

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

Received 4/4/2024
CW

The C/OH Instruction Guide explains how to complete this form.

1 Filer ID (Ethics Commission Filers)

2 Total pages filed: 11

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR FIRST MI
MR MICHAEL BRAD

NICKNAME LAST SUFFIX
BRAD MORGAN

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
[REDACTED] SHERMAN TX 75092

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(903) 815 9505

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR FIRST MI
BRITTON

NICKNAME LAST SUFFIX
BROOKS

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
163 WOODLAND HILLS DR SHERMAN TX 75092

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
(903) 571 0804

9 REPORT TYPE

☐ January 15 ☒ 30th day before election ☐ Runoff ☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15 ☐ 8th day before election ☐ Exceeded Modified Reporting Limit ☐ Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year

11 ELECTION

ELECTION DATE

Month Day Year

5 / 4 / 2024

☐ Primary ☐ Runoff ☐ Other Description
☒ General ☐ Special

12 OFFICE

OFFICE HELD (if any)

SHERMAN ISD BOARD

13 OFFICE SOUGHT (if known)

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

☐ GENERAL

COMMITTEE ADDRESS

☐ SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME

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)

\$

7700

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.

\$

4. TOTAL POLITICAL EXPENDITURES

\$

7,624.01

CONTRIBUTION
BALANCE

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

\$

75.99

OUTSTANDING
LOAN TOTALS

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

\$

0

18 SIGNATURE

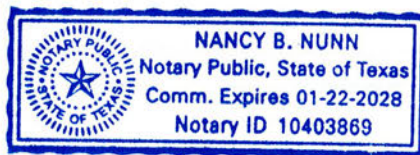
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

[Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Brad Morgan this the 2nd day of April,
20 24, to certify which, witness my hand and seal of office.

[Signature]

Nancy B Nunn

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		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 7,700.00
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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,624.01
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 5,124.01
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) 6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$)
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.		

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:

1 of 7

2 FILER NAME

MICHAEL BRAD MORGAN

3 Filer ID (Ethics Commission Filers)

4 Date

2/5/2024

5 Full name of contributor

GREGORY BROWN

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$300

6 Contributor address;

City;

State;

Zip Code

[REDACTED] Spring TX 77393-1081

8 Principal occupation / Job title (See Instructions)

AREA MANAGER

9 Employer (See Instructions)

DICKS SPORTING GOODS

Date

2/4/2024

Full name of contributor

TODD & JENNIFER ESTES

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$100

Contributor address;

City;

State;

Zip Code

[REDACTED] SHERMAN TX 75092

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

SELF

Date

2/5/2024

Full name of contributor

TIM FOLEY

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$1,000

Contributor address;

City;

State;

Zip Code

[REDACTED] SHERMAN TX 75092

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

HUDE CONCRETE

Date

2/5/2024

Full name of contributor

JOEL BEDGOOD

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

[REDACTED] SHERMAN TX 75092

Principal occupation / Job title (See Instructions)

FUNERAL HOME OWNER/DIRECTOR

Employer (See Instructions)

WALDO FUNERAL HOME

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2-7

2 FILER NAME

MICHAEL BRAS MORGAN

3 Filer ID (Ethics Commission Filers)

4 Date

2/11/2024

5 Full name of contributor

BRAS DOUGLASS

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,000

6 Contributor address;

City;

State;

Zip Code

SHERMAN TX 75092

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

DOUGLASS DISTRIBUTOR

Date

2/5/24

Full name of contributor

AARON CERNERO

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

SHERMAN TX 75092

Principal occupation / Job title (See Instructions)

DOCTOR

Employer (See Instructions)

SELF

Date

2/10/24

Full name of contributor

BRITTON BROOKS

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$300

Contributor address;

City;

State;

Zip Code

SHERMAN TX 75092

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

SELF

Date

2/13/2024

Full name of contributor

DAVID PLYLER

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$500

Contributor address;

City;

State;

Zip Code

SHERMAN TX 75092

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

PLYLER CONST.

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 7

2 FILER NAME

MICHAEL BRAD MORGAN

3 Filer ID (Ethics Commission Filers)

4 Date

2/20/24

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

BILL DOUGLASS

7 Amount of contribution (\$)

\$500

6 Contributor address;

City;

State;

Zip Code

SHERMAN

TX 75092

8 Principal occupation / Job title (See Instructions)

OWNER

9 Employer (See Instructions)

DOUGLASS DISTRIBUTING

Date

2/14/24

Full name of contributor

☐ out-of-state PAC (ID#: _____)

TOM & TAMRA BRAGG

Amount of contribution (\$)

\$150

Contributor address;

City;

State;

Zip Code

SHERMAN

TX

75092

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

2/28/24

Full name of contributor

☐ out-of-state PAC (ID#: _____)

CONNIE SIKES

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

SHERMAN

TX

75092

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

3/4/2024

Full name of contributor

☐ out-of-state PAC (ID#: _____)

JOE BROWN

Amount of contribution (\$)

\$250

Contributor address;

City;

State;

Zip Code

SHERMAN

TX

75092

Principal occupation / Job title (See Instructions)

LAWYER

Employer (See Instructions)

SELF

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

4 of 7

2 FILER NAME

MICHAEL BRAD MORGAN

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/2024

5 Full name of contributor

ALAN BURTON

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$100

6 Contributor address;

City;

State;

Zip Code

Denison

TX

75021

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

3/4/2024

Full name of contributor

CHRISTY BACA

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

~~\$150~~ \$150

Contributor address;

City;

State;

Zip Code

SHERMAN

TX

75092

Principal occupation / Job title (See Instructions)

TEACHER SUBSTITUTE

Employer (See Instructions)

SUSD

Date

3/4/2024

Full name of contributor

DERICK NUNN

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$50

Contributor address;

City;

State;

Zip Code

SHERMAN

TX

75092

Principal occupation / Job title (See Instructions)

LOAN OFFICER

Employer (See Instructions)

CHASE

Date

3/4/2024

Full name of contributor

SETH & BREE BROWN

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$1,000

Contributor address;

City;

State;

Zip Code

SHERMAN

TX

75091

Principal occupation / Job title (See Instructions)

ENGINEER / CRNA

Employer (See Instructions)

BAYLOR SCOTT & White

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

5 of 7

2 FILER NAME

MICHAEL BRAD MORGAN

3 Filer ID (Ethics Commission Filers)

4 Date

3/4/2024

5 Full name of contributor

JOE SHADID

☐ out-of-state PAC (ID#:

7 Amount of contribution (\$)

\$200

6 Contributor address;

SHERMAN

City;

TX

State;

75092

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/4/2024

Full name of contributor

PAUL & DEBBIE OSWALT

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$100

Contributor address;

SHERMAN

City;

TX

State;

75092

Zip Code

Principal occupation / Job title (See Instructions)

Electrician / Teacher

Employer (See Instructions)

Reynolds / SIDS

Date

3/8/2024

Full name of contributor

JUSTIN ELLIS

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$200

Contributor address;

SHERMAN

City;

TX

State;

75092

Zip Code

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

ELLIS Auto

Date

3/14/2024

Full name of contributor

DEAN GILBERT

☐ out-of-state PAC (ID#:

Amount of contribution (\$)

\$250

Contributor address;

SHERMAN

City;

TX

State;

75092

Zip Code

Principal occupation / Job title (See Instructions)

OWNER

Employer (See Instructions)

Dean Gilbert Real Estate

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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1 Total pages Schedule A1:

6 of 7

2 FILER NAME

Michael Brad Morgan

3 Filer ID (Ethics Commission Filers)

4 Date

3/14/2024

5 Full name of contributor

Joe Gilbert

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$1,000

6 Contributor address;

[REDACTED]

City; State; Zip Code
SHERMAN TX 75092

8 Principal occupation / Job title (See Instructions)

Owner

9 Employer (See Instructions)

Gilbert Construction

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 of 7

2 FILER NAME

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

6 Contributor address;

City;

State;

Zip Code

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#: _____)

Amount of contribution (\$)

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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