CAND DATE / OFF CEHOLDER CAMPA GN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

1 Filer ID (Ethics Commission Filers)

2 Total pages filed

[redacted] how to complete this form

[redacted]

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: [illegible]

MI

SUFFIX

OFFICE USE ONLY

Date Received

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX: P. O. Box 111644 / SUITE #: CITY: Fort Worth STATE: TX ZIP CODE 76110

☐ Change of Address

5 CANDIDATE/ OFFICEHOLDER PHONE

AREA CODE (817) PHONE NUMBER 715-2191 EXTENSION

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs.

MI

SUFFIX

Receipt # Amount $

Date Processed

[redacted]

[redacted] FORM C/OH

15 C/OH NAME Brianna C. Ud

16 Filer ID (Ethics Commission Filers)

[redacted]

320.00

10

3 2,90

60.00

[redacted]

or Officeholder

17 CONTRIBUTION TOTALS		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)	$
EXPENDITURE TOTALS	3.	TOTAL UNITEMIZED POLITICAL EXPENDITURE.	$
	4.	**TOTAL POLITICAL EXPENDITURES**	$
CONTRIBUTION BALANCE	5	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$

[redacted]

Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath

998

date

TX. 76110.

a

County, State of

21
(year)

Signature of idate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

FILER NAME

Brianna C Ford

$

$ 0

$ 0

$ SUBTOTAL AMOUNT 0

24. SCHEDULE SUBTOTALS
NAME SCHEDULE

$

SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS

$

6.

$ 0

7

$ 0

$ 0

2 SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

$ 3 00

3 ☐ SCHEDULE B: PLEDGED CONTRIBUTIONS

$ 0

SCHEDULE F1: LOANS

$

11

$ 0

$ 0

☐ SCHEDULE F2: UNPAID INCURRED OBLIGATIONS

SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F5: EXPENDITURES MADE FROM PERSONAL FUNDS

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: 3

2 FILER NAME Brianna C

3 Filer ID (Ethics Commission Filers)

4 Date

5 Full name ib ☐ PAC (I

Les n

6 Contributor address; State; Zip Code

ws1 04@ il, — r

7 Amount of contribution ($)

30.00

[redacted]

20.00

atonso 29 il.com —

title

Date ontrib PAC (I

0 0

Amount of contribution ($)

7/21

Contributor address; City; State; Zip Code

x3e@yahoo.com Fw,

[redacted] Employer (Instructions)

SS t

1 1

50.00

Date

llespie@ tmail.com—

Amount of contribution ($)

State; Zip Code

/ Job title

Employer (See Instructions)

[redacted]

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: 3

2 FILER NAME Brandi C. Herrera

3 Filer ID (Ethics Commission Filers)

4 Date | 5 tor | f-state PAC | 7 Amount of contribution ($)

6 Contributor address; City; State; Zip Code

avilaeliza50@ com 10.00

[redacted]

[redacted] 25.00

[redacted]

[redacted] 25.00

[redacted]

[redacted] 50.00

[redacted]

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

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

The instructions Guide explains how to complete this form

1 Total pages Schedule A1 3

[redacted]

2 00

5 F ibutor - (ID#:)

3/22/21

2 FILER NAME

6 Contributor address; City; St i

[redacted]@hotmail.com — ail.com-fw)

40.00

4 Date

7 Amount of contribution ($)

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date /

Amount of contribution ($)

☐ out-of-state PAC (ID#:)

title

Employer (See Instructions)

[redacted]

LOANS

SCHEDULE E

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 E:

2 FILER NAME Brianna C Herrera

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS $

5 Date of loan

7 Name of lender

9 Loan ($ 0

8

State: Zip Code

10 Interest rate

Y N

Institution?

11 Maturity date

14 Description of Collateral

15

☐ none

tle (See Instructions)

13 Employer (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed ($)

Check if personal funds were deposited into political account (See Instructions)

18 Guarantor address;

State; Zip Code

☐ not applicable

Loan Amount ($)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Interest rate

City;

Date of loan

Name of lender

Y N

a financial Institution?

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

ppl page in the report

EXPENDITURE CATEGORIES FOR BOX 9(a)

Event Expense
Loan Repayment/Reimbursement
Office Overhead/Rental
Solicitation/Fundraising Expense

A
B or B
15.04
donor box
donor BOX
3-26-21

Check if travel outside of Texas. Complete Schedule T.
Check if Austin, TX, officeholder living expense

8

PURPOSE OF EXPENDITURE

PURPOSE

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

DO NOT include this page in the report

Advertising Expense | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense

anna

3-19-21

Gizelarmola my. unt. edu

(a) Category (See Categories listed at the top of this schedule)

Date 2-8-21

Fort

EXPENDITURE CATEGORIES FOR BOX 8(a)

The Instruction Guide explains how to complete this form

2

(top of this schedule)

5

Check if of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense

7

8 (b)

B Guerrero

Payment details

817-881-0273
GizelArreola@my.unt.

Gizel Arreola

"Campaign Logo"

- $155

Social activity

0 0

Status

Complete

Payment method

VISA | Visa Debit

Debit •••• 9710

Transaction details

March 19, 2021, 12:43 PM · Friends

Paid to

@Gizel-Arreola

Type of transaction

Payments between friends

Transaction ID

3233034806929391779