CANDIDATE / OFFICEHOLDER FORM C/OH CAMPAIGN FINANCE REPORT COVER SHEET PG 1 1 Filer ID (Ethics Commission Filers) 2 Total pages filed: The C/OH Instruction Guide explains how to complete this form. MS / MRS / MR 3 CANDIDATE / FIRST MI OFFICE USE ONLY **OFFICEHOLDER** NAME Date Received NICKNAME LAST SUFFIX ADDRESS / PO BOX: 4 CANDIDATE / APT / SUITE #: CITY: STATE ZIP CODE OFFICEHOLDER MAII ING eco cov sec off **ADDRESS** JUL 15'22 PH3:03 Change of Address 5 CANDIDATE/ AREA CODE PHONE NUMBER EXTENSION Date Hand-delivered or Date Postmarked OFFICEHOLDER PHONE Receipt # Amount \$ FIRST 6 CAMPAIGN MS / MRS / MR MI TREASURER Kobby E Date Processed NAME NICKNAME LAST SUFFIX Date Imaged Kobs Bryand STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; 7 CAMPAIGN CITY; STATE: ZIP CODE TREASURER **ADDRESS** 4511 Alvarado In Laredo Tx 78046 (Residence or Business) 8 CAMPAIGN AREA CODE PHONE NUMBER EXTENSION TREASURER PHONE (956) 333-9203 9 REPORT TYPE 15th day after campaign 30th day before election Runoff January 15 treasurer appointment (Officeholder Only) X July 15 Exceeded Modified Final Report (Attach C/OH - FR) 8th day before election Reporting Limit 10 PERIOD COVERED 4 / 27 /2022 THROUGH 2022 ELECTION DATE ELECTION TYPE 11 ELECTION Primary Runoff Other Month Day Year Description X General 2022 12 OFFICE OFFICE HELD (if any) 13 OFFICE SOUGHT (if known) Mayor 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. 14 NOTICE FROM POLITICAL COMMITTEE(S) COMMITTEE TYPE COMMITTEE NAME COMMITTEE ADDRESS GENERAL Additional Pages COMMITTEE CAMPAIGN TREASURER NAME SPECIFIC COMMITTEE CAMPAIGN TREASURER ADDRESS

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 0.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST OF REPORTING PERIOD	T DAY \$ 0.00
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0.00
	wear, or affirm, under penalty of perjury, that the accompanying report is true quired to be reported by me under Title 15, Election Code.	and correct and includes all information
rec	quired to be reported by me under Title 15, Election Code. **Head of the Code	Bound
	Signature of Car	ndidate or Officeholder
	Please complete either option below	:
(1) Affidavit		
NOTARY STAMP/SEA	L	
Sworn to and subscribed	before me by this the _	day of,
	which, witness my hand and seal of office.	
Signature of officer administe		Title of officer administering oath
(2) Unsworn Declarati	OR OR	
		08/28/2003
iviy name is	/ Bryand, and my date of birth is	
My address is451	i Alvarado III	tate) (zip code) (country)
Executed in Webb	County, State of Texas , on the 14 day of July	, _{20_} 22
	A Amonth)	(year)
	Signature of Candid	ate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19	FILER NAME 20 Filer ID	(Ethics Commissi	on Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	0.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$	0.00
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$	0.00
4.	SCHEDULE E: LOANS	\$	0.00
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	ıs \$	0.00
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$	0.00
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUT	ions \$	0.00
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$	0.00
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$	0.00
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS	OF C/OH \$	0.00
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTION	vs \$	0.00
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETU TO FILER	RNED \$	0.00

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				3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
	6 Contributor address;	City;		
8 Principal occ	upation / Job title (See Instructions)		9 Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occu	pation / Job title (See Instructions)		Employer (See Instruc	ctions)
Date	Full name of contributor	out-of-state PAC	C (ID#:)	Amount of contribution (\$)
	Contributor address;		State; Zip Code	
Principal occi	upation / Job title (See Instructions)		Employer (See Instru	ctions)
Date	Full name of contributor		C (ID#:)	Amount of contribution (\$)
	Contributor address;	City;	State; Zip Code	
Principal occi	 upation / Job title (See Instructions)		Employer (See Instru	ctions)
			OE THIS SCHEDIII E AS	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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

Th	ne Instruction Guide explains how to complete this form	n.	1 Total pages Schedule A2:
2 FILER NAM	E		3 Filer ID (Ethics Commission Filers)
4 TOTAL O	F UNITEMIZED IN-KIND POLITICAL CONTRIE	BUTIONS	\$
5 Date	6 Full name of contributor		8 Amount of 9 In-kind contribution Contribution \$ description
		,	Check if travel outside of Texas. Complete Schedule T.
10 Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	utor's job title (FOR JUDICIAL) (See Instructions)
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firn	n of contributor's spouse (if any) (FOR JUDICIAL)
16 If contributor	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
Date	Full name of contributor		Amount of In-kind contribution Contribution \$ ' description Contribution \$ ' description Check if travel outside of Texas. Complete Schedule T.
Principal occ	cupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL)(See Instructions)
Contributor's	s principal occupation (FOR JUDICIAL)	Contrib	utor's job title (FOR JUDICIAL) (See Instructions)
Contributor's	s employer/law firm (FOR JUDICIAL)	Law firr	n of contributor's spouse (if any) (FOR JUDICIAL)
If contributo	r is a child, law firm of parent(s) (if any) (FOR JUDICIAL)		
	ATTACH ADDITIONAL COPIES OF	THIS SCHED	II F AS NEEDED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

PLEDGED CONTRIBUTIONS

SCHEDULE B

	The	Instruction Guide explains how to complete this form.		1 Total pages Sched	ule B:
2	FILER NAME			3 Filer ID (Ethics C	ommission Filers)
4	TOTAL OF	UNITEMIZED PLEDGES		\$	
5	Date	6 Full name of pledgor out-of-state PAC (ID#:		8 Amount of Pledge \$	9 In-kind contribution description
		7 Pledgor address; City; State;	Zip Code		
				Check if travel outsi	l. ide of Texas. Complete Schedule T.
10	Principal occu	pation / Job title (See Instructions) 11 Er	mployer (See II	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State;	Zip Code		
				Check if travel outsi	ide of Texas. Complete Schedule T.
	Principal occup	eation / Job title (See Instructions)	mployer (See I		1
	-				
	Date	Full name of pledgor		Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State;	Zip Code		
				Check if travel outs	ide of Texas. Complete Schedule T.
	Principal occu	pation / Job title (See Instructions)	mployer (See I	nstructions)	
	Date	Full name of pledgor out-of-state PAC (ID#:)	Amount of Pledge \$	In-kind contribution description
		Pledgor address; City; State; Zip	p Code		
					ide of Texas. Complete Schedule T.
	Principal occup	pation / Job title (See Instructions)	mployer (See I	Instructions)	
	If	ATTACH ADDITIONAL COPIES OF The contributor is out-of-state PAC, please see Instruction			ı requirements.

LOANS SCHEDULE E

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

			# 1	
	The	Instruction Guide explains how to comple	ete this form.	1 Total pages Schedule E:
2	FILER NAME			3 Filer ID (Ethics Commission Filers)
4	TOTAL OF UN	ITEMIZED LOANS		\$
5	Date of loan		AC (ID#:)	9 Loan Amount (\$)
6	Is lender a financial Institution?	8 Lender address; City;	State; Zip Code	10 Interest rate
	Y N			11 Maturity date
12	Principal occupation	on / Job title (See Instructions)	13 Employer (See Instructions)	
14	Description of Coll	ateral	Check if personal fund account (See Instruction	ds were deposited into political ons)
16	GUARANTOR INFORMATION	17 Name of guarantor		19 Amount Guaranteed (\$)
	not applicable	18 Guarantor address; City;	State; Zip Code	
20	Principal Occupat	ion (See Instructions)	21 Employer (See Instructions)	
	Date of loan		PAC (ID#:)	Loan Amount (\$)
	Is lender a financial Institution?	Lender address; City;	State; Zip Code	Interest rate
	Y N			Maturity date
	Principal occupation	on / Job title (See Instructions)	Employer (See Instructions)	
	Description of Coll	ateral	Check if personal fund	ds were deposited into political
	none		account (See Instruct	
	GUARANTOR INFORMATION	Name of guarantor		Amount Guaranteed (\$)
		Guarantor address; City;	State; Zip Code	
	not applicable		Feedbaren (Co. Ledware	
	Principal Occupati	on (See Instructions)	Employer (See Instructions)	
	If le	ATTACH ADDITIONAL COPI	ES OF THIS SCHEDULE AS NEE	

Forms provided by Texas Ethics Commission

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

Event Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	у (Gift/Awards/Memorials Expense Legal Services	Polling Expense Printing Expense Salaries/Wages/Contract Labor tins how to complete this form.	Travel in District Travel Out Of Distr Other (enter a cate	ict gory not listed above)
Total pages Schedule F1:	2 FILER NAM			3 Filer ID (Ethio	cs Commission Filers)
Date	5 Payee nam	ne			
Amount (\$)	7 Payee add	ress;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of th	nis schedule) (b) Description		
	(c) C	heck if travel outside of Texas. Complete	e Schedule T. Check if	Austin, TX, officeholder livir	ng expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh		e / Officeholder name	Office sough	t	Office held
Date	Payee nam	ne			
Amount (\$)	Payee add	ress;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	s schedule) Description		
	Пс	heck if travel outside of Texas. Complete	e Schedule T. Check if	Austin, TX, officeholder livi	ng expense
Complete ONLY if direct expenditure to benefit C/OH		e / Officeholder name	Office sough	t	Office held
Date	Payee nan	ne			
Amount (\$)	Payee add	ress;	City;	State;	Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of thi	s schedule) Description		
	Пс	heck if travel outside of Texas, Complete	e Schedule T. Check if	Austin, TX, officeholder livi	ng expense
Complete ONLY if direct		te / Officeholder name	Office sough		Office held

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense

Event Expense

Loan Repayment/Reimbursement

Solicitation/Fundraising Expense

Co	ccounting/Banking onsulting Expense ontributions/Donations Made By Candidate/Officeholder/Politica		Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor	Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
		The Instruction Guide expla	ins how to complete this form.	
1 1	Total pages Schedule F2:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 -	TOTAL OF UNITEN	//IZED UNPAID INCURRED OBL	IGATIONS	\$
5 [Date	6 Payee name		
7 /	Amount (\$)	8 Payee address;	City;	State; Zip Code
9	TYPE OF EXPENDITURE	Political	Non-Political	
10		(a) Category (See Categories listed at the top of the	is schedule) (b) Description	
ı	PURPOSE OF EXPENDITURE			
		(c) Check if travel outside of Texas. Complete	Schedule T. Check if Aus	stin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name H	Office sought	Office held
ſ	Date	Payee name		
,	Amount (\$)	Payee address;	City;	State; Zip Code
	TYPE OF EXPENDITURE	Political [Non-Political	
I	PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of the	nis schedule) Description	
		Check if travel outside of Texas, Comple	te Schedule T. Check if A	ustin, TX, officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name H	Office sought	Office held
		ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NE	EEDED

PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F3

Tł	ne Instruction Guide explains how to complete this form.	1	Total pa	ages S	chedule F3:	
2 FILER NAME		3	Filer ID	(Ethic	s Commission	on Filers)
4 Date	5 Name of person from whom investment is purchased	1				
	6 Address of person from whom investment is purchased; City	у;			State;	Zip Code
	7 Description of investment					
	8 Amount of investment (\$)					
Date	Name of person from whom investment is purchased					
	Address of person from whom investment is purchased; City	y;			State;	Zip Code
	Description of investment					
	Amount of investment (\$)					
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE	EAS	NEE	DED		

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense Accounting/Banking

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense
Transportation Equipment & Related Expe

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Politica		ials Expense Printing Exp		Travel In District Travel Out Of District Other (enter a category	not listed above)
	The Instruction	Guide explains how to co	mplete this form.		
1 Total pages Schedule F4:	2 FILER NAME			3 Filer ID (Ethics C	ommission Filers)
4 TOTAL OF UNITEM	ZED EXPENDITURES (CHARGED TO A CRI	EDIT CARD	\$	
5 Date	6 Payee name		<u> </u>		
7 Amount (\$)	8 Payee address;		City;	State;	Zip Code
9 TYPE OF EXPENDITURE	Political	Non-Pol	itical		
10 PURPOSE OF EXPENDITURE	(a) Category (See Categories liste	ed at the top of this schedule)	(b) Description		
	(c) Check if travel outside of	of Texas. Complete Schedule T.	Check if Aus	stin, TX, officeholder living	expense
11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officehol	der name Of	fice sought	Office he	ld
Date	Payee name				
Amount (\$)	Payee address;		City;	State;	Zip Code
TYPE OF EXPENDITURE	Political	Non-Po	litical		
PURPOSE OF EXPENDITURE	Category (See Categories liste	ed at the top of this schedule)	Description		
	Check if travel outside	of Texas. Complete Schedule T.	Check if Au	stin, TX, officeholder living	expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officehol	lder name O	ffice sought	Office he	eld
	ATTACH ADDITIONA	L COPIES OF THIS S	CHEDULE AS NE	EDED	

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

Event Expense Fees
Food/Reverage Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Contributions/Donations Made Candidate/Officeholder/Politic Credit Card Payment	By Gift/Awards/Memorials Expense Pri	nting Expense laries/Wages/Contract Labor ow to complete this form.	Travel in District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule G:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	<u> </u>	
Reimbursement from political contributions intended	7 Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedu		
	(c) Check if travel outside of Texas. Complete Schedule	T. 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 (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	ule) Description	
	Check if travel outside of Texas. Complete Schedule	eT. Check if Austin	n, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
Amount (\$) Reimbursement from political contributions intended	Payee address;	City;	State; Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedu	ule) Description	
	Check if travel outside of Texas. Complete Schedule	e T. Check if Austin	n, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TI	HIS SCHEDULE AS NEED	DED

PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH

SCHEDULE H

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

Event Expense Fees

Loan Repayment/Reimbursement Office Overhead/Rental Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense

Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Committee		Gift/Awards/Memorials Expense			Travel In District Travel Out Of District Other (enters entered not listed shows)		
Credit Card Payment		Legal Services		Other (enter a category not listed above)			
T-1-1 O-11-1-11	2 ======	The Instruction Guide explai	ns now to comple	ete this form.	2 510 - 10	/F4bina C	Samuelanian Filana
Total pages Schedule H:	2 FILER N	AME			3 Filer ID	(Ethics C	Commission Filers)
Date	5 Business	name					
Amount (\$)	7 Business	address;		City;	S	tate;	Zip Code
PURPOSE OF EXPENDITURE	(a) Category	(See Categories listed at the top of this s	schedule) (b) C	Description			
	(c)	Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	, TX, officeholder	living exp	ense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office	sought		0	ffice held
Date	Business	name					
Amount (\$)	Business	address;		City;	S	tate;	Zip Code
PURPOSE OF	Category	(See Categories listed at the top of this s	schedule) D	Description			
EXPENDITURE		Check if travel outside of Texas. Complete Sc	chedule T.	Check if Austin	, TX, officeholder	living expe	ense
Complete ONLY if direct expenditure to benefit C/C		ate / Officeholder name	Office	sought		0	ffice held
Date	Business	name					
Amount (\$)	Business	address;		City;	S	tate;	Zip Code
PURPOSE OF	Category	(See Categories listed at the top of this s	schedule) E	Description			
EXPENDITURE		Check if travel outside of Texas. Complete So	chedule T.	Check if Austin	, TX, officeholder	· living exp	ense
			Office				ffice held

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE !

The Instruction Guide explains how to complete this form.				
1 Total pages Schedule I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name			
6 Amount (\$)	7 Payee address;	City State Zip Code		
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
Date	Payee name			
Amount (\$)	Payee address;	City State Zip Code		
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

	The	Instruction Guide explains how to complete this form.	1 Total pages Sche	dule K:	
2	FILER NAME		2 51-15 /5"	Occasioning Files	
ains.	TILER NAME		3 Filer ID (Ethics	s Commission Filers)	
4	Date	5 Name of person from whom amount is received		8 Amount (\$)	
		6 Address of person from whom amount is received; City; Sta	te; Zip Code		
		7 Purpose for which amount is received	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; Sta	ate; Zip Code		
		Purpose for which amount is received Check if	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; Sta	te; Zip Code		
		Purpose for which amount is received Check if	political contribution	returned to filer	
	Date	Name of person from whom amount is received		Amount (\$)	
		Address of person from whom amount is received; City; St	ate; Zip Code		
		Purpose for which amount is received Check if	political contribution	returned to filer	
	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

IN-KIND CONTRIBUTIONS OR POLITICAL EXPENDITURES FOR TRAVEL OUTSIDE OF TEXAS

SCHEDULE T

the requested information	13 Hot applicable, DO NOT Illetitue tilis page	in the report.			
The Instruction Guide	e explains how to complete this form.	1 Total pages Schedule T:			
2 FILER NAME		3 Filer ID (Ethics Commission Filers)			
4 Name of Contributor / Corporation	Name of Contributor / Corporation or Labor Organization / Pledgor / Payee				
5 Contribution / Expenditure reported	on:				
	edule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
Schedule F2 Sch	edule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
6 Dates of travel 7 Name of	of person(s) traveling				
8 Departu	ure city or name of departure location				
9 Destina	tion city or name of destination location				
10 Manager (1)	11 D				
10 Means of transportation	11 Purpose of travel (including name of conference,	seminar, or other event)			
Name of Contributor / Corporation	or Labor Organization / Pledgor / Payee				
Contribution / Expenditure reporter	d on:				
Schedule A2 Sch	edule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
	pedule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of	Dates of travel Name of person(s) traveling				
Departure city or name of departure location					
Destina	tion city or name of destination location				
Means of transportation	Purpose of travel (including name of conference,	seminar, or other event)			
Name of Contributor / Corporation or Labor Organization / Pledgor / Payee					
Contribution / Expenditure reporte	d on:				
Schedule A2 Sched	ule B Schedule B(J) Schedule C2	Schedule D Schedule F1			
	lule F4 Schedule G Schedule H	Schedule COH-UC Schedule B-SS			
Dates of travel Name of	of person(s) traveling				
Departu	ure city or name of departure location				
Destina	ation city or name of destination location				
Means of transportation	Purpose of travel (including name of conference,	seminar, or other event)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					

CANDIDATE / OFFICEHOLDER REPORT: DESIGNATION OF FINAL REPORT

FORM C/OH - FR

		The Instruction Guide explains how to complete this for	m.		
		. Complete only if "Report Type" on page 1 is marked "Final	al Report" ••		
1	C/OH N	AME	2 Filer ID (Ethics Commission Filers)		
		Kobby Bryand			
3	SIGNA	TURE			
	I do not expect any further political contributions or political expenditures in connection with my candidacy. I understand that designating a report as a final report terminates my campaign treasurer appointment. I also understand that I may not accept any campaign contributions or make any campaign expenditures without a campaign treasurer appointment on file.				
			re of Candidate / Officeholder		
4		FILER WHO IS NOT AN OFFICEHOLDER Complete A & B below <i>only</i> if you are not an officeholder. ••			
	A.	CAMPAIGN FUNDS			
	Check	conly one:			
	X	I do not have unexpended contributions or unexpended interest or income earned from	om political contributions.		
	I have unexpended contributions or unexpended interest or income earned from political contributions. I understand that I may not convert unexpended political contributions or unexpended interest or income earned on political contributions to personal use. I also understand that I must file an annual report of unexpended contributions and that I may not retain unexpended contributions or unexpended interest or income earned on political contributions longer than six years after filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest or income earned on political contributions in accordance with the requirements of Election Code, § 254.204.				
	B.	ASSETS			
	Checl	Check only one:			
I do not retain assets purchased with political contributions or interest or other income from political contribu			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		
5		EHOLDER 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 does not have a campaign treasurer on file. I am also aware that I will be required to file reports of unexpended contributions if, after filing the last required report as an officeholder, I retain political contributions, interest or other income from political contributions, or assets purchased with political contributions or interest or other income from political contributions.			
			ignature of Officeholder		