CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction	Guide explains hov	v to complete this form.	1 Filer ID (Eth	nics Commission Filers)	2 Total pages fil	$3=\sqrt{3}$
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr.	Bradbey		3	OFFICE	USE ONLY
TV WILL	Barry	Bacom		SUFFIX Jr	Date Received	CEIVE
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX	1	ockhart			T 1 0 2023
5 CANDIDATE/ OFFICEHOLDER PHONE	(512)	784 - 4724	EXTE	ENSION	Date Har Chry SEY	OF LOCKHART CRETARYS OFFICE
6 CAMPAIGN TREASURER NAME	MS/MRS/MR	Bradley		\mathcal{I}	Receipt # Date Processed	Amount \$
	Bury	Bacom		SUFFIX	Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS	(NO PO BOX PLEASE); APT / S		oc Khart	STATE:	ZIP CODE
CAMPAIGN TREASURER PHONE	AREA CODE (5/2)	784 · 4724	ЕХТЕ	NSION		
9 REPORT TYPE	January 15	30th day before e	election	Runoff	15th day afte treasurer ap (Officeholder	pointment
	July 15	8th day before ele	CHOIL	Exceeded Modified Reporting Limit	Final Report	(Attach C/OH - FR)
10 PERIOD COVERED	Month B	Day Year / 23	THROUGH	Month /O	Day Year 9 / 23	1
11 ELECTION	Month Day	Year Primary General	Runoff Special	Other Description		
12 OFFICE	OFFICE HELD (if any)		13 OFFIC	CE SOUGHT (if known)	District	3
14 NOTICE FROM POLITICAL COMMITTEE(S)	THE CANDIDATE / OFFIC	CE OF POLITICAL CONTRIBUTIONS CEHOLDER. THESE EXPENDITURES AND OFFICEHOLDERS ARE REQUIL COMMITTEE NAME	MAY HAVE BEEN MAL	DE WITHOUT THE CANDI	DATE'S OR OFFICEHOLD	ER'S KNOWLEDGE OR
Additional Pages	GENERAL	COMMITTEE ADDRESS COMMITTEE CAMPAIGN TRE	ASURER NAME			
		COMMITTEE CAMPAIGN TRE	EASURER ADDRESS	3		
		GO TO	PAGE 2			

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

CAMPAIGI	V FINANCE REPORT	
15 C/OH NAME	Bradley Barry Bacom 16 Filer	r ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 150.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 150.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 2038.28
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 118.17
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$
	wear, or affirm, under penalty of perjury, that the accompanying report is true and con	rrect and includes all information
rec	uired to be reported by me under Title 15, Election Code.	
	Damsa	: Gom
	Signature of Cantidate of	or Officeholder
	Please complete either option below:	
(1) Affidavit NOTARY STAMP/SEAL	JULIE MLADENKA BOWERMON Notary ID #126078055 My Commission Expires April 26, 2027	
Swarp to and subscribed	before me by BRADLEY BARRY BACOM this the 10th	DETARED.
	which, witness my hand and seal of office.	day of Octobere,
200	2	TARY PUBLIC
Signature of officer administer		Title of officer administering oath
	OR	
(2) Unsworn Declaratio	n	
My name is		
	and my date of birth is, and my date of birth is,,	*
	7.7	zip code) (country)
Executed in	County, State of, on the day of(month)	
	(month)	(year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Bradley Burry Bacon 20 Filer ID (Ethics C	commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	s 2006.45
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 2038.28
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	\$

MONET	ARY POLITICAL CONTRIBUTIONS	SCHEDULE A1
If the reque	sted 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: 5
2 FILER NAME	Fradley Barry Bacom	3 Filer ID (Ethics Commission Filers)
4 Date 8-21-23	5 Full name of contributor	7 Amount of contribution (\$)
	6 Contributor address: City: State: Zip Code 2940 Northampton Washington DC 20015	\$ 100.00
8 Principal occu	upation / Job title (See Instructions) 9 Employer (See Instructions)	ions)
Date	Full name of contributor	Amount of contribution (\$)
8-21-23	Lawrence Speck Contributor address; City; State: Zip Code 44 East Ave #4103 Austin TX 78701	\$ 206.46
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 8-22-23	Full name of contributor	Amount of contribution (\$) \$ 51.99
Principal occup	405 N. Baylor St. Brenham TX 77833 Dation / Job title (See Instructions) Employer (See Instructions)	ions)
Date 8-23-23	Full name of contributor out-of-state PAC (ID#:) Grl Ohlendarf Contributor address; City: State; Zip Code \$103 Connolly Cir Lockhart TX 78644	Amount of contribution (\$)
Principal occup	pation / Job title (See Instructions) Employer (See Instructions)	ons)
Name	ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NI If contributor is out-of-state PAC, please see Instruction guide for additional re	

SCHEDULE A1

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

·			·
The	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5
FILER NAME	Bradley Barry Bacom		3 Filer ID (Ethics Commission Filers
Date	5 Full name of contributor out-of-state PAC	C (ID#:)	7 Amount of contribution (\$)
-30 -23	6 Contributor address; City;	State; Zip Code	\$ 50.00
	123 Plantation Rd. Houston	·	
Principal occ	upation / Job title (See Instructions)	9 Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	: (ID#:)	Amount of contribution (\$)
1.5.23	Steven Day		* ~- ~ ~
	Contributor address; City; 1911 Berring Dr. Houston	State; Zip Code 77057	\$ 515.38
Principal occu	upation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
9.6.23	Contributor address; City;	State; Zip Code	\$50.00
	1512 Linwood St. Leander	TΧ	,
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date	Full name of contributor out-of-state PAC	(ID#:)	Amount of contribution (\$)
6.6.23	Robert Clark		,
	Contributor address; City;	State; Zip Code	\$ 51.99
	6932 Chinook Dr. Austin	TX 78736	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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: 5 2 FILER NAME Brad by Barry Bacon 4 Date 5 Full name of contributor 7 Amount of contribution (\$) 7 Amount of contribution (\$) 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address: City: State: Zip Code Amount of contribution (\$) Principal occupation / Job title (See Instructions) Date Full name of contributor City: State: Zip Code Contributor Cont					
Bradley Barry Bacom	Instruction Guide explains how	to complete this	form.		1 Total pages Schedule A1: 5
9.7.23 Type Williams 6 Contributor address; 1273 Sweet Gam Kyle TX 28440 Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; 2019: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Contributor address; City: State: Zip Code Full name of contributor Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (IDR: Contributor address: City: State: Zip Code Full name of contributor Out-of-state PAC (IDR: TYPE CODE TYPE CO		om			3 Filer ID (Ethics Commission Filers)
6 Contributor address: City: State: Zip Code 1 > 73 Sweet 9 am	100	_			7 Amount of contribution (\$)
1373 Sweet Gam Kyle TX 78640					\$ 41.69
Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; Principal occupation / Job title (See Instructions) Date Full name of contributor Contributor address; City; State; Zip Code Full name of contributor City: Contributor City: Contributor City: Contributor Contributor City: Contributor City: Contributor Contributor City: Cit		_		,	7, 4,
Krisk Horton Contributor address; City: State: Zip Code \$26.25	upation / Job title (See Instructions)		9 Emp	loyer (See Instruc	tions)
Contributor address; City; State; Zip Code \$ 26.25 204 LaYreview Cir. Lockhart TX 78644 Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 9.8.23 Brandon Westlayte Contributor address; City; State; Zip Code 1349 Martin 5t. Lockhart TX 77 Honston Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Date Full name of contributor Gout-of-state PAC (ID#: Contributor address: City: State: Zip Code Full name of contribution (\$) Principal occupation / Job title (See Instructions) Principal occupation / Job title (See Instructions) Date Full name of contributor City: State: Zip Code Full name of contributor Gout-of-state PAC (ID#: Full name of contributor Gout-of-state PAC (ID#: Post of State: Zip Code Full name of contributor City: State: Zip Code Full name of contribution (\$) Since Day Grady Contributor address: City: State: Zip Code \$ 57.99 Post of Sales 21 Code \$ 57.99	Kristi Horton			,	L
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Amount of contribution (\$) 9.8.23 Bandon Westlarke Contributor address; City; State; Zip Code 1349 Martin 5t. Lackhart TX 77 Honston Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor aut-of-state PAC (ID#:	Contributor address;	City;	State;	Zip Code	F 26.25
Date Full name of contributor out-of-state PAC (ID#:	204 Latteriew Cir.	Lockhar	* TX	78644	
7.8.23 Brandon Westlake Contributor address; City; State; Zip Code 1349 Martin 5t. Lockhart TX 77 Honston T7018 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 9.9.23 Ellen Day Grady Contributor address; City: State; Zip Code POBox 5263 Austin TX 78763	pation / Job title (See Instructions)		Emp	loyer (See Instruct	tions)
Contributor address; City; State; Zip Code 1349 Martin 5t. Lockhart TX 77 Honston T7018 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:) Amount of contribution (\$) 9.9.23 Ellan Day Grady Contributor address; City; State; Zip Code POBox 5263 Austin TX 78763	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) Employer (See Instructions) Employer (See Instructions) Date Full name of contributor Out-of-state PAC (ID#:				1	\$ 560.00
Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor out-of-state PAC (ID#:		Lockhes		70-	
9.9.23 Ellen Day Gredy Contributor address; City; State; Zip Code \$ 51.99 POBox 5263 Austin TX 78763	pation / Job title (See Instructions)	770-070-	Етр		tions)
9.9.23 Contributor address; City; State; Zip Code \$51.99 POBox 5263 Austin TX 78763	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
POBox 5263 Austin TX 78763	211-En Day Crady	City;	State;	Zip Code	\$ 51.99
Principal occupation / Job title (See Instructions) Employer (See Instructions)	POBOX 5263	Austin	Τ×	78763	, 0, .
	pation / Job title (See Instructions)		Emp	loyer (See Instruct	tions)
		5 Full name of contributor Tyson Williams 6 Contributor address; 1>73 Sweet Gam pation / Job title (See Instructions) Full name of contributor Krish Horton Contributor address; 204 Lakevicus Cir. pation / Job title (See Instructions) Full name of contributor Brands Westlake Contributor address; 1349 Martin St. pation / Job title (See Instructions) Full name of contributor Full name of contributor Ellen Day Grady Contributor address; POBox 5263	adley Barry Ba com 5 Full name of contributor	ad by Barry Ba com 5 Full name of contributor out-of-state PAC (ID#: Tyson Williams) 6 Contributor address; City; State; IP73 Sweet Gam Kyle TX (ID#: IP90) Full name of contributor out-of-state PAC (ID#: IP90)	adley Barry Ba com 5 Full name of contributor out-of-state PAC (ID#:

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SCHEDULE A1

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

The	Instruction Guide explains how	v to complete this	form.		1 Total pages Schedule A1: 5
2 FILER NAME					3 Filer ID (Ethics Commission Filers)
4 Date	5 Full name of contributor	out-of-state PAC			7 Amount of contribution (\$)
9.22.23	Conrad Day			1	*
	6 Contributor address;	_		<u> </u>	\$ 51.99
	405 N. Baylor St.	Brenham	112	77833	
8 Principal occរ	upation / Job title (See Instructions))	9 Empl	oyer (See Instruc	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
9.16.72	Adam Miller				
9.25.23	Contributor address;	City;	State;	Zip Code	\$ 51.99
	606 Comal	Lockher	+ TX	78644	
Principal occu	pation / Job title (See Instructions)		Emple	oyer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:)	Amount of contribution (\$)
9.26.23	Todd McBride				<i>t</i>
7.20-23	Contributor address;	City;	State;		\$ 103.48
	703 Lantana	Lockhurt	TX	78644	
Principal occu	pation / Job title (See Instructions)		Emple	yer (See Instruct	tions)
Date	Full name of contributor	out-of-state PAC	(ID#:		Amount of contribution (\$)
9.30.23	Waleska Town				4
, 50 110	Contributor address;	City;	State;	Zip Code	951.99
	6805 Auckla	nd Austin	\ TX	78749	
Principal occuj	pation / Job title (See Instructions)		Emplo	byer (See Instruct	ilons)

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SCHEDULE A1

ii the reque:			—— ·
The	Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 5
2 FILER NAME	Bradley Barry Bacom		3 Filer ID (Ethics Commission Filers)
4 Date 9.30.23	5 Full name of contributor out-of-state PAC (Thomas Laas 6 Contributor address; City; 2323 Bradford Dr. Missouri	State; Zip Code	7 Amount of contribution (\$)
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Date	Full name of contributor	(to#:) State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	State; Zip Code	Amount of contribution (\$)
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
Date	Full name of contributor	IO#:)	Amount of contribution (\$)
	Contributor address; City;	State; Zip Code	
Principal occup	ation / Job title (See Instructions)	Employer (See Instruction	ons)
	ATTACH ADDITIONAL COPIES OF		

SCHEDULE F1

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

ii wie requested iiii	official in the field applicable, DO NOT IIIola	ide tills page in the re	sport.
	EXPENDITURE CATEGOR	IES FOR BOX 8(a)	MATERIAL WARRANCE AND A STATE OF THE STATE O
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Offic Food/Beverage Expense Polli by Gift/Awards/Memorials Expense Print	n Repayment/Reimbursement ce Overhead/Rental Expense ing Expense ting Expense aries/Wages/Contract Labor v to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Bradley Barry	Bacom	3 Filer ID (Ethics Commission Filers)
4 Date 9.30 · 23	5 Payee name PayPal		
6 Amount (\$)	7 Payee address:	City;	State: Zip Code
46.31	Paypal.com		
8	(a) Category (See Categories listed at the top of this schedu	(b) Description	
PURPOSE OF EXPENDITURE	Fecs	trasaction contribut	fees for online
	(c) Check if travel outside of Texas. Complete Schedule	T. Check if Austin	n, TX, officeholder fiving expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
8.23.23	Wix		
Amount (\$)	Payee address;	City;	State; Zip Code
37.28	wix. com		
	Category (See Categories listed at the top of this schedule	Description	
PURPOSE OF EXPENDITURE	Fees	Website S	ees
	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
8 · 30 · 23	Payee name US 75		
Amount (\$)	Payee address;	City:	State; Zip Code
13.20	217 W. Market St.	Lockhart	TX 78644
	Category (See Categories listed at the top of this schedule) Description	
PURPOSE OF EXPENDITURE	Fees Other	7030x	fee Stamps
	Check if travel outside of Texas, Complete Schedule T	Check if Austin	TX officenolder living expense
Complete <u>ONLY</u> if direct expenditure to beriefit C/OH	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF TH	HIS SCHEDULE AS NEE	DED

SCHEDULE F1

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

		1 0		
	EXPENDITURE CATEGORI	ES FOR BOX 8(a)		
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Fees Office Food/Beverage Expense Pollir by Gift/Awards/Memorials Expense Printi	Repayment/Reimbursement e Overhead/Rental Expense ng Expense ng Expense ries/Wages/Contract Labor to complete this form.	Solicitation/Fundraising Expense Transportation Equipment & Related Expen Travel In District Travel Out Of District Other (enter a category not listed above)	se
1 Total pages Schedule F1:		7. .	3 Filer ID (Ethics Commission Filers)
5 4 Date	5 Payee name	Ja Com		
	US ?5			
6 Amount (\$)	7 Payee address;	City;	State; Zip Code	
40.00	217 W. Market St.	Lockhart	TX 78644	
8	(a) Category (See Categories listed at the top of this schedul	e) (b) Description		
PURPOSE OF EXPENDITURE	Fees	Po Box Lea	<u>.</u>	
	(c) 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	
Date	Payee name			
9.14.23	Walmart			
Amount (\$)	Payee address;	City;	State; Zip Code	
4.59	1904 5. Golovado SI.	Lockhan	TX 78644	
	Category (See Categories listed at the top of this schedule	Description		
PURPOSE OF EXPENDITURE	Polling	Eanvassing	Supplies	
	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	
Date	Payee name			
9.14.23	Tractor Supply			
Amount (\$)	Payee address;	City;	State; Zip Code	
71.52	2313 5. Colorado St.	Lockho	V+ TX 78644	
	Category (See Categories listed at the top of this schedule)			
PURPOSE OF EXPENDITURE	Advertising	Posts for	ampaign Signs	
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin,	TX, officeholder living expense	
Complete ONLY if direct				

SCHEDULE F1

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

Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made B Candidate/Officeholder/Politica Credit Card Payment	Event Expense Fees Food/Beverage Expense y Gift/Awards/Memorials Expense	Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor us how to complete this form.	Travel In District Travel Out Of Distri	pment & Related Expense
1 Total pages Schedule F1:	2 FILER NAME Bradley Barr	y Bacom	3 Filer ID (Ethic	s Commission Filers)
4 Date 9./5.23	5 Payee name Printing Solution		<u></u>	
6 Amount (\$)	7 Payee address;	City;	State;	Zip Code
985.08	113 E. San Antonio St	. Lockha	r+ 1X	18444
8	(a) Category (See Categories listed at the top of this	schedule) (b) Description		
PURPOSE OF EXPENDITURE	Advertising	Campaig	n Jigns	5
	(c) Check if travel outside of Texas. Complete Si	chedule T, Check if Austi	n, TX, officeholder livin	g expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
9.18.23	L0305			
Amount (\$)	Payee address;	City;	State;	Zip Code
546.66	106 N. Main 54.	Lockhar.	+ TX	78444
	Category (See Categories listed at the top of this se	chedule) Description		
PURPOSE OF EXPENDITURE	Adversising	Toshir	rs	
	Check if travel outside of Texas. Complete So	hedule T. Check if Austir	s, TX, officeholder living	j expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought		Office held
Date	Payee name			
9.18.23	Ace Hardware			
Amount (\$)	Payee address;	City;	State;	Zip Code
15.14	518 W. San Antonia S	t. Lockhar	+ TX	78644
	Category (See Categories listed at the top of this so	hedule) Description		
PURPOSE OF EXPENDITURE	Advertising	Caupaign	sign sin	pplics
	Check if travel outside of Texas, Complete Sc	hedule 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
	ATTACH ADDITIONAL COPIES	OF THIS SCHEDULE AS NEE	DED	

4

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

Total pages Schedule F1:	2 FILER NAME Frally Barry B	3 Filer ID (Ethics Co	ommission Filers)
Date	5 Payee name		
9.20.23	Wix		
Amount (\$)	7 Payee address;	City; State;	Zip Code
7.79	Wix.com		
	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PURPOSE OF EXPENDITURE	Fecs	Website fees	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin. TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought Off	fice held
Date	Payee name		
9.29.23	Walmert		
Amount (\$)	Payee address;	City; State;	Zip Code
8.23	1904 5. Would St.	Lockhart. TX	78644
	Category (See Categories fisted at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Polling	Canvassing Supphi	5
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Off	ice held
Date	Payee name		
10.2.23	Printing Solutions		
Amount (\$)	Payee address;	City; State;	Zip Code
242.48	113 Z. San Antonio St.	Lockhart TX	78644
	Category (See Categories listed at the top of this schedule)	Description	
PURPOSE OF EXPENDITURE	Adver 45.hg	Campaign post as	-92
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living exp	ense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Of	ffice held



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 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

Credit Card Payment	The Instruction Guide explains how to d	complete this form.	Other (enter a category not listed above)
1 Total pages Schedule F1:	2 FILER NAME Fradley Borry B	com	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 Categories listed at the top of this schedule)	(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T.	Check if Austin	n, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	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	n, 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		
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 <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			