2-49
Prescribed by Secretary of State
Section 141.031, Chapters 143 and 144, Texas Election Code
09/2023

APPLICATION FOR A PLACE ON THE BALLOT FOR A GENERAL ELECTION FOR A CITY, SCHOOL DISTRICT OR OTHER POLITICAL SUBDIVISION

ALL INFORMATION IS REQUIRED TO BE PROVIDED UNLESS INDICATED AS OPTIONAL[1] Failure to provide required information may result in rejection of application

APPLICATION FOR A PLACE ON THE Keller ISD Board of Trustees **GENERAL ELECTION BALLOT**
(name of election)

TO: City Secretary/Secretary of Board

I request that my name be placed on the above-named official ballot as a candidate for the office indicated below.

OFFICE SOUGHT (Include any place number or other distinguishing number, if any.)	**INDICATE TERM**
Place 1	☑ FULL ☐ UNEXPIRED

FULL NAME (First, Middle, Last)	**PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT***
Colin Scott Bruce Jr	Scott Bruce

PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe location of residence.)			**PUBLIC MAILING ADDRESS (Optional)** (Address for which you receive campaign related correspondence, if available.)		
9725 Bowman Dr					
CITY	**STATE**	**ZIP**	**CITY**	**STATE**	**ZIP**
Fort Worth	TX	76244			

PUBLIC EMAIL ADDRESS (Optional) (Address for which you receive campaign related emails, if available.)	**OCCUPATION (Do not leave blank)**	**DATE OF BIRTH**	**VOTER REGISTRATION VUID NUMBER[2] (Optional)**
scott@scottbruce4change	Vice President, Accoun	[redacted]	

TELEPHONE CONTACT INFORMATION (Optional)
Home: Office: Cell: (817) 937-5066

FELONY CONVICTION STATUS (You MUST check one)	**LENGTH OF CONTINUOUS RESIDENCE AS OF DATE THIS APPLICATION WAS SWORN**	
	IN THE STATE OF TEXAS	**IN TERRITORY/DISTRICT/PRECINCT FROM WHICH THE OFFICE SOUGHT IS ELECTED**
☑ I have not been finally convicted of a felony.	14 year(s)	14 year(s)
☐ I have been finally convicted of a felony, but I have been pardoned or otherwise released from the resulting disabilities of that felony conviction and I have provided proof of this fact with the submission of this application.[3]	____ month(s)	____ month(s)

*If using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear that my nickname does not constitute a slogan or contain a title, nor does it indicate a political, economic, social, or religious view or affiliation. I have been commonly known by this nickname for at least three years prior to this election. Please review sections 52.031, 52.032 and 52.033 of the Texas Election Code regarding the rules for how names may be listed on the official ballot.

Before me, the undersigned authority, on this day personally appeared (name of candidate) Colin Scott Bruce Jr, who being by me here and now duly sworn, upon oath says:

"I, (name of candidate) Colin Scott Bruce Jr, of Tarrant County, Texas, being a candidate for the office of Keller ISD Board of Trustees, swear that I will support and defend the Constitution and laws of the United States and of the State of Texas. I am a citizen of the United States eligible to hold such office under the constitution and laws of this state. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or partially mentally incapacitated without the right to vote. I am aware of the nepotism law, Chapter 573, Government Code. I am aware that I must disclose any prior felony conviction, and if so convicted, must provide proof that I have been pardoned or otherwise released from the resulting disabilities of any such final felony conviction. I am aware that knowingly providing false information on the application regarding my possible felony conviction status constitutes a Class B misdemeanor. I further swear that the foregoing statements included in my application are in all things true and correct."

X [signature]
SIGNATURE OF CANDIDATE

Sworn to and subscribed before me this the 22d day of January, 2025, by Scott Bruce
(day) (month) (year) (name of candidate)

Catherine Whited
Signature of Officer Authorized to Administer Oath[4]

Catherine Whited
Printed Name of Officer Authorized to Administer Oath

Notary
Title of Officer Authorized to Administer Oath

CATHERINE WHITED
My Notary ID # 6447598
Expires June 17, 2026

TO BE COMPLETED BY FILING OFFICER: THIS APPLICATION IS ACCOMPANIED BY THE REQUIRED FILING FEE (If Applicable) PAID BY:
☐ CASH ☐ CHECK ☐ MONEY ORDER ☐ CASHIERS CHECK OR ☐ PETITION IN LIEU OF A FILING FEE

This document and $_____ filing fee or a nominating petition of _____ pages received. ☑ **Voter Registration Status Verified**

01/22/25 Date Received
01/22/25 Date Accepted
(See Section 1.007)
[signature] Signature of Filing Officer or Designee

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA
PG 1

See CTA Instruction Guide for detailed instructions.

1 Total pages filed: 1

OFFICE USE ONLY

Filer ID #:

Date Received: 01/28/2025

Date Hand-delivered or Postmarked:

Receipt #:

Amount $:

Date Processed: 01/28/2025

Date Imaged: 01/28/2025

2 CANDIDATE NAME

MS / MRS / MR: MR

FIRST: COLIN

MI: S

NICKNAME: SCOTT

LAST: BRUCE

SUFFIX: JR

3 CANDIDATE MAILING ADDRESS

ADDRESS / PO BOX: 9725 BOWMAN DR

APT / SUITE #:

CITY: FORT WORTH

STATE: TX

ZIP CODE: 76244

4 CANDIDATE PHONE

AREA CODE: (817)

PHONE NUMBER: 937-5066

EXTENSION:

5 OFFICE HELD (if any)

6 OFFICE SOUGHT (if known)

KELLER ISD BOARD OF TRUSTEES

7 CAMPAIGN TREASURER NAME

MS / MRS / MR: MS

FIRST: SHANNA

MI: M

NICKNAME:

LAST: BRUCE

SUFFIX:

8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)

STREET ADDRESS: 9725 BOWMAN DR

APT / SUITE #:

CITY: FORT WORTH

STATE: TX

ZIP CODE: 76244

9 CAMPAIGN TREASURER PHONE

AREA CODE: (614)

PHONE NUMBER: 769-3487

EXTENSION:

10 CANDIDATE SIGNATURE

I am aware of the Nepotism Law, Chapter 573 of the Texas Government Code.

I am aware of my responsibility to file timely reports as required by title 15 of the Election Code.

I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.

C. SCOTT BRUCE
Signature of Candidate

1/22/2025
Date Signed

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

FORM CFCP
COVER SHEET

Pursuant to chapter 258 of the Election Code, every candidate and political committee is encouraged to subscribe to the Code of Fair Campaign Practices. The Code may be filed with the proper filing authority upon submission of a campaign treasurer appointment form. Candidates or political committees that already have a current campaign treasurer appointment on file as of September 1, 1997, may subscribe to the code at any time.

Subscription to the Code of Fair Campaign Practices is voluntary.

OFFICE USE ONLY

Date Received: 4/3/2025

Date Hand-delivered or Postmarked: 4/3/2025

Date Processed:

Date Imaged:

1 ACCOUNT NUMBER (Ethics Commission Filers)

2 TYPE OF FILER

CANDIDATE [X] — *If filing as a candidate, complete boxes 3 - 6, then read and sign page 2.*

POLITICAL COMMITTEE [ ] — *If filing for a political committee, complete boxes 7 and 8, then read and sign page 2.*

3 NAME OF CANDIDATE (PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)	FIRST	MI
MR	COLIN	SCOTT

NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)
SCOTT	BRUCE	JR

4 TELEPHONE NUMBER OF CANDIDATE (PLEASE TYPE OR PRINT)

AREA CODE	PHONE NUMBER	EXTENSION
817)	937-5066	

5 ADDRESS OF CANDIDATE (PLEASE TYPE OR PRINT)

STREET / PO BOX;	APT / SUITE #;	CITY;	STATE;	ZIP CODE
9725 BOWMAN DR		FT WORTH	TX	76244

6 OFFICE SOUGHT BY CANDIDATE (PLEASE TYPE OR PRINT)

KELLER ISD SCHOOL BOARD PLACE 7

7 NAME OF COMMITTEE (PLEASE TYPE OR PRINT)

8 NAME OF CAMPAIGN TREASURER (PLEASE TYPE OR PRINT)

TITLE (Dr., Mr., Ms., etc.)	FIRST	MI
MRS	SHANNA	M

NICKNAME	LAST	SUFFIX (SR., JR., III, etc.)
	BRUCE	

GO TO PAGE 2

CODE OF FAIR CAMPAIGN PRACTICES

There are basic principles of decency, honesty, and fair play that every candidate and political committee in this state has a moral obligation to observe and uphold, in order that, after vigorously contested but fairly conducted campaigns, our citizens may exercise their constitutional rights to a free and untrammeled choice and the will of the people may be fully and clearly expressed on the issues.

THEREFORE:

(1) I will conduct the campaign openly and publicly and limit attacks on my opponent to legitimate challenges to my opponent's record and stated positions on issues.

(2) I will not use or permit the use of character defamation, whispering campaigns, libel, slander, or scurrilous attacks on any candidate or the candidate's personal or family life.

(3) I will not use or permit any appeal to negative prejudice based on race, sex, religion, or national origin.

(4) I will not use campaign material of any sort that misrepresents, distorts, or otherwise falsifies the facts, nor will I use malicious or unfounded accusations that aim at creating or exploiting doubts, without justification, as to the personal integrity or patriotism of my opponent.

(5) I will not undertake or condone any dishonest or unethical practice that tends to corrupt or undermine our system of free elections or that hampers or prevents the full and free expression of the will of the voters, including any activity aimed at intimidating voters or discouraging them from voting.

(6) I will defend and uphold the right of every qualified voter to full and equal participation in the electoral process, and will not engage in any activity aimed at intimidating voters or discouraging them from voting.

(7) I will immediately and publicly repudiate methods and tactics that may come from others that I have pledged not to use or condone. I shall take firm action against any subordinate who violates any provision of this code or the laws governing elections.

I, the undersigned, candidate for election to public office in the State of Texas or campaign treasurer of a political committee, hereby voluntarily endorse, subscribe to, and solemnly pledge myself to conduct the campaign in accordance with the above principles and practices.

[signature] 1/22/25

Signature Date

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR	FIRST	MI
MR	Colin	S

NICKNAME	LAST	SUFFIX
Scott	Bruce	Jr

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

9725 Bowman Dr
Fort Worth Texas 76244

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (817) PHONE NUMBER: 937-5066 EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR	FIRST	MI
MRS	Shanna	M

NICKNAME	LAST	SUFFIX
	Bruce	

7 CAMPAIGN TREASURER ADDRESS

(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

9725 Bowman Dr
Fort Worth Texas 76244

8 CAMPAIGN TREASURER PHONE

AREA CODE: (614) PHONE NUMBER: 7693487 EXTENSION:

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
	1	1	25
THROUGH	3	24	25

11 ELECTION

ELECTION DATE: Month 5 / Day 3 / Year 25

ELECTION TYPE:

- ☐ Primary
- ☐ Runoff
- ☐ Other Description
- ☒ General
- ■ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

Keller ISD School Board Place 1

14 NOTICE FROM POLITICAL COMMITTEE(S)

Additional Pages

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

- ☐ GENERAL
- ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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	16 Filer ID (Ethics Commission Filers)
Colin Scott Bruce Jr	

17 CONTRIBUTION TOTALS	1.	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	$ -0-
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 925
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$ -0-
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 3,042.56
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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

_____
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____,

_____, 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 COLIN SCOTT BRUCE JR, and my date of birth is FEBRUARY 25TH 1978

My address is 9725 BOWMAN DR, FT WORTH, TX, 76244, US
(street) (city) (state) (zip code) (country)

Executed in TARRANT County, State of TEXAS, on the 3 day of APRIL, 2025.
(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)
COLIN SCOTT BRUCE JR	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 925.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	SCHEDULE E: LOANS	$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 70.80
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 3,042.56
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	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: 3

2 FILER NAME: COLIN SCOTT BRUCE JR

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
1-23-25	RAMYA JHAND	[redacted] 4640 VISTA MEADOWS DR FT WORTH TX 76118	$20.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
1-25-25	DEBBIE PADESTA	[redacted] 3224 MIDDLEBORO DUBLIN OH 43017	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
1-26-25	KENNETH DENTE	[redacted] 4109 CHLOE LN FT WORTH TX 76244	$50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
1-26-25	PETE BAURIES	[redacted] 3036 CANNONWOOD DR FT WORTH TX 76137	$5.00

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: 3

2 FILER NAME: COLIN SCOTT BRUCE JR

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2-2-25	LISA DOUGHERTY	8141 SPRUCE VALLEY DR FT WORTH TX 76137	$250.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
2-14-25	JILL MICHENER	4924 FLUSCHE CT KELLER TX 76244	$50.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
3-3-25	TRAVIS CLEGG	4020 VOLK CT FT WORTH TX 76244	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
3-12-25	JULIE BERGERON	4837 EDDLEMAN DR FT WORTH TX 76244	$100.00

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: 3

2 FILER NAME: COLIN SCOTT BRUCE JR

3 Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
3-22-25	CHAD POWERS **6** Contributor address; City; State; Zip Code 3561 WILD CHERRY WAY MASON OH 45040	$250.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ 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 ☐ 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 ☐ 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.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Solicitation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form. **USE A NEW PAGE FOR EACH CREDIT CARD ISSUER**

1 TOTAL PAGES SCHEDULE F4: 1	**2 FILER NAME** COLIN SCOTT BRUCE JR	**3 FILER ID (Ethics Commission Filers)**
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 70.80

5 CREDIT CARD ISSUER — Name of financial institution: AMERICAN EXPRESS

6 PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$ 70.80	3-23-25	WILL BE PAID IN APRIL.

7 PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code
HOME DEPOT	

8 PURPOSE OF EXPENDITURE

- [x] Political
- [ ] Non-Political

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: STEEL T-POSTS

(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/OH

Candidate / Officeholder name	Office Sought	Office Held
COLIN SCOTT BRUCE JR	KELLER ISD SCHOOL BD PL 1	

PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$		

PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code

PURPOSE OF EXPENDITURE

- [ ] Political
- [ ] Non-Political

(a) Category (See Categories listed at the top of this schedule):

(b) Description:

(c) Check if travel outside of Texas. Complete 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

PAYMENT

(a) Amount Charged	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
$		

PAYEE

(a) Payee name	(b) Payee address; City, State, Zip Code

PURPOSE OF EXPENDITURE

- [ ] Political
- [ ] Non-Political

(a) Category (See Categories listed at the top of this schedule):

(b) Description:

(c) Check if travel outside of Texas. Complete 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 COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME: COLIN SCOTT BRUCE JR	3 Filer ID (Ethics Commission Filers)

4 Date	5 Payee name
1-9-25	GODADDY.COM

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
118.75 Reimbursement from political contributions intended				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXPENSE	WEBSITE

(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/OH	Candidate / Officeholder name	Office sought	Office held
	COLIN SCOTT BRUCE JR	KELLER ISD SCHOOL BD PL 1	

Date	Payee name
1-22-25	GODADDY.COM

Amount ($)	Payee address;	City;	State;	Zip Code
42.63 Reimbursement from political contributions intended				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	EMAIL MARKETING

Check if travel outside of Texas. Complete 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
	COLIN SCOTT BRUCE JR	KELLER ISD SCHOOL BD PL 1	

Date	Payee name
1-26-25	OLIVE GARDEN

Amount ($)	Payee address;	City;	State;	Zip Code
305.80 Reimbursement from political contributions intended	9333 RAIN LILY TRL FT WORTH	TX		76177

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	EVENT EXPENSE/FOOD	FOOD FOR MEET & GREET

Check if travel outside of Texas. Complete 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
	COLIN SCOTT BRUCE JR	KELLER ISD SCHOOL BD	PL 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5	COLIN SCOTT BRUCE JR	

4 Date	5 Payee name
1-30-25	META / FACEBOOK AD

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
214.23 Reimbursement from political contributions intended				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING	FACEBOOK / SOCIAL MEDIA AD

(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/OH	Candidate / Officeholder name	Office sought	Office held
	COLIN SCOTT BRUCE JR	KELLER ISD SCHOOL BD	PL 1

Date	Payee name
2-12-25	STICKERBROS.COM

Amount ($)	Payee address;	City;	State;	Zip Code
388.08 Reimbursement from political contributions intended	3200 S CRAVENS RD FT WORTH TX 76119			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	SIGNS & YARD SIGNS

Check if travel outside of Texas. Complete 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
	COLIN SCOTT BRUCE JR	KELLER ISD SCHOOL BD	PL 2

Date	Payee name
2-23-25	HOME DEPOT

Amount ($)	Payee address;	City;	State;	Zip Code
118.80 Reimbursement from political contributions intended	2013 HWY 377 KELLER TX 76248			

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	MATERIALS TO INSTALL SIGNS

Check if travel outside of Texas. Complete 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
	COLIN SCOTT BRUCE JR	KELLER ISD SCHOOL BD	PL 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
5	COLIN SCOTT BRUCE JR	

Expenditure 1

4 Date	5 Payee name
2-25-25	GODADDY.com

6 Amount ($)	7 Payee address; City; State; Zip Code
42.63 Reimbursement from political contributions intended	

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXPENSE	EMAIL & WEBSITE

(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/OH	Candidate / Officeholder name	Office sought	Office held
	COLIN SCOTT BRUCE JR	KELLER ISD SCHOOL BD PL 7	

Expenditure 2

Date	Payee name
3-6-25	META | FACEBOOK

Amount ($)	Payee address; City; State; Zip Code
103.79 Reimbursement from political contributions intended	

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	BOOSTED FACEBOOK EVENT

Check if travel outside of Texas. Complete 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
	COLIN SCOTT BRUCE JR	KELLER ISD SCHOOL BD PL 7	

Expenditure 3

Date	Payee name
3-9-25	STAPLES

Amount ($)	Payee address; City; State; Zip Code
56.27 Reimbursement from political contributions intended	3004 DENTON HIGHWAY HATAUGA TX 76148

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	BUSINESS CARDS WITH QR CODE

Check if travel outside of Texas. Complete 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
	COLIN SCOTT BRUCE JR	KELLER ISD SCHOOL BD PL 7	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 5

2 FILER NAME: COLIN SCOTT BRUCE JR

3 Filer ID (Ethics Commission Filers):

4 Date: 3-9-25

5 Payee name: HOME DEPOT

6 Amount ($): 157.42
Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 2013 HWY 377 KELLER TX 76248

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: STEEL POSTS FOR 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/OH

Candidate / Officeholder name: COLIN Scott BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 1

Office held:

Date: 3-7-25

Payee name: META | FACEBOOK

Amount ($): 209.42
Reimbursement from political contributions intended

Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: FACEBOOK AD

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: COLIN Scott BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 1

Office held:

Date: 3-14-25

Payee name: STICKERBROS.COM

Amount ($): 362.21
Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 3200 S CRAVENS RD FT WORTH TX 76119

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: SIGNS - YARD SIGNS

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: COLIN SCOTT BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 1

Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 5

2 FILER NAME: COLIN SCOTT BRUCE JR

3 Filer ID (Ethics Commission Filers):

4 Date: 3.17-25

5 Payee name: STAPLES

6 Amount ($): 32.45
Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code: 8004 DENTON HWY WATAUGA TX 76148

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: SHIPPING CHARGE FOR POSTCARDS

(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/OH

Candidate / Officeholder name: COLIN SCOTT BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 1

Office held:

Date: 3-17-25

Payee name: STAPLES

Amount ($): 319.33
Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 8004 DENTON HWY WATAUGA TX 76148

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: 5.5 | 8.5 POSTCARDS

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: COLIN SCOTT BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 1

Office held:

Date: 3-23-25

Payee name: HOME DEPOT

Amount ($): 70.80
Reimbursement from political contributions intended

Payee address; City; State; Zip Code: 2013 HWY 377 KELLER TX 76248

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: STEEL T-POST

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: COLIN SCOTT BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 1

Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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:

OFFICE USE ONLY

Date Received

Date Hand-delivered or Date Postmarked

Receipt # | Amount $

Date Processed

Date Imaged

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: MR | FIRST: COLIN | MI: S

NICKNAME: SCOTT | LAST: BRUCE | SUFFIX: JR

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX: 9725 BOWMAN DR | APT / SUITE #: | CITY: FT WORTH | STATE: TX | ZIP CODE: 76244

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE: (817) | PHONE NUMBER: 937-5066 | EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: MRS | FIRST: SHANNA | MI: M

NICKNAME: | LAST: BRUCE | SUFFIX:

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE): 9725 BOWMAN DR | APT / SUITE #: | CITY: FT WORTH | STATE: TX | ZIP CODE: 76244

8 CAMPAIGN TREASURER PHONE

AREA CODE: (614) | PHONE NUMBER: 769-3487 | EXTENSION:

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: 3 / 25 / 2025 THROUGH Month Day Year: 4 / 24 / 2025

11 ELECTION

ELECTION DATE: Month Day Year: 5 / 3 / 2025

ELECTION TYPE: ☐ Primary ☐ Runoff ☒ Other Description: LOCAL SCHOOL BOARD ELECTION ☐ General ☐ Special

12 OFFICE

OFFICE HELD (if any):

13 OFFICE SOUGHT (if known): KELLER ISD SCHOOL BOARD PLACE 2

14 NOTICE FROM POLITICAL COMMITTEE(S)

☐ Additional Pages

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: ☐ GENERAL ☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

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: COLIN SCOTT BRUCE JR

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)	$ 1,190
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 5,189.97
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$

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

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

OR

(2) Unsworn Declaration

My name is COLIN SCOTT BRUCE JR, and my date of birth is 2-20-78.

My address is 9725 BOWMAN DR (street), FT WORTH (city), TX (state), 76244 (zip code), USA (country).

Executed in TARRANT County, State of TEXAS, on the 25 day of APRIL (month), 20 25 (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)
COLIN SCOTT BRUCE JR	

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1.	☒	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	$ 1,190
2.	☐	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	$
3.	☐	SCHEDULE B: PLEDGED CONTRIBUTIONS	$
4.	☐	SCHEDULE E: LOANS	$
5.	☐	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
6.	☐	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	$
7.	☐	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	$ 452.59
8.	☒	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	$ 70.80
9.	☒	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	$ 4654.58
10.	☐	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	$
11.	☐	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	$
12.	☐	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: 4

2 FILER NAME: COLIN SCOTT BRUCE JR

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
1-23-25	ROMYA JHAND	4640 VISTA MEADOWS DR FT WORTH TX 76118	$ 20.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
1-25-25	DEBBIE PARESA	3224 MIDDLEBORO DUBLIN OH 43017	$ 100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
1-26-25	KENNETH DENTE	4109 CHLOE LN FT WORTH TX 76244	$ 50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
1-26-25	PETE BAURIES	3036 CANNONWOOD DR FT WORTH TX 76137	$ 5.00

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: 3

2 FILER NAME: COLIN SCOTT BRUCE JR

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
2-2-25	LISA DOUGHERTY	8141 SPRUCE VALLEY DR FT WORTH TX 76137	$250.00

8 Principal occupation / Job title (See Instructions):

9 Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
2-14-25	JILL MICHENER	4924 FLUSCHE CT KELLER TX 76244	$50.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
3-3-25	TRAVIS CLEGG	4020 VOLK CT FT WORTH TX 76244	$100.00

Principal occupation / Job title (See Instructions):

Employer (See Instructions):

Date	Full name of contributor ☐ out-of-state PAC (ID#:)	Contributor address; City; State; Zip Code	Amount of contribution ($)
3-12-25	JULIE BERGERON	4837 EDDLEMAN DR FT WORTH TX 76244	$100.00

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: 3

2 FILER NAME: COLIN SCOTT BRUCE JR

3 Filer ID (Ethics Commission Filers)

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:)	7 Amount of contribution ($)
3-22-25	CHAD POWERS	$250.00
	6 Contributor address; City; State; Zip Code: 3561 WILD CHERRY WAY MASON OH 45040	
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

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:

2 FILER NAME: COLIN SCOTT BRUCE JR

3 Filer ID (Ethics Commission Filers):

4 Date	5 Full name of contributor ☐ out-of-state PAC (ID#:_____)	6 Contributor address; City; State; Zip Code	7 Amount of contribution ($)
3/25/25	WILL ROBERSON	10808 THORNGROVE CT HASLET TX 76052	$200.00

8 Principal occupation / Job title (See Instructions)	9 Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)
3/30/25	BRIAN BLACK	9136 TATE AVE KELLER TX 76244	$ 50.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)
4/15/25	FRANK HURTIG	9504 SINCLAIR ST FT WORTH TX 76244	$ 15.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Contributor address; City; State; Zip Code	Amount of contribution ($)

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment
Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services
Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
1	COLIN SCOTT BRUCE JR	

4 Date	5 Payee name
4-15-25	GOOD PARTY LLC

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
313.11				

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXPENSE	TEXT MESSAGE CAMPAIGN
	(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/OH	Candidate / Officeholder name	Office sought	Office held
	COLIN SCOTT BRUCE JR	KELLER ISD SCHOOL BOARD PL 1	

Date	Payee name
4-22-25	GOOD PARTY LLC

Amount ($)	Payee address;	City;	State;	Zip Code
139.48				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	ADVERTISING EXPENSE	TEXT MESSAGE CAMPAIGN
	☐ Check if travel outside of Texas. Complete 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
	COLIN SCOTT BRUCE JR	KELLER ISD SCHOOL BOARD PL 1	

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete 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 COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: 1	2 FILER NAME: COLIN SCOTT BRUCE JR	3 FILER ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD		$ 70.80
5 CREDIT CARD ISSUER	Name of financial institution: AMERICAN EXPRESS	
6 PAYMENT	(a) Amount Charged: $ 70.80 / (b) Date Expenditure Charged: 3-23-25 / (c) Date(s) Credit Card Issuer Paid: WILL BE PAID IN APRIL.	
7 PAYEE	(a) Payee name: HOME DEPOT / (b) Payee address; City, State, Zip Code	
8 PURPOSE OF EXPENDITURE ☒ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE / (b) Description: STEEL T-POSTS	
	(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/OH	Candidate / Officeholder name: COLIN SCOTT BRUCE JR / Office Sought: KELLER ISD SCHOOL BD PL 1 / Office Held	
PAYMENT	(a) Amount Charged: $ / (b) Date Expenditure Charged / (c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name / (b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) / (b) Description	
	(c) Check if travel outside of Texas. Complete 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	
PAYMENT	(a) Amount Charged: $ / (b) Date Expenditure Charged / (c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name / (b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE ☐ Political ☐ Non-Political	(a) Category (See Categories listed at the top of this schedule) / (b) Description	
	(c) Check if travel outside of Texas. Complete 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 COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 of Personal Funds
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor
Public Relations/Professional Services & Related Expenses
Transportation, Lodging and Meals
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 G: 6

2 FILER NAME: COLIN SCOTT BRUCE JR

3 Filer ID (Ethics Commission Filers):

Expenditure 1

4 Date: 1-21-25

5 Payee name: GODADDY.COM

6 Amount ($): 118.75
Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code:

8 PURPOSE OF EXPENDITURE
(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE
(b) Description: WEBSITE
(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/OH
Candidate / Officeholder name: COLIN SCOTT BRUCE JR
Office sought: KELLER ISD SCHOOL BD PL 1
Office held:

Expenditure 2

Date: 1-22-25

Payee name: GODADDY.COM

Amount ($): 42.63
Reimbursement from political contributions intended

Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE
Description: EMAIL MARKETING
Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: COLIN SCOTT BRUCE JR
Office sought: KELLER ISD SCHOOL BD PL 1
Office held:

Expenditure 3

Date: 1-26-25

Payee name: OLIVE GARDEN

Amount ($): 305.80
Reimbursement from political contributions intended

Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE
Category (See Categories listed at the top of this schedule): EVENT EXPENSE | FOOD
Description: FOOD FOR MEET & GREET
Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH
Candidate / Officeholder name: COLIN SCOTT BRUCE JR
Office sought: KELLER ISD SCHOOL BD PL 1
Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: [redacted] 6

2 FILER NAME: COLIN SCOTT BRUCE JR

3 Filer ID (Ethics Commission Filers):

4 Date: 1-30-25

5 Payee name: META / FACEBOOK AD

6 Amount ($): 24.23
Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code:

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING

(b) Description: FACEBOOK / SOCIAL MEDIA AD

(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/OH

Candidate / Officeholder name: COLIN SCOTT BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 1

Office held:

Date: 2-12-25

Payee name: STICKERBROS.COM

Amount ($): 388.08
Reimbursement from political contributions intended

Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: SIGNS & YARD SIGNS

Check if travel outside of Texas. Complete 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:

Date: 2-23-25

Payee name: HOME DEPOT

Amount ($): 113.80
Reimbursement from political contributions intended

Payee address; City; State; Zip Code:

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: MATERIALS TO INSTALL SIGNS

Check if travel outside of Texas. Complete Schedule T.

Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: COLIN SCOTT BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 1

Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 and 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 G: 3 of 6

2 FILER NAME: COLIN SCOTT BRUCE JR

3 Filer ID (Ethics Commission use only)

4 Date: 2-25-25

5 Payee name: GODADDY.com

6 Amount ($): 42.63
Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: EMAIL & WEBSITE

(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/OH

Candidate / Officeholder name: COLIN SCOTT BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 7

Office held

Date: 3-6-25

Payee name: META | FACEBOOK

Amount ($): 103.79
Reimbursement from political contributions intended

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: BOOSTED FACEBOOK EVENT

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: COLIN SCOTT BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 7

Office held

Date: 3-9-25

Payee name: STAPLES

Amount ($): 56.27
Reimbursement from political contributions intended

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: BUSINESS CARDS WITH QR CODE

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: COLIN SCOTT BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 7

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 2

2 FILER NAME: COLIN SCOTT BRUCE JR

3 Filer ID (Ethics Commission Filers)

4 Date: 3-9-25

5 Payee name: HOME DEPOT

6 Amount ($): 157.42
Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: STEEL POSTS FOR 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/OH

Candidate / Officeholder name: COLIN Scott BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 1

Office held:

Date: 3-7-25

Payee name: META | FACEBOOK

Amount ($): 209.42
Reimbursement from political contributions intended

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: FACEBOOK AD

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: COLIN SCOTT BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 1

Office held:

Date: 3-14-25

Payee name: STICKERBROS.COM

Amount ($): 862.21
Reimbursement from political contributions intended

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: SIGNS - YARD SIGNS

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: COLIN SCOTT BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 1

Office held:

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 56

2 FILER NAME: COLIN SCOTT BRUCE JR

3 Filer ID (Ethics Commission Filers)

4 Date: 3-17-25

5 Payee name: STAPLES

6 Amount ($): 32.45
Reimbursement from political contributions intended

7 Payee address; City; State; Zip Code

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

(b) Description: SHIPPING CHARGE FOR POSTCARDS

(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/OH

Candidate / Officeholder name: COLIN SCOTT BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 1

Office held

Date: 3-17-25

Payee name: STAPLES

Amount ($): 319.33
Reimbursement from political contributions intended

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: 5.5|8.5 POSTCARDS

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: COLIN SCOTT BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 1

Office held

Date: 3-23-25

Payee name: HOME DEPOT

Amount ($): 70.80
Reimbursement from political contributions intended

Payee address; City; State; Zip Code

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule): ADVERTISING EXPENSE

Description: STEEL T-POST

Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name: COLIN SCOTT BRUCE JR

Office sought: KELLER ISD SCHOOL BD PL 1

Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
6	COLIN SCOTT BRUGG JR	

4 Date	5 Payee name
4-3-25	CRAFT MARK PIPE MARKERS

6 Amount ($)	7 Payee address;	City;	State;	Zip Code
1,614.02 ☐ Reimbursement from political contributions intended	3200 S CRAVENS RD	FT WORTH	TX	76244

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ADVERTISING EXPENSES	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/OH	Candidate / Officeholder name	Office sought	Office held
	COLIN SCOTT BRUGG JR	KELLER ISD SCHOOL BOARD PL 1	

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code
☐ Reimbursement from political contributions intended				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete 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

Date	Payee name

Amount ($)	Payee address;	City;	State;	Zip Code
☐ Reimbursement from political contributions intended				

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	☐ Check if travel outside of Texas. Complete 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 COPIES OF THIS SCHEDULE AS NEEDED