## **CANDIDATE / OFFICEHOLDER** FORM C/OH **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** 1 Filer ID The C/OH Instruction Guide explains how to complete this form. 2 Total pages filed: 3 CANDIDATE / MS/MRS/MR MI **OFFICEHOLDER** OFFICE USE ONLY Brandon NAME Date Received 4-7-2022 4:26pm NICKNAME LAST SUFFIX

L		Noto			7 pages
4	CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT 11849 14th Street	/ SUITE #; CITY;	ZIP CODE	Date Hand-delivered or Date Postmarked  Mann - delivered  Receipt # Amount
	Change of Address	Santa Fe, TX 77510			Date Processed
					Date Imaged
5	CAMPAIGN TREASURER NAME	MS/MRS/MR	FIRST	MI	
		NICKNAME	LAST	SUFFIX	
6	CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO E	BOX PLEASE); AF	PT / SUITE#; CITY;	STATE; ZIP CODE
7	CAMPAIGN TREASURER PHONE	AREA CODE PHONE	NUMBER EXTENSION		
8	REPORT TYPE	January 15 July 15	30th day before election 8th day before election	Runoff X  Exceeded modified reporting limit	15th day after campaign treasurer appointment (officeholder only) Final Report (Attach C/OH-FR)
	PERIOD COVERED	Month Day Year 10/25/2021	THROUGH	Month Day 02/03/2022	Year
		ELECTION DATE Month Day Year	Primary General	ELECTION TYPE Runoff Special	Other
11 (	OFFICE	OFFICE HELD (if any)	•	12 OFFICE SOUGHT (if	known)
			GO TO PAGE 2		
-orn	ns provided by Texa	s Ethics Commission	www.ethics.state.tx.us		Version V3.5.1.fc88a75

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

# FORM C/OH COVER SHEET PG 2

2 of 7

	Note: Decades		14 Filer ID		
13 C / OH NAME	Noto, Brandon	N.			
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COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
Additional Pages	GENERAL				
		COMMITTEE ADDRESS			
	SPECIFIC				
	COMMITTEE CAMPAIGN TREASURER NAME				
1		COMMITTEE CAMPAIGN TREASURER ADDRES	SS		
16 CONTRIBUTION TOTALS			N PLEDGES, LOANS, CTRONICALLY)	\$	0.00
	2. TOTAL POLITI (OTHER THAN	CAL CONTRIBUTIONS PLEDGES, LOANS, OR GUARANTEES OF LOANS	S)	\$	0.00
EXPENDITURE TOTALS				\$	0.00
		CAL EXPENDITURES		\$	1,678.85
CONTRIBUTION BALANCE				\$	0.21
				\$	0.00
17 AFFIDAVIT		I swear, or affirm, under penalt true and correct and includes a under Title 15, Election Code.  Signature of	ty of perjury, that the acc all information required to of Candidate or Officehol	o be reported	report is I by me
	otary stamp / seal A	Q - 1 - 1 - 1	, this the	7th	_ day
Signature of or	fficer administering	Alun Thomas  Printed name of officer administering	Title of office	Secreta r administer	

### SUBTOTALS - C/OH FORM C/OH **COVER SHEET PG 3** 18 FILER NAME 19 Filer ID Noto, Brandon 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE SUBTOTAL AMOUNT SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS \$ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS 2. \$ 3. SCHEDULE B: PLEDGED CONTRIBUTIONS \$ 4. SCHEDULE E: LOANS \$ 5. SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS |X|\$ 700.00 6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS \$ SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS 7. \$ 8. X SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD \$ 249.43 9. X SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS \$ 729.42 SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH 10. \$ SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS 11. \$ SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED 12. TO FILER \$

# POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

### SCHEDULE F1

#### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

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

Event Expense
Fees
Food/Reverage Expense

Food/Beverage Expense
Gitt/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/Politi Credit Card Payment	The Instruction Guide explains how to complete this form.				
Total pages Schedule F1					
Sch: 1/1 Rpt: 4/7					
Date	5 Payee name				
10/25/2021	Capital One				
Amount (\$) \$700.00	7 Payee address; City; State; Zip Code P.O. Box 71083  Charlotte, NC 28272-1083				
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Credit Card Payment  (b) Description  Check if travel outside of Texas. Complete				
Complete ONLY if direct	ct Candidate/Officeholder name Office sought Office he	d			
Complete ONLY if direct expenditure to benefit C/					
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#### **EXPENDITURES MADE BY CREDIT CARD** SCHEDULE F4 **EXPENDITURE CATEGORIES FOR BOX 10(a)** Advertising Expense Accounting/Banking Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Consulting Expense Contributions/ Donations Made By Food/Beverage Expense Polling Expense Printing Expense Travel in District Gift/Awards/Memorials Expense Travel Out of District Candidate/Officeholder/Political Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F4: 2 FILER NAME 3 Filer ID Sch: 1/2 Rpt: 5/7 Noto, Brandon TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD \$ Date 6 Payee name 10/25/2021 Facebook : Amount (\$) Payee address; City; State; Zip Code \$75.00 1 Hacker Way Menlo Park, CA 94025 TYPE OF: X Political Non-Political **EXPENDITURE** 10 **PURPOSE** (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. EXPENDITURE Check if Austin, TX, officeholder living expense Facebook Ads 11 Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Payee name 10/29/2021 Facebook Amount (\$) Payee address; State; Zip Code \$75.00 1 Hacker Way Menlo Park, CA 94025 TYPE OF X Political Non-Political **EXPENDITURE** PURPOSE 1 (a) Category (See Categories listed at the top of this schedule) (b) Description OF Advertising Expense Check if travel outside of Texas. Complete Schedule T. **EXPENDITURE** Check if Austin, TX, officeholder living expense Facebook Ads Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH

## **EXPENDITURES MADE BY CREDIT CARD**

### SCHEDULE F4

**EXPENDITURE CATEGORIES FOR BOX 10(a)** 

	Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Candidate/Officeholder/Political	Committee Legal Services	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)	
		The Instruction G	uide explains how to complete this form.		
1	Total pages Schedule F4:	2 FILER NAME	F4.	3 Filer ID	
	Sch: 2/2 Rpt: 6/7	Noto, Brandon			
4	TOTAL OF UNITEMIZ	ZED EXPENDITURES CHA	RGED TO A CREDIT CARD	\$	
5	Date 11/09/2021	6 Payee name Facebook			
7	Amount (\$)	8 Payee address; City; State; Zip Code			
ľ	\$99.43	1 Hacker Way			
	455.15	2	I Hacker way		
		Menlo Park, CA 94025	- F	A	
9	TYPE OF		Non-Political		
ľ	EXPENDITURE	X Political	Non-Fondea		
10	PURPOSE	(a) Category (See Categories listed at	the top of this schedule) (b) Description		
	OF EXPENDITURE	Advertising Expense		rel outside of Texas. Complete Schedule T.	
	EXPENDITURE		Facebook A	stin, TX, officeholder living expense	
			Facebook	Aus	
L			255	Office hold	
11	Complete <u>ONLY</u> if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held	
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F	orms provided by Texas	Ethics Commission	www.ethics.state.tx.us	Version V3.5.1.fc88a75	

#### POLITICAL EXPENDITURES FROM PERSONAL FUNDS SCHEDULE G **EXPENDITURE CATEGORIES FOR BOX 8(a)** Advertising Expense Event Expense Loan Repayment/Reimbursement Solicitation/Fundraising Expense Accounting/Banking Fees Office Overhead/Rental Expense Transportation Equipment & Related Expense Food/Beverage Expense Gift/Awards/Memorials Expense Consulting Expense Contributions/ Donations Made By -Polling Expense Travel in District Printing Expense Salaries/Wages/Contract Labor Travel Out of District Candidate/Officeholder/Political Committee OTHER (enter a category not listed above) Credit Card Payment The Instruction Guide explains how to complete this form. 1 Total pages Schedule G: 2 FILER NAME 3 Filer ID Sch: 1/1 Rpt: 7/7 Noto, Brandon 4 Date 5 Payee name ? 12/10/2021 Capital One Amount (\$) Payee address; City; State; Zip Code \$25.00 P.O. Box 71083 Reimbursement from political contributions Х Charlotte, NC 28272-1083 intended 8 PURPOSE (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. OF Check if Austin, TX, officeholder living expense Credit Card Payment EXPENDITURE Credit Card Payment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name 01/17/2022 Capital One Amount (\$) Payee address; City; State; Zip Code \$704.42 P.O. Box 71083 Reimbursement from political contributions X intended Charlotte, NC 28272-1083 **PURPOSE** Category (See Categories listed at the top of this schedule) Check if travel outside of Texas. Complete Schedule T. Description OF Check if Austin, TX, officeholder living expense Credit Card Payment **EXPENDITURE** Credit Card Payment Complete ONLY if direct Candidate/Officeholder name Office sought Office held expenditure to benefit C/OH