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:
3 CANDIDATE / OFFICEHOLDER	MS / MRS / MR FIRST MS Brittney	М N	OFFICE USE ONLY
NAME	NICKNAME LAST Verdell	SUFFIX	Date Received RECEIVED
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS ✓ Change of Address	ADDRESS / PO BOX; APT / SUITE #; 4253 Hunt Dr Carrollton, TX 75010	CITY; STATE; ZIP CODE	JUL 1 7 2023 CITY SECRETARY CARROLLTON, TX
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (469) 323-8091	EXTENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	Ms / Mrs / Mr First Ms. Zoraida	MI	Receipt # Amount \$ Date Processed
	Almeanas	SUFFIX	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	street address (no po box please); APT 4608 Blair Oaks Dr The Color	TO CONTROL OF THE PROPERTY.	STATE; ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (469) 509-6136	EXTENSION	
9 REPORT TYPE	January 15 30th day befor	Formed additional	15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 3 / 29 / 23	THROUGH 6	
11 ELECTION	ELECTION DATE Month Day Year Primal 5 / 8 / 23 Gener	Description	
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) City Council Pla	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTION THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITUIN CONSENT. CANDIDATES AND OFFICEHOLDERS ARE RECOMMITTEE TYPE COMMITTEE NAME	RES MAY HAVE BEEN MADE WITHOUT THE CAND	DIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR
Additional Pages	GENERAL COMMITTEE ADDRESS	POST CUIDED NAME	
	SPECIFIC COMMITTEE CAMPAIGN TO COMMITTEE CAMPAIGN TO		
	00.71	2 24 25 2	
	GO TO	D PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME Brittney Verdell		16 File	r ID (Ethics C	Commission Filers)
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER T PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) 	ГНАМ	\$	
CELVED	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOAD)	ANS)	\$	250.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	1,1 , 1,100 (1,1)	\$	
XT GOTUGA	4. TOTAL POLITICAL EXPENDITURES		\$	896.57
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE OF REPORTING PERIOD	E LAST DAY	\$	174.08
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS A LAST DAY OF THE REPORTING PERIOD	AS OF THE	\$	
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is	s true and c	orrect and in	cludes all information
	quired to be reported by me under Title 15, Election Code.			
		of Caratiti	0.00	Idor
	Signature of	or Candidate	or Officehol	idei
		.1		
	Please complete either option be	eiow:		
(1) Affidavit				
NOTARY STAMP/SEA	L			
Sworn to and subscribed	before me by this	s the	day of	
	which, witness my hand and seal of office.			,
, to certify	18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Signature of officer administe	ering oath Printed name of officer administering oath		Title of offi	cer administering oath
	OR			
(2) Unsworn Declarati	ion			
My name is Brittney	Verdell, and my date of b	: 10/1	0/1990	
My address is 4253 H	unt Dr Carrollton	Tx	75010	USA
iviy addices is	(street) (city)	,, (state)	-	(country)
Executed in Denton	County, State of Texas on the 17 day of J		20 <u>23</u> (year	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER Brittne	NAME y Verdell	20 Filer ID (Ethics Co	mmissi	on Filers)
	DULE SUBTOTALS OF SCHEDULE			SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	250.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	125	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.	SCHEDULE E: LOANS		\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CO	NTRIBUTIONS	\$	896.57
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL	CONTRIBUTIONS	\$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FU	NDS	\$	
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A	BUSINESS OF C/OH	\$	
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CO	ONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTO FILER	TIONS RETURNED	\$	

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 Brittney V	erdell		3 Filer ID (Ethics Commission Filers)			
4 Date 5 Full name of contributor out-of-state PAC (ID#:) Quinten James					7 Amount of contribution (\$)	
05/01/2023	tal after the second of the se	100.13	State;	Zip Code	250.00	
8 Principal occu	pation / Job title (See Instructions)		9 Employ	l yer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;		Zip Code		
Principal occup	ation / Job title (See Instructions)		Employ	yer (See Instruct	cions)	
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;				
Principal occup	pation / Job title (See Instructions)		Employ	yer (See Instruct	tions)	
Date	Full name of contributor	out-of-state PA(C (ID#:)	Amount of contribution (\$)	
	Contributor address;	City;	State;	Zip Code		
Principal occup	pation / Job title (See Instructions)		Emplo	yer (See Instruct	tions)	

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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.	,		
1 Total pages Schedule F1:	2 FILER NAME Brittney Verdell		3 Filer ID (Ethic	s Commission Filers)	
4 Date 06/20/2023	5 Payee name Wix				
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code	
193.18	500 Terry A Francois Boulevard Sixth	ı Floor San Fraı	ncisco, CA 9	4158	
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE OF EXPENDITURE	Advertising	Website		75.	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
9 Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date	Payee name				
06/08/2023	Frost Bank				
Amount (\$)	Payee address;	City;	State;	Zip Code	
2.00	2.00 1111 W Belt Line Rd Suite 110, Carrollton, TX 75006				
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE OF	Fee	Service Charg	je		
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/OF	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			
	Check if travel outside of Texas. Complete Schedule T.	Check if Austi	in, TX, officeholder livin	g expense	
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held	
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEI	EDED		

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

	The Instruction Guide explains how to complete this form.					
		•• Complete only if "Report Type" on page 1 is marked "Fina	ai Keport" ••			
1	C/OH N	NAME	2 Filer ID (Ethics Commission Filers)			
3	SIGNA	TURF				
	I do not designa	t expect any further political contributions or political expenditures in connection with mating a report as a final report terminates my campaign treasurer appointment. I also ugn contributions or make any campaign expenditures without a campaign treasurer ap	inderstand that I may not accept any			
		Signatur	re of Candidate / Officeholder			
4		WHO IS NOT AN OFFICEHOLDER splete A & B below <i>only</i> if you are not an officeholder. ••				
	A.	CAMPAIGN FUNDS				
	Chec	k only one:				
		I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.			
	V	I have unexpended contributions or unexpended interest or income earned from political not convert unexpended political contributions or unexpended interest or incompersonal use. I also understand that I must file an annual report of unexpended unexpended contributions or unexpended interest or income earned on political contilling this final report. Further, I understand that I must dispose of unexpended political interest or income earned on political contributions in accordance with the requirement.	me earned on political contributions to contributions and that I may not retain ributions longer than six years after cal contributions and unexpended			
	B.	ASSETS				
	Chec	k only one:				
	✓	I do not retain assets purchased with political contributions or interest or other incom	ne from political contributions.			
		I do retain assets purchased with political contributions or interest or other income from that I may not convert assets purchased with political contributions or interest or other personal use. I also understand that I must dispose of assets purchased with political requirements of Election Code, § 254.204.	er income from political contributions to			
			Signature of Candidate			
5		EHOLDER				
	•• Com	plete this section <i>only</i> if you are an officeholder ••				
		I am aware that I remain subject to filing requirements applicable to an officeholder who of file. I am also aware that I will be required to file reports of unexpended contributions if an officeholder, I retain political contributions, interest or other income from political corpolitical contributions or interest or other income from political contributions.	, after filing the last required report as			
			ignature of Officeholder			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District

Candidate/Officeholder/Politica Credit Card Payment	I Committee Legal Services Salanes/v The Instruction Guide explains how to c	omplete this form.	Other (enter a catego	ry not iisted above)
1 Total pages Schedule F1:	2 FILER NAME Brittney Verdell		3 Filer ID (Ethics	Commission Filers)
4 Date 04/28/2023	5 Payee name Peerly			
6 Amount (\$) 359.82	7 Payee address;2232 Dell Range Blvd. Cheyenne, W	city; YOMING UNIT	State; ED STATES 8	Zip Code 32009
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF EXPENDITURE	Advertising	text messages	S	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	g expense
9 Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
05/01/2023	Canva			
Amount (\$) 46.00	Payee address; PO Box 745810, San Francisco, CA	94120	State;	Zip Code
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Literature		
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held
Date	Payee name			
05/05/2023	Facebook Ads			
Amount (\$)	Payee address;	City;	State;	Zip Code
75.00	1601 Willow Rd Menlo Park, CA, 94	025-1452		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	Advertising	Ads		
	Check if travel outside of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder livin	g expense
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name OH	Office sought		Office held
	ATTACH ADDITIONAL COPIES OF THIS	S SCHEDULE AS NE	EEDED	

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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
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Guide explains how to co	emplete this form.				
1 Total pages Schedule F1:	2 FILER NAME Brittney Verdell		3 Filer ID (Ethics	Commission Filers)		
4 Date 05/08/2023	5 Payee name The Daquire Shoppe					
6 Amount (\$) 193.18	7 Payee address;1837 W Frankford Rd Ste 122, Carroll	City; Iton, TX 75007	State;	Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Event Expense	(b) Description Watch Party				
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	in, TX, officeholder living	ı expense		
9 Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought		Office held		
Date	Payee name					
05/10/2023	Anita Bender					
Amount (\$) 150.00	Payee address; 3316 E 15th St Plano, TX 75074	City;	State;	Zip Code		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Wages	Description Sign Pick up				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living	, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OI	Candidate / Officeholder name H	Office sought		Office held		
Date	Payee name					
06/05/2023	Wix					
Amount (\$) 31.39	Payee address; 500 Terry A Francois Boulevard Sixth	City; Floor San Fra	State; Incisco, CA 94	Zip Code 1158		
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Advertising	Website				
	Check if travel outside of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder livin	g expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name H	Office sought		Office held		
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NE	EDED			

THE RESERVE THE PROPERTY OF TH