# **CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT**

## FORM C/OH COVER SHEET PG 1

	Guide explains how	v to complete this form.	1 Filer ID (Ethics Comm	ission Filers)	2 Total pages fi	led:
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST Kristen	. Brook			USEONLY
	NICKNAME	H:11	SI	UFFIX	Date Received ELEC	CTIONS
4 CANDIDATE / OFFICEHOLDER MAILING	570 P:	ne Valley Dr	2000 mm = 100 mm = 1	P CODE	FEB	0 5 2024
ADDRESS  Change of Address			Reno is	. ( )	REC	EIVED
5 CANDIDATE/ OFFICEHOLDER PHONE	( 9 0 3 )	9 PHONE NUMBER 5 17 . 8 4 8	EXTENSION		Date Hand-delivered	or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	first Jerem	М	'	Receipt #	Amount \$
NAME	NICKNAME	LAST	J	JFFIX	Date Processed	
		Masse	9		Date Imaged	
7 CAMPAIGN TREASURER	1	(NO PO BOX PLEASE); APT / SL	JITE #; CITY:		STATE;	ZIP CODE
ADDRESS	4005	Lakeshore	Reno	T	X 754	-62
(Residence or Business)				•		
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION			
PHONE	(903)	715.2417				
9 REPORT TYPE	January 15	30th day before el	lection Runoff		15th day af treasurer a	
	July 15	8th day before elec	ction Exceeded Reporting			t (Attach C/OH - FR)
10 PERIOD COVERED	Month	Day Year		Month	Day Year	
	1 /	12 / 24	THROUGH	21	15/21	4
11 ELECTION	ELECTION DA	<del>-</del> 6	ELEC	CTION TYPE		
	Month Day	Year		Other Description		
	3/5/	24 General	Special			
12 OFFICE	OFFICE HELD (if any)		13 OFFICE SOUGH	^		
14 NOTICE FROM	THIS BOX IS FOR NOTIC	CE OF POLITICAL CONTRIBUTIONS A	2.35			
POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CEHOLDER. THESE EXPENDITURES S AND OFFICEHOLDERS ARE REQUIR	MAY HAVE BEEN MADE WITHO	UT THE CAND	IDATE'S OF SEEICEUS	DED'S KNOW! EDGE OF
,	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME			ī
		COMMITTEE CAMPAIGN TRE	ASURER ADDRESS			
GO TO PAGE 2						

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

15 C/OH NAME		<b>16</b> Filer ID (Ethics Commission Filers)	
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)	\$ 9,174.10	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$	
	4. TOTAL POLITICAL EXPENDITURES	\$ 8,575.31	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS OF REPORTING PERIOD	TDAY \$ 400.79	
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$	
18 SIGNATURE I s	wear, or affirm, under penalty of perjury, that the accompanying report is true	and correct and includes all information	
	uired to be reported by me under Title 15, Election Code.		
	Signature of Car	ndidate or Officeholder	
	•		
	Please complete either option below	:	
	Total Control of Contr		
STITLE OF THE STATE OF THE STAT	SHAVOYA BOOKE		
	Notary Public, S: Notary Public, State of T Comm. Expires 02-15-2		
(1) Affidavit	Notary ID 133589173	The second secon	
	The state of the s		
NOTARY STAMP/SEA		C:	
Sworn to and subscribed	before me by \( \text{\text{\$000} \text{\$1}} \) this the	aday of HOYUUYU,	
20, 24 , to certify	which, witness my hand and seal of office		
The R	rocker-Cornell Shallala Brover-Co	macil hartons	
Signature of officer administe		Title of officer administering oath	
	Times hand of onest dammesting dam	The of officer defining call	
(2) Unsworn Declaration			
(2) Unsworn Declaration	on		
My name is	, and my date of birth is		
My address is	No control and the control and	rato) (Zip codo) (countri)	
Evenuted in	(street) (city) (st	rate) (zip code) (country)	
Executed in	County, State of, on the day of(month)	, 20 (year)	
	Signature of Candid	ate/Officeholder (Declarant)	

## **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME 20 Filer ID (Ethics Co.	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 200.00
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	\$1,201.21
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 FUNDS	\$
10. 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 RETURNED TO FILER	\$

## 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	Brooke Hill	3 Filer ID (Ethics Commission Filers)		
4 Date 5 Full name of contributor out-of-state PAC (ID#:)  Ron & Gail Attaway			7 Amount of contribution (\$)		
2	5.24	6 Contributor address; City; State; Zip Code U97 CR 14690 Paris 75462	200.00		
8	Principal occup	pation / Job title (See Instructions)  9 Employer (See Instru	octions)		
	Date	Full name of contributor	Amount of contribution (\$)		
		Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)  Employer (See Instructions)					
	Date	Full name of contributor	Amount of contribution (\$)		
		Contributor address; City; State; Zip Code			
	Principal occupation / Job title (See Instructions)  Employer (See Instructions)				
	Date	Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$)		
		Contributor address; City; State; Zip Code			
	Principal occu	pation / Job title (See Instructions) Employer (See Instr	uctions)		
		8			

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

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

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District

Contributions/Donations Made By Candidate/Officeholder/Politica Credit Card Payment		Wages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Brooke Hill	3 Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name	1		
1.17.24 6 Amount (\$)	RWRRU			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
25		pans TX		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE		Control 1 Table		
OF EXPENDITURE	event expense	Event table		
	(c) Check if travel outside of Texas. Complete Schedule T.	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			
1.25.24	Pickle Printing			
Amount (\$)	Payee address;	City; State; Zip Code		
42.76	2330 Lamar	Paris 75460		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising	business cards		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
1.24.24	Designer Graph	225		
Amount (\$)	Payee address;	City; State; Zip Code		
43.84	12404 Hwy 155	Tyler 75703		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	advertising	yard stakes		
	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 H	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## 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

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)

Candidate/Officeholder/Political Credit Card Payment		ages/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1:	2 FILER NAME Brooke Hill	3 Filer ID (Ethics Commission Filers)		
4 Date 2.1.24	5 Payee name Amazon			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
59.53				
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
PURPOSE OF	E 1 22	yard Stakes		
EXPENDITURE	advertising	yara states		
	(C) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
Date	Payee name			
2.1.24	Holiday Inn Exp	ress		
Amount (\$)	Payee address;	City; State; Zip Code		
344.71	3025 NE LOOP	284 Paris 75460		
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF		meet i and		
EXPENDITURE	event expense	meet ; greet		
	Check if travel outside of Texas. Complete Schedule T.	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			
2.1.24	Kroger			
Amount (\$)	Payee address;	City; State; Zip Code		
103.15	1310 Clarksville	St Paris 75460		
9.0000000000000000000000000000000000000	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	event expense	meet ; greet food		
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

## 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
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

Candidate/Officeholder/Politica	- Thinking Expense		vel Out Of District ner (enter a category not listed above)		
Credit Card Payment	Credit Card Payment  The Instruction Guide explains how to complete this form.				
1 Total pages Schedule F1:	2 FILER NAME Brooke Hill	<b>3</b> F	Filer ID (Ethics Commission Filers)		
4 Date	5 Payee name				
2.2.24	Designer Grap	hics			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code		
580.22	12404 Hwy 155	Tyler	75703		
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description			
PURPOSE	1. (	1-13			
OF EXPENDITURE	advertising	Politica	Signs		
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	stin, TX, officeholder living expense		
<b>9</b> 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		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE					
OF EXPENDITURE					
EXPENDITORE					
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX,	officeholder living expense		
Complete ONLY if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
expenditure to benefit C/Or	1				
Date	Payee name				
Date	1 dyou hamo				
Amount (\$)	Payee address;	City;	State; Zip Code		
77-0-00-4-7-4-1-00-2000 <b>V</b> . 15-7-7-		J.,,	Elp code		
	Category (See Categories listed at the top of this schedule)	Description			
PURPOSE	Salegory (see salegories listed at the top of this schedule)	Description			
OF					
EXPENDITURE					
	Check if travel outside of Texas. Complete Schedule T.		officeholder living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/Oh	Candidate / Officeholder name	Office sought	Office held		
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED					
			Devised 4/4/2024		