IVAIVIE	NICKNAME	LAST Bruce		SUFFIX	Date Received	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX 417 Silent S			STATE; ZIP CODE 78006		
✓ Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	(210)	PHONE NUMBER 467-8716		EXTENSION		ered or Date Postmarked
6 CAMPAIGN TREASURER	MS / MRS / MR	FIRST		MI	Receipt #	Amount \$
NAME	Mrs.	Kimberly		В	Date Processed	
	NIGRINAIVIE	Hamilton		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	I a see on a see on	(NO PO BOX PLEASE); APT / S ain Spring Drive	or assessed over	CITY; Derne	TX	; ZIP CODE 78006
8 CAMPAIGN	AREA CODE	PHONE NUMBER		EXTENSION		
TREASURER PHONE	(210)	867-5100				
9 REPORT TYPE	January 15	30th day before e	election	Runoff	treasur	y after campaign er appointment older Only)
	July 15	8th day before ele	ection	Exceeded Modified Reporting Limit	Final R	eport (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Monti	h Day	Year
	4	/ 27 / 24	THROU	_{IGH} 6	/ 30 / 3	24
11 ELECTION	Month Day	The state of the s	Runo	Description		
AUG	15 / 4	24 General	Spec	ldi		
12 OFFICE BY:	II (III) III (II anv)		13	OFFICE SOUGHT (if kno	own)	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE	E OF POLITICAL CONTRIBUTIONS EHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUI	S MAY HAVE BEE	N MADE WITHOUT THE CA	ANDIDATE'S OR OFFICE	HOLDER'S KNOWLEDGE OF
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
a.	SPECIFIC	COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRI	EASURER ADD	RESS		
	I	GO TO	PAGE 2		V	/
		00 10	INULL			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAIVIFAIGI	N FINANCE REPORT	- COVER ONLE 1 1 6 2
15 C/OH NAME Courtney Darter Bruc	9	16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,100.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 5,702.85
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	\$ 1,397.15
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0.00
(1) Affidavit	Please complete either option below: MELANIE RICHARDSON & Notary Public, State of Texas & My Comm. Exp. 05-21-2026 & ID No. 786971-9	autu-Buuce) didate or Officeholder
20 34, to certify	before me by Courtney Dater-Bruce this the	day of August, Notary Title of officer administering oath
(2) Unsworn Declaration	or on	
	, and my date of birth is _	
iviy address is	(street) (city) (state)	ate) (zip code) (country)
Executed in	County, State of, on theday of(month)	, , , , , , , , , , , , , , , , , , , ,
	Signature of Candida	te/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID (Ethics 0			commission Filers)		
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE				SUBTOTAL AMOUNT	
1.	8	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	13,100.00	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	575.00	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS					
4.	. SCHEDULE E: LOANS					
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS				5,702.85	
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 FUN	NDS	\$	(
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$		
11.		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$		
12.	В	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUT TO FILER	TONS RETURNED	\$	6,000.00	



MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

		•			
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1: 2			
² FILER NAME Courtney	Darter Bruce	3 Filer ID (Ethics Commission Filers)			
4 Date 02/20/2024	5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)			
	a 48 Oakland Hills Boerne TX 78006	1,000.00			
	upation / Job title (See Instructions) 9 Employer (See Instructions) 9 Output	structions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)			
02/20/2024	Contributor address; City: State; Zip Code 242 W. Hosack St. Boerne TX 78006	6,000.00			
Principal occup	pation / Job title (See Instructions) Employer (See Ins	tructions)			
Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (S)			
02/27/2024	Contributor address; City; State; Zip Code 114 Birdsong Boerne TX 78006	1,000.00			
Chief Financi	al Officer Employer (See Instructions) Jet Specialty, Inc.				
Date	Full name of contributor out-of-state PAC (ID#:	_) Amount of contribution (\$)			
02/27/2024	Contributor address; Clty; State; Zip Code 211 Market Ave. Boerne TX 78006	5,000.00			
	ation / Job title (See Instructions) Employer (See Inst	ructions)			
APR 26 2024 APR 26 2024 AUG 12 2024 BY:					
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

		(
The	Instruction Guide explains ho	w to complete thi	ls form.	1 Total pages Schedule A1: 2			
2 FILER NAME Courtney	Darter Bruce			3 Filer ID (Ethics Commission Filers)			
4 Date	5 Full name of contributor Sally McMonagle	out-of-state PA	AC (ID#:)	7 'Amount of contribution (\$)			
03/05/2024	6 Contributor address; 101 Round Springs	сііу; Воегпе	State; Zip Code TX 78006	100.00			
8 Principal occu Retired	pation / Job title (See Instructions	:)	9 Employer (See Instruc	lions)			
Date	Full name of contributor	out-of-state PA	C (ID#:)	Amount of contribution (\$)			
	Contributor address;	City;	State; Zip Code				
Principal occup	ation / Job title (See Instructions)		Employer (See Instruc	tions)			
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)			
	Contributor address;	Clty;	State; Zip Code				
Principal occup	ation / Job title (See Instructions)		Employer (See Instruct	lions)			
Date	Full name of contributor	out-of-state PAC	: (ID#:)	Amount of contribution (\$)			
	Contributor address;	City;	State; Zip Code				
	ation / Job title (See Instructions)	1	Employer (See Instruct	ions)			
R.E.C.	APR 26 2024 APR 26 2024 AUG 1 2 2024 BY:						
	ATTACH ADDIT	IONAL COPIES O , please see Instru	OF THIS SCHEDULE AS NE	EEDED porting requirements.			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

				· ·
	he Instruction Guide explains how to complete this for	m.	1 Total pages Sche	dule A2: 2
2 FILER NAM			3 Filer ID (Ethics C	ommission Filers)
Courtney	/ Darter Bruce			
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTRI	BUTIONS	\$	
5 Date	6 Full name of contributor Out-of-state PAC (ID#:)	8 Amount of	9 In-kind contribution
	Kimberly Hamilton		Contribution \$ 300.00	description
01/29/2024	7 Contributor address; City; State; Zip Code			Accounting Services - Campaign Treasurer
	4004 Mauratain Co. 1	3006	Check if travel outsi	I de of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL)(See Instructions)	11 Employe		AL)(See Instructions)
Control of the Contro	s principal occupation (FOR JUDICIAL)			Huener Design Co.
12 COMMODIO	s principal occupation (FOR JODICIAL)	13 Contribu	itor's job title (FOR JU	DICIAL) (See Instructions)
14 Contributor's employer/law firm (FOR JUDICIAL) 15			of contributor's spou	se (if any) (FOR JUDICIAL)
16 if contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor)	A	
	Jessica Davila		Amount of Contribution \$	In-kind contribution description
02/22/2024	Contributor address; City; State:		200.00	Campaign
	8255 Colonial Way Boerne TX 780	Zip Code		Website Tutorial
Principal occi	•			de of Texas. Complete Schedule T.
Current	upation / Job title (FOR NON-JUDICIAL) (See Instructions) BISD Trustee	Employe	r (FOR NON-JUDICIA	AL)(See Instructions)
	principal occupation (FOR JUDICIAL)	Contribut	tor's lob title /FOR .IU	DICIAL) (See Instructions)
				DICIAL) (See Instructions)
Contributor's	employer/law firm (FOR JUDICIAL)	Law firm	of contributor's spous	se (if any) (FOR JUDICIAL)
If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
APR APR	AUG 1 2 20°			
16	ATTACH ADDITIONAL COPIES OF TH	IIS SCHEDUL	E 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.

	he Instruction Guide explains how to complete this fo	rm.	1 Total pages Sched	dule A2: 2	
2 FILER NAM			3 Filer ID (Ethics Co	ommission Filers)	
Courtney	/ Darter Bruce				
4 TOTAL C	OF UNITEMIZED IN-KIND POLITICAL CONTR	IBUTIONS	\$		
5 Date	6 Full name of contributor)	8 Amount of	19 In-kind contribution	
	Annabel Gomez		Contribution \$	description	
03/12/2024			75.00	6 Campaign	
00/12/2024	7 Contributor address; City; State;	Zip Code		T-Shirts	
	226 Bentwood Boerne TX	78006	Check if travel outs	ide of Texas. Complete Schedule T.	
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe		AL)(See Instructions)	
Owner o	of Texas Spirit Apparel			,	
12 Contributor's	s principal occupation (FOR JUDICIAL)	13 Contribu	itor's job title (FOR JU	JDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)			***	
· · · · · · · · · · · · · · · · · · ·	employernaw IIIII (FOR JUDICIAL)	15 Law firm	of contributor's spou	se (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	Full name of contributor out-of-state PAC (ID#:				
Date	Control of the contro)	Amount of Contribution S	In-kind contribution	
			Contribution \$	description	
	Contributor address; City; State;	Zin Code	!	l	
	Sily, Siale,	Zip Code		_	
			Check if travel outside	de of Texas. Complete Schedule T.	
Principal occ	upation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employe	r (FOR NON-JUDICIA		
Contributor's	principal occupation (FOR JUDICIAL)				
vm		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 shild law firm of access to the control of the				
ii commonor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	RECEIVED RECEIVED NUG 1 2 2024				
	RECEIVED RECEIVED				
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TO THE	36 JULY 1 18 3054	1		v	
1P	R 200 1 MIG 1 200				
W.	RECEIVED AUG 12 2024 BY:				
1					
BI	DI				

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

	EXPENDITURE CA	ATEGORIES	FOR BOX 8(a)		
Advortising Expense Accounting/Banking Consulting Expense Contributions/Donations Made E Candidate/Officaholder/Politic Credt Card Payment		Fees Office Overhead/Rontal Expense Food/Beverage Expense Gift/Awards/Memorials Expense Printing Expense		Solicitation/Fundraising Expense Transportation Equipment & Related Exper Travel In District Travel Out Of District Othor (enter a category not listed above)	
	The Instruction Guide ex	plains how to	complete this form.		
1 Total pages Schedule F1:	2 FILER NAME Courtney Darter Bruce	NAME OF THE OWNER OWNER OF THE OWNER O		3 Filer ID (Ethi	cs Commission Filers)
4 Date	5 Payee name				
02/20/2024	GoDaddy.com				
6 Amount (\$) 140.58	7 Payee address;		City;	State;	Zip Code
8	(a) Category (See Categories listed at the top of	of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Other-Website		Website Hostin	ng Fee	
	(c) Check if travel outside of Toxas. Comp	lato Schedulo T.	Check if Austin	, TX, officeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OI	Candidate / Officeholder name	(6)	Office sought		Office held
Date	Payee name	D			
02/21/2024	GoDaddy.com Payee address;	-02/			
Amount (\$)	Payee address;	10/12	City;	State;	Zip Code
44.53	AUG	A			
	Sary for a grand and and the top of	his schedule)	Description		
PURPOSE OF	Other-Website		Website Doma	in Name	
EXPENDITURE					
	Check if travel outside of Texas. Comple	ite Schedule T.	Check if Austin.	TX, officeholder living) expense
Complete ONLY if direct expenditure to benefit Croh	Candidate / Officeholder name		Office sought		Office held
Date Date	Min				
03/01/2024 APR	Wes Store				
Amount (S)	Payee address;		City;	State;	Zip Code
27.07	215 West Bandera Rd		Boerne	TX	78006
	Category (See Categories listed at the top of th	is schedule)	Description		
PURPOSE OF	Printing Expense		Printing Push Ca	ards Rusine	es Carde
EXPENDITURE			Replenish Camp		
	Check if travel outside of Texas. Complete	o Schedule T.	Check if Austin,	TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name		Office sought		Office held
	ATTACH ADDITIONAL COPIE	S OF THIS S	CHEDULE AS NEED	ED	

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

		EXPENDITURE CATE	GORIES	FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Cred: Card Payment	y al Committee	Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services	Office Over Polling Ex Printing Ex		Travel In District Travel Out Of Distr	ipment & Related Expense
Grown Card Payment		The Instruction Gulde explain	s how to c	omplete this form.		, , , , , , , , , , , , , , , , , , , ,
1 Total pages Schedule F1:	2 FILER N	AME			3 Filer ID (Fibi	cs Commission Filers)
	Courtney	/ Darter Bruce			, 12 (a	20 000000000000000000000000000000000000
4 Date	5 Payee na	me				
03/01/2024	Vista Pri	int				
6 Amount (S)	7 Payee ad	dress;		City;	State;	Zip Code
197.25						1,0000
8	(a) Categor	y (See Calegories listed at the top of this	schodula)	(b) Description		
PURPOSE	4	Expense/Adverstising		Printing Adver	ticina Matori	ala for
OF EXPENDITURE	Expens		9	Campaign	using water	als for
EXPENDITORE	<u> </u>			Campaign		
Complete ONLY if disease	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Chock if Ausli	n, TX, afficeholder livin	g expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		ate / Officeholder name		Office sought		Office held
Date	Payee na	me				
03/25/2024	Vista Pri	nt				
Amount (\$)	Payee ad	dress;		City;	State;	Zip Code
124.48						
		(See Categories listed at the top of this so		Description		
PURPOSE		Expense/Adverstising	,	Printing Advertising	ng Materials for	Campaign
OF EXPENDITURE	Expense	9				
		Check if travel outside of Toxas. Complete Sch		1		
Complete ONLY if disput					, TX, officeholder living	expense
Complete ONLY if direct expenditure to benefit C/OH	Carloida	te / Officeholder name	IA	Office sought		Office held
D-1-		Ro	200	4		
Date	Payee nai	dress;	1			
03/04/2024	URST		سنالار			
Amount (\$)	Payee add	AN:	VI C			
CEL		Bandera Rd			State;	Zip Code
64.42	- Jainear	Danuela Nu		Boerne	TX	78006
APR 6	A	لمنة				
	1110	See Categories listed at the top of this sch	redule)	Description	18.	
PURPOSE OF	Printing E	Expense	F	Printing Push C	ards, Busine	ss Cards.
EXPENDITURE			F	Replenish Cam	paign Materi	al
	c	heck if travel outside of Texas. Complete Sch	edulo T.	Check if Austin,	TX, officeholder living	oxpense
Complete ONLY if direct expenditure to benefit C/OH	Candida	le / Officeholder name		Office sought		Office held
CAPETIONOIS TO DETICIN C/OH						
	ATTA	ACH ADDITIONAL COPIES O	FTHICE	CHEDIII E AS NEED)ED	
area and ideal by Tayan Feb.				CHEDOLE NO MEET	, LU	

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 **Event Exponso** Fees Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Printing Expense Legal Services Salaries/Wages/Contract Labor Other (enter a category not listed above) Credit Card Payment The Instruction Gulde explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Courtney Darter Bruce 4 Date 5 Payee name 03/06/2024 Texas Spirit Apparel 6 Amount (S) 7 Payee address: City; State: Zip Code 2,079.86 179 Enterprise Parkway Boerne TX 78006 (a) Category (See Categories listed at the top of this schedule) (b) Description **PURPOSE** Advertising Expense Yard Signs, H Stacks, Corrugated Signs **EXPENDITURE** (c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 03/25/2024 Texas Spirit Apparel Amount (\$) Payee address; City; State; Zip Code 179 Enterprise Parkway 1,163.99 Boerne TX 78006 Category (See Categories listed at the top of this schedule) Description Advertising Expense Additional Yard Signs, H Stacks, Corrugated Signs **PURPOSE** OF EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Olga Moreno Garces Date 03/05/2024 Amount (\$) Payee address; City; State: Zlp Code 1,520.00 Calegory (See Calegories listed at the top of this schedule) Description PURPOSE Adylertising Expense Design Services for Signs, Social Media, Business OF Cards, Door Hangers, Leave Behind Flyer EXPENDITURE Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

11	ITICAL CONTRIBUTIONS	3/4	3,508.16	pmt
	nformation is not applicable, DO NOT includ	•	(2,500.00	Jrep. md
ii tile requested ii			(2,500.00	1042
Advertising Expense Accounting/Banking Consulting Expense Conthlutions/Donations Made Candidate/Officeholder/Politi	Fees Office of Food/Beverage Expense Polling By Gift/Awards/Momorials Expense Printing	depayment/F Overhead/F Expense g Expense	(1,008.06)refund
Credit Card Payment	Cal Committee Legal Services Salarie The Instruction Guide explains how t	s/Wages/C	0.10	unrefund
1 Total pages Schedule F1	2 FILER NAME Courtney Darter Bruce		1	ant.
4 Date	5 Payee name			
03/04/2024	Texas Spirit Apparel Invoice #TX90	658 (PMT RE	FUNDED per be	low)
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
3,508.16	7		ж 	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Yard Signs	s, H Stacks, Corru	ugated Signs
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if	Austin, TX, officeholder living	expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sough		Office held
Date	Payee name			
03/08/2024	Texas Spirit Apparel Invoice #TX90	658 (REFUND	1 of 2)	
Amount (\$)	Payee address:	City;	State;	Zip Code
-2,500.00			•	P 3333
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Yard Signs,	H Stacks, Corru	gated Signs
EXPENDITORE	TEL			
	Check if travel outside of Toxes. Complete Schedule T.	Chack If A	Austin, TX, officeholder living e	×pense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name AUG 1 2024	Office sought	0	ffice held
Date	Payee name W			
03/11/2024	Texas Spirit Apparel Invoice #TX906	58 (REFUND	2 of 2)	
Amount (S)	Payee address:	City;	State;	Zip Code
-1,008.06	APR 26 2024		5.5.0,	z.p oode
	Category (See Calegories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising Expense	Yard Signs, I	-l Stacks, Corrug	ated Signs
Ī	Check if travel outside of Texas. Complete Schedule T.	Cheek if A	ustin TV off-al-1-1-1	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	ustin, TX, officeholder living ox	
expenditure to benefit C/OH		Onice Sought	C	office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDIII E AC AI	EEDED	
		OUTEDULE AS N	ここりにし	1

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

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)

Credit Card Payment	The Instruction Guide explains how to o	complete this form.			
1 Total pages Schedule F1:	2 FILER NAME Courtney Darter Bruce		3 Filer ID (Ethics Commission Filers)		
4 Date 03/25/2024	5 Payee name Canva				
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
119.99					
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising Expense	Electronic Can	npaign Material		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought Office held			
Date	Payee name				
05/03/2024	UPS				
Amount (\$)	Payee address;	City;	State; Zip Code		
20.58					
	Category (See Categories listed at the top of this schedule)	Description	•		
PURPOSE OF EXPENDITURE	Marketing Expense	Business Card	ds		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austir	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
Date	Payee name			_	
06/13/2024	Payee name LeaderSteps Payee address;	7			
Amount (\$)	Payee address;	City;	State; Zip Code		
200.00	Payee address;				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF EXPENDITURE	Donation	Donation/Stude	ent Scholarship		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEE	:DED		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form. 1 Total pages Schedule K:	-
2 FILER NAME Courtney Darter Bruce 3 Filer ID (Ethics Commission Filers)
4 Date 5 Name of person from whom amount is received 8 Amount (\$	5)
Courtney Darter Bruce	-,
03/11/2024 6 Address of person from whom amount is received; City; State; Zip Code 242 W. Hosack St. Boerne TX 78006	.00
7 Purpose for which amount is received Check if political contribution returned to filer Campaign Contributions	-
Date Name of person from whom amount is received	
Amount (\$)
Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received Check if political contribution returned to filer	-
These is position fetures to filer	
Date Name of person from whom amount is received Amount (\$	<u> </u>
, sinealit (s	,
Address of person from whom amount is received Colty; State; Zip Code Purpose for which amount is received Check if political contribution returned to filer	
Purpose for which amount is received AU Service freek if political contribution returned to filer	
Date Name of person from whom amount is received Amount (\$)
Address of person from whom amount is received; City; State; Zip Code	
Purpose for which amount is received Check if political contribution returned to filer	
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	