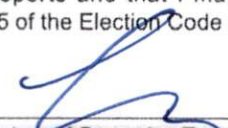


APPOINTMENT OF A CAMPAIGN TREASURER BY A SPECIFIC-PURPOSE COMMITTEE

FORM STA
PG 1

<p>See STA Instruction Guide for detailed instructions.</p> <p>If you are involved in a School District Bond Election, you must file Form STA with the local filing authority BEFORE sending a file-stamped copy to the Texas Ethics Commission.</p>		<p>1 Total pages filed:</p> <p style="text-align: right; font-size: 2em;">2</p>	
2 COMMITTEE NAME	Brazos County Transportation Road Improvement Program 2022 (TRIP '22)		<p>OFFICE USE ONLY</p> <p>Filer ID #</p> <p>Date Received</p> <p>2022 JUL -5 AM 11:49</p> <p>Date Hand-delivered or Postmarked</p> <p>Receipt # Amount \$</p> <p>Date Processed</p> <p>Date Imaged</p>
3 COMMITTEE ADDRESS	<p>ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE</p> <p>5301 Woodall Court College Station, TX 77845</p>		
4 CAMPAIGN TREASURER NAME	<p>MS / MRS / MR FIRST MI</p> <p>Mr. Larry</p> <p>NICKNAME LAST SUFFIX</p> <p>Hodges</p>		
5 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	<p>STREET ADDRESS: APT / SUITE #: CITY: STATE: ZIP CODE</p> <p>5301 Woodall Court College Station, TX 77845</p>		
6 MAILING ADDRESS	<p>ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE</p> <p><input type="checkbox"/> same as above</p>		
7 CAMPAIGN TREASURER PHONE	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>(979.000) 571-2733</p>		
8 PERSON APPOINTING TREASURER	<p>FIRST MI LAST SUFFIX</p>		
9 SIGNATURE	<p>I understand that I have been appointed as the campaign treasurer for this specific-purpose committee and that I am responsible for filing all required reports and that I may be subject to fines for failure to do so. I am aware of the restrictions in title 15 of the Election Code on contributions from corporations and labor organizations.</p> <p style="text-align: right;">  Signature of Campaign Treasurer </p>		
10 ASSISTANT CAMPAIGN TREASURER (see instructions)	<p>FIRST MI LAST SUFFIX</p>		
11 ASSISTANT CAMPAIGN TREASURER ADDRESS	<p>ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE</p>		
12 ASSISTANT CAMPAIGN TREASURER PHONE	<p>AREA CODE PHONE NUMBER EXTENSION</p> <p>()</p>		
<p>CONTINUE ON PAGE 2</p>			

SPECIFIC-PURPOSE COMMITTEE:
PURPOSE AND MODIFIED REPORTING DECLARATION

FORM STA
PG 2

13 COMMITTEE NAME

Brazos County Transportation Road Improvement Program 2022 (TRIP '22)

14 COMMITTEE PURPOSE

- ☐ SUPPORT CANDIDATE
☐ OPPOSE CANDIDATE
☐ ASSIST OFFICEHOLDER

CANDIDATE / OFFICEHOLDER NAME

OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)

- ☒ SUPPORT MEASURE
☐ OPPOSE MEASURE

BALLOT IDENTIFICATION OF MEASURE / #

Proposition A

ELECTION DATE

Month Day Year
11/08/2022

DESCRIPTION

Transportation road improvements in Brazos County

15 MODIFIED REPORTING DECLARATION

COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING.

****This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ****

****The modified reporting declaration is valid for one election cycle only. ****
(An election cycle includes a primary election, a general election, and any related runoffs.)

The committee does not intend to accept more than \$940 in political contributions or make more than \$940 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. The committee understands that if either one of those limits is exceeded, the committee's campaign treasurer will be required to file pre-election reports and, if necessary, a runoff report.

Year of election(s) or election cycle to which declaration applies

Signature of Campaign Treasurer

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us

or mail to
Texas Ethics Commission
P.O. Box 12070
Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority
DO NOT SEND TO TEC

For more information about where to file go to:
<https://www.ethics.state.tx.us/filinginfo/QuickFileAReport.php>

This appointment is effective on the date it is filed with the appropriate filing authority.

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 6	
3 COMMITTEE NAME Brazos County TRIP '22		<div style="text-align: center; font-weight: bold; font-size: 0.8em;">OFFICE USE ONLY</div> <div style="font-size: 0.7em;"> Date Received FILED <div style="text-align: center; font-size: 0.6em;">OCT 11 P 2:40</div> BRAZOS COUNTY CLERK OF COURTS OFFICE OF THE CLERK 1000 N. BRIDGES COLLEGE STATION, TX 77845 </div> <div style="font-size: 0.7em; margin-top: 10px;"> Date Hand-delivered or Date Postmarked Receipt # _____ Amount \$ _____ Date Processed _____ Date Imaged _____ </div>		
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5301 Woodall Court College Station, TX 77845			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Larry <hr style="border-top: 1px dotted black;"/> NICKNAME LAST SUFFIX Hodges			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5301 Woodall Court College Station, TX 77845			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Same			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 571-2733			
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> January 15 <input type="checkbox"/> July 15 </div> <div> <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff </div> <div> <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> 10th day after campaign treasurer termination </div> </div>			
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 7 / 5 / 22 </div> <div>THROUGH</div> <div> Month Day Year 9 / 29 / 22 </div> </div>			
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 11 / 08 / 2022 </div> <div> ELECTION TYPE <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General </div> <div> <input type="checkbox"/> Runoff <input type="checkbox"/> Special </div> <div> <input type="checkbox"/> Other Description _____ </div> </div> </div> </div>			

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

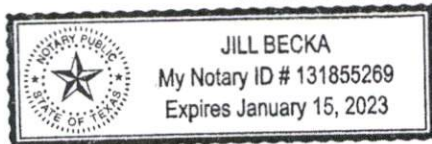
12 COMMITTEE NAME
Brazos County TRIP '22

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME	
	<input type="checkbox"/> OFFICEHOLDER	OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)	
	<input checked="" type="checkbox"/> MEASURE	BALLOT IDENTIFICATION / # Proposition A	
		ELECTION DATE Month 11 Day 08 Year 2022	
		DESCRIPTION Transportation road improvements in Brazos County	

15 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)	\$ 11,500
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 7,961.75
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,538.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 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 Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Larry Hodges, this the 11th day of October, 20 22, to certify which, witness my hand and seal of office.

Jill Becka Jill Becka Notary Public
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 Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME Brazos County TRIP '22		18 Filer ID (Ethics Commission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 11,500
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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 7,961.75
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<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
2 FILER NAME Brazos County TRIP '22		3 Filer ID (Ethics Commission Filers)
4 Date 9-13-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quiddity Engineering 6 Contributor address; City; State; Zip Code 6330 West Loop South, Suite 150 Bellaire TX 77401	7 Amount of contribution (\$) \$2,500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 9-13-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CP&Y Contributor address; City; State; Zip Code 1820 Regal Row, Suite 200 Dallas TX 75235	Amount of contribution (\$) \$2,500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-13-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ITS Contributor address; City; State; Zip Code 2701 Valley View Lane Farmers Branch TX 75234	Amount of contribution (\$) \$2,500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9-23-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LJA Contributor address; City; State; Zip Code 3600 W. Sam Houston, Ste. 600 Houston TX 77042	Amount of contribution (\$) \$2,500
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.		

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Brazos County TRIP '22		3 Filer ID (Ethics Commission Filers)
4 Date 9-29-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockwood, Andrews & Newnam, Inc. 6 Contributor address; City; State; Zip Code 217 Rock Prairie Road College Station TX 77845	7 Amount of contribution (\$) \$1,500
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.		

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: 1	2 FILER NAME Brazos County TRIP '22	3 Filer ID (Ethics Commission Filers)
4 Date 9-29-22	5 Payee name Murphy Nassica	
6 Amount (\$) \$7,961.75	7 Payee address; PO Box 1648	City; State; Zip Code Austin TX 78767
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising, Consulting & Printing	(b) Description Campaign literature, 4x8 signs, yard signs, website design
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address;	City; State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FORM SPAC
COVER SHEET PG 1

Forms provided by Texas Ethics Commission www.ethics.state.tx.us Revised 7/16/2021

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME
Brazos County TRIP '22

13 Filer ID (Ethics Commission Filers)

14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)
	<input type="checkbox"/> OFFICEHOLDER	BALLOT IDENTIFICATION / # Proposition A
	<input checked="" type="checkbox"/> MEASURE	ELECTION DATE Month 11 Day 08 Year 2022 DESCRIPTION Transportation road improvements in Brazos County

15 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)	\$ 35,500.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 22,015.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 23,984.01
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

16 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 Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lawrence B. Hodges Jr., this the 31st day of October, 20 22, to certify which, witness my hand and seal of office.

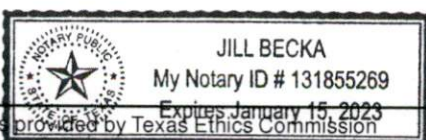
Jill Becka Jill Becka Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Lawrence B. Hodges Jr., and my date of birth is 11-5-1965.
My address is 5301 Woodall Ct. College St. TX 77845
(street) (city) (state) (zip code)(country)
Executed in Brazos County, State of TX, on the 31st day of October, 20 22.
(month) (year)

Signature of Campaign Treasurer (Declarant)



SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17	COMMITTEE NAME Brazos County TRIP '22	18	Filer ID (Ethics Commission Filers)
19	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 35,500.00	
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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$	
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$	
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$	
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 22,015.99	
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$	
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$	
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
14.	<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: 5	
2 FILER NAME Brazos County TRIP '22				3 Filer ID (Ethics Commission Filers)	
4 Date 10-7-22		5 Full name of contributor Stylecraft Builders <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) \$2,500	
		6 Contributor address; City; State; Zip Code 4090 SH Hwy. 6 South College Station, TX 77845			
8 Principal occupation / Job title (See Instructions)			9 Employer (See Instructions)		
Date 10-8-22		Full name of contributor Terracon <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$500	
		Contributor address; City; State; Zip Code 10841 S. Ridgeview Road Olathe, KS 66061			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10-13-22		Full name of contributor BGE <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$2,500	
		Contributor address; City; State; Zip Code 10777 Westheimer Rd., Ste. 400 Houston TX 77048			
Principal occupation / Job title (See Instructions)			Employer (See Instructions)		
Date 10-13-22		Full name of contributor Walker Partners <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$1,000	
		Contributor address; City; State; Zip Code 823 Washington Ave., Ste. 100 Waco TX 76701			
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: 5
2 FILER NAME Brazos County TRIP '22		3 Filer ID (Ethics Commission Filers)
4 Date 10-13-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Westwood Professional Services, Inc. 6 Contributor address; City; State; Zip Code 12701 Whitewater Dr., Ste. 300 Minnetonka MN 555343	7 Amount of contribution (\$) \$2,500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-14-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: DoubleDave's Pizza Contributor address; City; State; Zip Code 2307 Texas Ave. S., Ste. B College Station TX 77840	Amount of contribution (\$) \$1,000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-14-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Allterra Central, Inc. Contributor address; City; State; Zip Code 200 E. Huntland Dr. Austin TX 78752	Amount of contribution (\$) \$2500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-18-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Jacobs Contributor address; City; State; Zip Code 1999 Bryan St., Ste. 1200 Dallas TX 75201	Amount of contribution (\$) \$2500
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: 5	
2 FILER NAME Brazos County TRIP '22				3 Filer ID (Ethics Commission Filers)	
4 Date 10-20-22		5 Full name of contributor Binkley & Barfield <input type="checkbox"/> out-of-state PAC (ID#: _____)		7 Amount of contribution (\$) \$2500	
		6 Contributor address; City; State; Zip Code 1710 Seamist Dr. Houston TX 77008			
8 Principal occupation / Job title (See Instructions)				9 Employer (See Instructions)	
Date 10-20-22		Full name of contributor R.G. Miller Engineers <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$2500	
		Contributor address; City; State; Zip Code 16340 Park Ten Place, Ste. 350 Houston TX 77084			
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date 10-20-22		Full name of contributor Amplify <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$2500	
		Contributor address; City; State; Zip Code P.O. Box 85300 Austin TX 78708			
Principal occupation / Job title (See Instructions)				Employer (See Instructions)	
Date 10-24-22		Full name of contributor Jeremy Osborne <input type="checkbox"/> out-of-state PAC (ID#: _____)		Amount of contribution (\$) \$500	
		Contributor address; City; State; Zip Code 4240 Rock Bend Drive College Station TX 77845			
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: 5
2 FILER NAME Brazos County TRIP '22		3 Filer ID (Ethics Commission Filers)
4 Date 10-25-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tejas Center Corp. 6 Contributor address; City; State; Zip Code 1700 George Bush Dr. E., Ste. 240 College Station TX 77840	7 Amount of contribution (\$) \$2500
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-27-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) College Station Town Center Contributor address; City; State; Zip Code 4121 SH 6 S., Ste. 200 College Station TX 77845	Amount of contribution (\$) \$1000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-24-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doug Bramwell Contributor address; City; State; Zip Code 1730 Creekside Cir. College Station TX 77845	Amount of contribution (\$) \$2000
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-28-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stafford Barrett Commercial Brokerage Contributor address; City; State; Zip Code 4501 Mills Park Circle, Ste. 200 College Station TX 77845	Amount of contribution (\$) \$2500
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: 5
2 FILER NAME Brazos County TRIP '22		3 Filer ID (Ethics Commission Filers)
4 Date 10-28-22	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nancy Berry 6 Contributor address; City; State; Zip Code 202 Lampwick Circle College Station TX 77840	7 Amount of contribution (\$) \$1000
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 10-28-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Tedi Ellison Contributor address; City; State; Zip Code 2902 Camille Dr. College Station TX 77845	Amount of contribution (\$) \$500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-28-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Cobb Fendley Contributor address; City; State; Zip Code 13430 NW Freeway, Ste. 1100 Houston TX 77040	Amount of contribution (\$) \$2500
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 10-28-22	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Mitchell & Morgan Contributor address; City; State; Zip Code 3204 Earl Rudder Frwy. South College Station TX 77845	Amount of contribution (\$) \$500
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	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	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1		2 FILER NAME Brazos County TRIP '22		3 Filer ID (Ethics Commission Filers)	
4 Date 10-4-22		5 Payee name Murphy Nassica			
6 Amount (\$) \$7961.75		7 Payee address; PO Box 1648		City; Austin	State; TX
				Zip Code 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising, Consulting & Printing		(b) Description Campaign literature, website management, digital advertising		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 10-19-22		Payee name Murphy Nassica			
Amount (\$) \$13,500		Payee address; PO Box 1648		City; Austin	State; TX
				Zip Code 78767	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising, Consulting		Description Advertising, consulting, website management		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH				
Date 10-17-22		Payee name Murphy Nassica			
Amount (\$) \$554.24		Payee address; PO Box 1648		City; Austin	State; TX
				Zip Code 78767	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing		Description Campaign literature		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense				
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM SPAC
COVER SHEET PG 1

The SPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 6
3 COMMITTEE NAME Brazos County TRIP '22		<div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Date Received <div style="font-size: 2em; transform: rotate(-90deg); display: inline-block;">JAN 17 P 1:00</div> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Date Hand-delivered or Date Postmarked </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Receipt # Amount \$ </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> Date Processed </div> <div style="border: 1px solid black; padding: 2px;"> Date Imaged </div>	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 5301 Woodall Court College Station, TX 77845		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Larry NICKNAME LAST SUFFIX Hodges		
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 5301 Woodall Court College Station TX 77845		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE Same		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (979) 571-2733		
9 REPORT TYPE	<div style="display: flex; justify-content: space-between;"> <div> <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 </div> <div> <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff </div> <div> <input type="checkbox"/> Exceeded Modified Reporting Limit <input checked="" type="checkbox"/> Dissolution Report (Attached PAC-FR) <input type="checkbox"/> 10th day after campaign treasurer termination </div> </div>		
10 PERIOD COVERED	<div style="display: flex; justify-content: space-between;"> <div> Month Day Year 10 / 30 / 22 </div> <div>THROUGH</div> <div> Month Day Year 12 / 31 / 22 </div> </div>		
11 ELECTION	<div style="display: flex; justify-content: space-between;"> <div> ELECTION DATE Month Day Year 11 / 08 / 22 </div> <div> ELECTION TYPE <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other </div> <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </div> <div> Description _____ </div> </div>		

GO TO PAGE 2

SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM SPAC
COVER SHEET PG 2

12 COMMITTEE NAME Brazos County TRIP '22		13 Filer ID (Ethics Commission Filers)
14 COMMITTEE PURPOSE (Attach lists on plain paper to complete this report if necessary.) <input checked="" type="checkbox"/> SUPPORT (Candidate or Measure) <input type="checkbox"/> OPPOSE (Candidate or Measure) <input type="checkbox"/> ASSIST (Officeholder)	<input type="checkbox"/> CANDIDATE <input type="checkbox"/> OFFICEHOLDER	CANDIDATE / OFFICEHOLDER NAME OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder) BALLOT IDENTIFICATION / # Proposition A
	<input checked="" type="checkbox"/> MEASURE	ELECTION DATE Month <u>11</u> Day <u>08</u> Year <u>22</u>
	DESCRIPTION Transportation road improvements in Brazos County	
	15 CONTRIBUTION TOTALS	
EXPENDITURE TOTALS		1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) \$
CONTRIBUTION BALANCE		2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) \$ 1,000
OUTSTANDING LOAN TOTALS		3. TOTAL UNITEMIZED POLITICAL EXPENDITURES \$
4. TOTAL POLITICAL EXPENDITURES \$ 24,984.01		5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 0
6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$		6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$

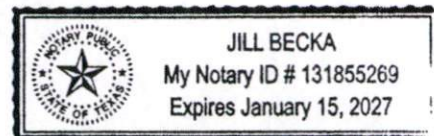
16 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Campaign Treasurer (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said Larry Hodges, this the 16th day of January, 2023, to certify which, witness my hand and seal of office.

Signature of officer administering oath Jill Becka Printed name of officer administering oath Jill Becka Title of officer administering oath Notary

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 Campaign Treasurer (Declarant)

SUBTOTALS - SPAC

FORM SPAC COVER SHEET PG 3

17 COMMITTEE NAME Brazos County TRIP '22		18 Filer ID (Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,000
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 C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
5.	<input type="checkbox"/> SCHEDULE C2 : NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORATION OR LABOR ORGANIZATION	\$
6.	<input type="checkbox"/> SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATON OR LABOR ORGANIZATION	\$
7.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
8.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 24,984.01
9.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
10.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
11.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
12.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
13.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
14.	<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: 1	
2 FILER NAME Brazos County TRIP '22				3 Filer ID (Ethics Commission Filers)	
4 Date 11-8-22		5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KCI Communications Infrastructure		7 Amount of contribution (\$) \$1,000	
		6 Contributor address; City; State; Zip Code 936 Ridgebrook Road Sparks MD 21152			
8 Principal occupation / Job title (See Instructions)				9 Employer (See Instructions)	
Date		Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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 <input type="checkbox"/> 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.					

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: 1		2 FILER NAME Brazos County TRIP '22		3 Filer ID (Ethics Commission Filers)	
4 Date 11-2-22		5 Payee name Murphy Nassica			
6 Amount (\$) \$500		7 Payee address; PO Box 1648		City; Austin	State; TX
				Zip Code 78767	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting		(b) Description Consulting Fees		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 11-3-22					
Payee name Murphy Nassica					
Amount (\$) \$21,707.29		Payee address; PO Box 1648		City; Austin	State; TX
				Zip Code 78767	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing, advertising		Description Printing, postage, direct mail		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
Date 12-5-22					
Payee name Murphy Nassica					
Amount (\$) \$2,776.72		Payee address; PO Box 1648		City; Austin	State; TX
				Zip Code 78767	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising, consulting		Description GOTV digital ads, newspaper ad design, website management		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Candidate / Officeholder name					
Office sought					
Office held					
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

POLITICAL COMMITTEE STATEMENT OF DISSOLUTION

FORM PAC - DR

The Instruction Guide explains how to complete this form.
-- Complete only if "Report Type" on page 1 is marked "Dissolution" --

1 COMMITTEE NAME

Brazos County TRIP '22

2 Filer ID (Ethics Commission Filers)

3 Statement of Dissolution

I, the undersigned campaign treasurer, do not expect the occurrence of any further reportable activity by this political committee for this or any other campaign or election for which reporting under the Election Code is required. I declare that all of the information required to be reported by me has been reported. I understand that designating a report as a dissolution report terminates the appointment of campaign treasurer. I further understand that a political committee may not make or authorize political expenditures or accept political contributions without having an appointment of campaign treasurer on file.

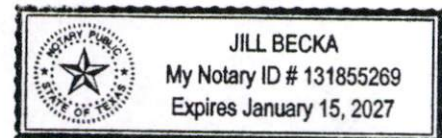

Signature of Campaign Treasurer

DO NOT SIGN UNLESS POLITICAL
COMMITTEE IS TO BE DISSOLVED

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE



Sworn to and subscribed before me, by the said Larry Hodges, this the 16th
day of January, 20 23, to certify which, witness my hand and seal of office.

Jill Becka
Signature of officer administering oath

Jill Becka
Printed name of officer administering oath

Notary
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 Campaign Treasurer (Declarant)