

# 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:

<b>3</b> CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Ms.</i>	FIRST <i>Brittney</i>	MJ <i>N</i>	<b>OFFICE USE ONLY</b>
	NICKNAME	LAST <i>Verdell</i>	SUFFIX	

<b>4</b> CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; <i>4229 Hunt Dr #4807</i>	APT / SUITE #;	CITY; <i>Carrollton, TX</i>	STATE; <i>TX</i>	ZIP CODE <i>75010</i>	Date Received <b>RECEIVED</b>  <i>APR 06 2023</i> <b>CITY SECRETARY CARROLLTON, TX</b>
	Date Hand-delivered or Date Postmarked					

<b>5</b> CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(469)</i>	PHONE NUMBER <i>323 8091</i>	EXTENSION	Receipt #	Amount \$
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<b>6</b> CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST <i>Zoraida</i>	MI	Date Processed
	NICKNAME	LAST <i>Almenas</i>	SUFFIX	Date Imaged

<b>7</b> CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #;	CITY;	STATE;	ZIP CODE
	<i>4608 Blair Oaks Dr The Colony TX 75056</i>					

<b>8</b> CAMPAIGN TREASURER PHONE	AREA CODE <i>(469)</i>	PHONE NUMBER <i>509-6136</i>	EXTENSION
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<b>9</b> REPORT TYPE	<input type="checkbox"/> January 15	<input checked="" type="checkbox"/> 30th day before election	<input type="checkbox"/> Runoff	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)
	<input type="checkbox"/> July 15	<input type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)

<b>10</b> PERIOD COVERED	Month / Day / Year	THROUGH	Month / Day / Year
/ / /			

<b>11</b> ELECTION	ELECTION DATE		ELECTION TYPE		
	Month / Day / Year <i>5 / 6 / 2023</i>	<input type="checkbox"/> Primary	<input type="checkbox"/> Runoff	<input type="checkbox"/> Other Description	<input checked="" type="checkbox"/> General
		<input type="checkbox"/> Special			

<b>12</b> OFFICE	OFFICE HELD (if any)	<b>13</b> OFFICE SOUGHT (if known) <i>City Council Place 4</i>
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<b>14</b> NOTICE FROM POLITICAL COMMITTEE(S)  <input type="checkbox"/> 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.				
	<input type="checkbox"/> GENERAL  <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME		
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

**GO TO PAGE 2**

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME <i>Brittney Verdell</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>5298.68</i>
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>4498.28</i>
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>509.72</i>
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$



# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

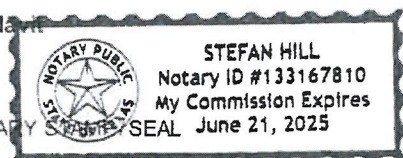
15 C/OH NAME <u>Brittney Verdell</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>5298.68</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4498.28</u>
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	\$ <u>800.40</u>

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.

B. Verdell  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by Brittney Verdell this the 6th day of April

2023, to certify which, witness my hand and seal of office.

Stefan Hill Stefan Hill Associate Banker  
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# 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 <i>Brittney Verdell</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/11/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brittney Verdell</i>	7 Amount of contribution (\$) <i>10<sup>00</sup></i>
6 Contributor address; City; State; Zip Code <i>4229 Hunt Dr. Carrollton, TX 75010</i>		
8 Principal occupation / Job title (See Instructions) <i>Social Work</i>		9 Employer (See Instructions)
Date <i>2/11/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Debra McGowan</i>	Amount of contribution (\$) <i>26.32</i>
Contributor address; City; State; Zip Code <i>4238 Carl St. Dallas, TX 75210</i>		
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions)
Date <i>2/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Audra Johnson</i>	Amount of contribution (\$) <i>104.42</i>
Contributor address; City; State; Zip Code <i>2449 Ft. Worth Dr. Denton TX 76205</i>		
Principal occupation / Job title (See Instructions) <i>Social Worker</i>		Employer (See Instructions)
Date <i>2/14/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Michael Warner</i>	Amount of contribution (\$) <i>1,000<sup>00</sup></i>
Contributor address; City; State; Zip Code <i>4727 Arville Houston TX 77021</i>		
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

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2 FILER NAME <i>Brittney Verdell</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/14/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jakeya Jones</i> 6 Contributor address; City; State; Zip Code <i>1502 Yellowbird Desoto, TX 75115</i>	7 Amount of contribution (\$) <i>50.00</i>
8 Principal occupation / Job title (See Instructions) <i>Case worker</i>		9 Employer (See Instructions)
Date <i>2/16/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Stephanie Gardella</i> Contributor address; City; State; Zip Code <i>9001 Sunny Side Little Elm, TX 75068</i>	Amount of contribution (\$) <i>50.00</i>
Principal occupation / Job title (See Instructions) <i>CFO</i>		Employer (See Instructions)
Date <i>2/17/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kevin Morris</i> Contributor address; City; State; Zip Code <i>P.O. Box 865147 Plano, TX 75086</i>	Amount of contribution (\$) <i>25.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/17/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>John Bryant</i> Contributor address; City; State; Zip Code <i>P.O. Box 140977 Dallas, TX 75214</i>	Amount of contribution (\$) <i>100.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Brittney Verdell</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/18/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Sarah Slamen</i>	7 Amount of contribution (\$) <i>25.00</i>
6 Contributor address; City; State; Zip Code <i>1102 Nobel Ave Carrollton TX 75006</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/19/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Carol Wise</i>	Amount of contribution (\$) <i>25.00</i>
Contributor address; City; State; Zip Code <i>2019 Oak Bluff Carrollton TX 75007</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/20/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Venton Jones</i>	Amount of contribution (\$) <i>104.52</i>
Contributor address; City; State; Zip Code <i>2752 Preston Ave Dallas, TX 75226</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/21/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Dortha Ocker</i>	Amount of contribution (\$) <i>104.52</i>
Contributor address; City; State; Zip Code <i>2876 Westridge Ave. Carrollton, TX 75006</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**  
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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <b>Brittney Verdell</b>		3 Filer ID (Ethics Commission Filers)
4 Date <b>3.15.23</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Ton Adkins</b> 6 Contributor address; City; State; Zip Code <b>509 ValleyView Dr Lewisville TX 75067</b>	7 Amount of contribution (\$) <b>75.00</b>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <b>3.15.23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Retie Mitchell</b> Contributor address; City; State; Zip Code <b>7731 Los Alamos St. Dallas, TX 75232</b>	Amount of contribution (\$) <b>75.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3.20.23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brittany Harris</b> Contributor address; City; State; Zip Code <b>1934 Chesham Dr. Carrollton, TX 75007</b>	Amount of contribution (\$) <b>10.72</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <b>3.26.23</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <b>Brandon Chase McGee</b> Contributor address; City; State; Zip Code <b>1110 E. McKinney St. Denton, TX 76209</b>	Amount of contribution (\$) <b>100.00</b>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME <i>Brittney Verdell</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/25/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kate Mughey</i> 6 Contributor address; City; State; Zip Code <i>2311 Greenmeadows Dr. Carrollton, TX 75006</i>	7 Amount of contribution (\$) <i>25.50</i>
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3/3/2023</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mike Dooling</i> Contributor address; City; State; Zip Code <i>1406 Overture Way Carrollton, TX 75006</i>	Amount of contribution (\$) <i>40.00</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/4/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shelley Stracener</i> Contributor address; City; State; Zip Code <i>1473 Sunnehill Dr. Carrollton, TX 75007</i>	Amount of contribution (\$) <i>26.34</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3/4/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Diana Bashed</i> Contributor address; City; State; Zip Code <i>250 Carrington Ln Lewisville, TX 75067</i>	Amount of contribution (\$) <i>73.19</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Brittney Verdell</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>2/21/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Mary Infante</i>	7 Amount of contribution (\$) <i>26.34</i>
6 Contributor address; City; State; Zip Code <i>321 Crosstimbers Dr. Double Oak, TX 75077</i>		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/23/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Shelia Clark</i>	Amount of contribution (\$) <i>52.37</i>
Contributor address; City; State; Zip Code <i>3213 Northwood Dr Highland Village, TX 75077</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/27/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Andrea ESanders</i>	Amount of contribution (\$) <i>52.37</i>
Contributor address; City; State; Zip Code <i>1220 Stonehedge Pl Flower Mound TX 75028</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>2/27/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brandon Vance</i>	Amount of contribution (\$) <i>100.00</i>
Contributor address; City; State; Zip Code <i>1123 Claude St Dallas TX 75203</i>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1

2 FILER NAME

Brittney Verdell

3 Filer ID (Ethics Commission Filers)

4 Date

3-4-23

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Sandra Weinstein

7 Amount of contribution (\$)

75.00

6 Contributor address; City; State; Zip Code

2420 Harvard Dr. Flower Mound, TX 75022

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-5-23

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

M. Denise Wooten Marshall

Amount of contribution (\$)

100.00

Contributor address; City; State; Zip Code

3861 Long Prairie Rd Flower Mound TX 75028

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-8-23

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Kendall Scudder

Amount of contribution (\$)

50.00

Contributor address; City; State; Zip Code

1533 Abrams Dallas TX 75214

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-9-23

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Gregory Iezzi

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

4636 North Josey Ln Carrollton TX 75010

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME <i>Brittney Verkell</i>		3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Elva Curl</i>	7 Amount of contribution (\$) <i>104.42</i>
	6 Contributor address; City; State; Zip Code <i>6917 Windy Ridge Dr Dallas, TX 75248</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>3-14-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Penny Mallet</i>	Amount of contribution (\$) <i>100.00</i>
	Contributor address; City; State; Zip Code <i>1144 Kelly Ln Lewisville, TX 75077</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-14-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Robert McCraine</i>	Amount of contribution (\$) <i>104.42</i>
	Contributor address; City; State; Zip Code <i>6505 W. Plano Pkwy Plano, TX 75093</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <i>3-14-23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Kiki Mendricks</i>	Amount of contribution (\$) <i>25.00</i>
	Contributor address; City; State; Zip Code <i>1670 N. Hampton Resoto, TX 75115</i>	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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2 FILER NAME <i>Brittney Verdell</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>3/14/23</i>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <i>301608</i> ) <i>CWA</i>	7 Amount of contribution (\$) <i>1,000</i>
	6 Contributor address; City; State; Zip Code <i>501 3rd St. Washington, DC 20001</i>	
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date <i>2/13/23</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Brittney Verdell for Texas</i> Contributor address; City; State; Zip Code <i>4229 Murt Dr. Carrollton, TX 75010</i>	Amount of contribution (\$) <i>1375</i>
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)

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# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

Brittney Verdell

3 Filer ID (Ethics Commission Filers)

4 Date

3-26-23

5 Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Penny Robe

7 Amount of contribution (\$)

50.00

6 Contributor address; City; State; Zip Code

707 Carta Valley Plano Tx 75024

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3-26-23

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Sheena King

Amount of contribution (\$)

26.34

Contributor address; City; State; Zip Code

7500 Lornal River Trace McKinney Tx 75041

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-26-23

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

Tonya Molt

Amount of contribution (\$)

52.37

Contributor address; City; State; Zip Code

4200 Marshall St. Plano Tx 75093

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

3-27-23

Full name of contributor  out-of-state PAC (ID#: \_\_\_\_\_)

~~Kate DeLoach~~ Laurie Foster

Amount of contribution (\$)

25.00

Contributor address; City; State; Zip Code

1806 Crestview Carrollton Tx 75006

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.

<b>1</b> Total pages Schedule F1:	<b>2</b> FILER NAME	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date 3/20/23	<b>5</b> Payee name Brittney Verdell	
<b>6</b> Amount (\$) 350.00	<b>7</b> Payee address; 4229 Hunt Dr.	City; State; Zip Code Carnahan TX 75510
<b>8</b> <b>PURPOSE OF EXPENDITURE</b>	<b>(a)</b> Category (See Categories listed at the top of this schedule)	<b>(b)</b> Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought      Office held

Date 3/24/23	Payee name Oak Cliff Print	
Amount (\$) 271.00	Payee address; 734 Jefferson Blvd	City; State; Zip Code Dallas TX 75208
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule)	Description Advertising Expense lit
	<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
<b>PURPOSE OF EXPENDITURE</b>	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

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# 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:	2 FILER NAME <i>Brittney Verdell</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>2/13/23</i>	5 Payee name <i>Toni Adkins</i>
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6 Amount (\$) <i>1,000</i>	7 Payee address; <i>509 Valley View Dr</i>	City; <i>Lewisville, Tx</i>	State;	Zip Code <i>75067</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Wages/Salary</i>	(b) Description <i>Campaign Manager Fee</i>
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/17/23</i>	Payee name <i>City of Carrollton</i>
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Amount (\$) <i>250.00</i>	Payee address; <i>1945 E. Jackson Rd</i>	City; <i>Carrollton Tx</i>	State;	Zip Code <i>75004</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Other</i>	Description <i>filing fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <i>2/22/23</i>	Payee name <i>Toni Adkins</i>
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Amount (\$) <i>1,000</i>	Payee address; <i>509 Valley View Dr.</i>	City; <i>Lewisville, Tx</i>	State;	Zip Code <i>75067</i>
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<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Wages/Salary</i>	Description <i>Campaign Manager Fee</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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# 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:	2 FILER NAME <i>Brittney Verdell</i>	3 Filer ID (Ethics Commission Filers)
4 Date <i>2/27/23</i>	5 Payee name <i>7-11</i>	
6 Amount (\$) <i>30.13</i>	7 Payee address; <i>1545 W. Hebron Pkwy Carrollton TX</i>	City; State; Zip Code <i>75010</i>
8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Travel In-District</i>	(b) Description
	(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 <i>3/1/23</i>	Payee name <i>Good Guys Signs</i>	
Amount (\$) <i>637.60</i>	Payee address; <i>5002 N. Howard Ave Tampa, FL</i>	City; State; Zip Code <i>33603</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Marketing</i>	Description <i>Signs</i>
	<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 <i>3/6/23</i>	Payee name <i>C<sup>2</sup> Cafe</i>	
Amount (\$) <i>270.62</i>	Payee address; <i>1101 S Broadway St #100 Carrollton, TX</i>	City; State; Zip Code <i>75006</i>
<b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Event Expense</i>	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

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# 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:	2 FILER NAME <i>Brittney Verdell</i>	3 Filer ID (Ethics Commission Filers)
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4 Date <i>3/13/23</i>	5 Payee name <i>Lowe's</i>
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6 Amount (\$) <i>280.78</i>	7 Payee address; <i>1253 Trinity Mills Rd</i>	City; <i>Carrollton Tx</i>	State; <i>Tx</i>	Zip Code <i>75006</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	(a) Category (See Categories listed at the top of this schedule) <i>Advertising</i>	(b) Description <i>Stores</i>
	(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
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Date <i>3/17/23</i>	Payee name <i>Peerly Inc</i>
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Amount (\$) <i>359.82</i>	Payee address; <i>11603 Capitan Ave Suite 310 Cheyenne, WY</i>	City; <i>82009</i>	State; <i>WY</i>	Zip Code <i>82009</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Advertising</i>	Description <i>Testing Program</i>
	<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
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Date <i>3/20/23</i>	Payee name <i>Kroger</i>
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Amount (\$) <i>48.33</i>	Payee address; <i>4038 Old Denton Rd</i>	City; <i>Carrollton, TX</i>	State; <i>Tx</i>	Zip Code <i>75007</i>
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8 <b>PURPOSE OF EXPENDITURE</b>	Category (See Categories listed at the top of this schedule) <i>Traveling in District</i>	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
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# 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.

<b>1</b> Total pages Schedule G:	<b>2</b> FILER NAME <i>Brittney Verdell</i>	<b>3</b> Filer ID (Ethics Commission Filers)
<b>4</b> Date <i>2/20/23</i>	<b>5</b> Payee name <i>Vista Print</i>	
<b>6</b> Amount (\$) <i>504.72</i> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	<b>7</b> Payee address; City; State; Zip Code <i>275 Wyman St. Waltham, Ma 02451</i>	
<b>8</b> PURPOSE OF EXPENDITURE	<b>(a)</b> Category (See Categories listed at the top of this schedule) <i>Advertising</i>	<b>(b)</b> Description <i>Signs</i>
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
<b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
<b>PURPOSE OF EXPENDITURE</b>	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

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