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 NAME	MS / MRS / MR MS NICKNAME	BRANDY LAST DOUGLAS	MI D SUFFIX	OFFIC Date Received	E USE ONLY
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX 2617 W. MC DENISON T	RTON ST.	CITY; STATE; ZIP CODE		
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE (903)	9HONE NUMBER 337-1097	EXTENSION	Date Hand-deliver	ed or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST LANA	MI	Receipt #	Amount \$
	NICKNAME	NUNNELEY	SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS 805 N. TRAN SHERMAN,		UITE #; CITY;	STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	(903)	PHONE NUMBER 892-3625	EXTENSION		
9 REPORT TYPE	January 15 July 15	30th day before ele	Europe de Marilland	treasurer (Officehol	after campaign appointment der Only) ort (Attach C/OH - FR)
10 PERIOD COVERED	Month 9	Day Year / 27 / 24	THROUGH 10	Day Ye / 26 / 26	
11 ELECTION	Month Day	Year Primary	Runoff Other Description		
12 OFFICE	OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) DISTRICT ATTORNEY				
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE! OFFICEHOLDER: THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OF CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.				
COMMITTEE(3)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL COMMITTEE ADDRESS SPECIFIC COMMITTEE CAMPAIGN TREASURER NAME				
	COMMITTEE CAMPAIGN TREASURER ADDRESS				
A PART OF THE PART		GO TO	PAGE 2		

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID	(Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTF PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	S S	100.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF	LOANS) \$	100.00
EXPENDITURE TOTALS	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	1,118.18
	4. TOTAL POLITICAL EXPENDITURES	\$	1,118.18
CONTRIBUTION BALANCE	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF OF REPORTING PERIOD	THE LAST DAY	1,242.54
OUTSTANDING LOAN TOTALS	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOA LAST DAY OF THE REPORTING PERIOD	NS AS OF THE	0.00
	Please complete either option	ure of Candidate or C	Officeholder
(1) Affidavit	•		
NOTARY STAMP/SEA	L		
Sworn to and subscribed	before me by	this the d	ay of,
20, to certify	which, witness my hand and seal of office.		
Signature of officer administration	ering cath Printed name of officer administering cath	Titl	le of officer administering oath
	OR		
(2) Unsworn Declarat	on		
My name is BY My address is 2	ndy Dufuss, and my date of 1744, and my date of 1844, on the 2th (city)	(state) (zip	COde) (country) (year)
	Signature	of Candidate/Officehol	der (Declarant)

GRAYSUN CO ELECT ONS 2024 OCT 28 PM5:0 1:53

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

	LER NAME ANDYDOUGLAS 20 Filer ID (Eth	nics Commission Filers)	
	CHEDULE SUBTOTALS AME OF SCHEDULE	SUBTOTAL AMOUNT	
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 100.00	
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	
4.	SCHEDULE E: LOANS	\$	
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	s 1,118.18	
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	s \$	
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	
10.	O. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$	
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNE TO FILER	ED \$	

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.	Total pages Schedule A1:	
2 FILER NAME BRANDY	DOUGLAS	3	Filer ID (Ethics Commission Filers)	
4 Date 10/24/20	PAMELA MCGRAW		7 Amount of contribution (\$) 100.00	
10/24/20	6 Contributor address; City; 408 E. MAIN ST. DENISON			
AWYER		Employer (See Instructions	s)	
Date	Full name of contributor out-of-state PAC (IDII:)		Amount of contribution (\$)	
	Contributor address; City;			
Principal occup	pation / Job title (See Instructions)	Employer (See Instruction	s)	
Date	Full name of contributor out-of-state PAC (loe:	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	s)	
Date	Full name of contributor out-of-state PAC (io#:	Amount of contribution (\$)	
	Contributor address; City;	State; Zip Code		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructions	3)	

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 Grift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Politing 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 d	complete this form,		
Total pages Schedule F1	2 FILER NAME BRANDY DOUGLAS		3 Filer ID (Ethics Commission Filers	
10/21/2024	5 Payee name HOME DEPOT			
201.35	7 Payee address: SHERMAN, TX 75090	Chy;	State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description SIGN POSTS	3	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Aust	tin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held	
Date	Payee name			
10/21/2024	FASTSIGNS			
Amount (\$)	Payee address;	City;	State; Zip Code	
916.83	SHERMAN, TX 75090			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING	Description SIGNS		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	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 Austin, TX, officeholder living expense		
Complete ONLY If direct	Candidate / Officeholder name	Office sought	Office held	