

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	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 1630.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 2500.92
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1129.32
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2000.00

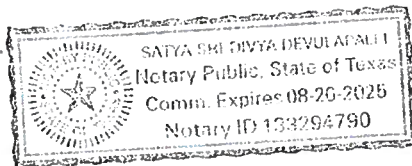
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Brandi Burkman

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Brandi W Burkman this the 7 day of Oct, 2024, to certify which, witness my hand and seal of office.

Saty Sri Divya Devulapalli SATYA SRI DIVYADOUVARAJI Notary Public
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

**FORM C/OH
COVER SHEET PG 3**

19 FILER NAME

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1630.24
2. <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 2000.00
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 2500.92
6. <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8. <input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12. <input type="checkbox"/> 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: 1
2 FILER NAME Brandi Burkman		3 Filer ID (Ethics Commission Filers)
4 Date 8/23/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas Burkman 6 Contributor address; City; State; Zip Code [REDACTED] Leander, TX 78641	7 Amount of contribution (\$) 10.00
8 Principal occupation / Job title (See Instructions) general contractor		9 Employer (See Instructions)
Date 9/5/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janine Chapa Contributor address; City; State; Zip Code [REDACTED] Georgetown, TX 78628	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 9/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale Nelson Contributor address; City; State; Zip Code [REDACTED] Leander, TX 78641	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 9/10/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Burkman Contributor address; City; State; Zip Code [REDACTED] Lago Vista, TX 78645	Amount of contribution (\$) 150.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
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:
2

2 FILER NAME

Brandl Burkman

3 Filer ID (Ethics Commission Filers)

4 Date

9/13/04

5 Full name of contributor

Wanda Sanders

out-of-state PAC (ID#: _____)

6 Contributor address;

City;

State;

Zip Code

Leander, TX 78641

7 Amount of contribution (\$)

50.00

8 Principal occupation / Job title (See Instructions)

retired

9 Employer (See Instructions)

Date

9/16/04

Full name of contributor

Kurt Schneider

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Cedar Park, TX 78641

Amount of contribution (\$)

50.00

Principal occupation / Job title (See Instructions)

NA

Employer (See Instructions)

Date

9/17/04

Full name of contributor

Joseph Burton

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Austin, TX 78723

Amount of contribution (\$)

20.24

Principal occupation / Job title (See Instructions)

S&P manager

Employer (See Instructions)

Date

9/19/04

Full name of contributor

Jay Martin

out-of-state PAC (ID#: _____)

Contributor address;

City;

State;

Zip Code

Cedar Park, TX 78613

Amount of contribution (\$)

250

Principal occupation / Job title (See Instructions)

construction

Employer (See Instructions)

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 Burkman		3 Filer ID (Ethics Commission Filers)
4 Date 9/30/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Moffitt ----- 6 Contributor address; City; State; Zip Code [REDACTED] Round Rock, TX 78681	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions)
Date 10/3/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cami Remy ----- Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78732	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) SAHM		Employer (See Instructions)
Date 10/4/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeff Tannehill ----- Contributor address; City; State; Zip Code [REDACTED] Leander, TX 78641	Amount of contribution (\$) 250.00
Principal occupation / Job title (See Instructions) business owner		Employer (See Instructions)
Date 10/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonya Ayers ----- Contributor address; City; State; Zip Code [REDACTED] Hutto, TX 78634	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) coordinator		Employer (See Instructions)
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: 4
2 FILER NAME Brandi Burkman		3 Filer ID (Ethics Commission Filers)
4 Date 10/6/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cara Mastrian 6 Contributor address; City; State; Zip Code [REDACTED] Austin, TX 78717	7 Amount of contribution (\$) 50.00
8 Principal occupation / Job title (See Instructions) NA		9 Employer (See Instructions)
Date 10/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regina Jones Contributor address; City; State; Zip Code [REDACTED] Leander, TX 78641	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions)
Date 10/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lauren Schoenduby Contributor address; City; State; Zip Code [REDACTED] Leander, TX 78641	Amount of contribution (\$) 25.00
Principal occupation / Job title (See Instructions) realtor		Employer (See Instructions)
Date 10/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marl McMillion Contributor address; City; State; Zip Code [REDACTED] Leander, TX 78641	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions)
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: 5
2 FILER NAME Brandi Burkman		3 Filer ID (Ethics Commission Filers)
4 Date 10/6/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karen Burkman <hr/> 6 Contributor address; City; State; Zip Code [REDACTED] Lago Vista, TX 78645	7 Amount of contribution (\$) 150.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions)
Date 10/8/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amanda Dodd <hr/> Contributor address; City; State; Zip Code [REDACTED] Cedar Park, TX 78613	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) NA		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code [REDACTED] Leander, TX 78641	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 1	
2 FILER NAME Brandi Burkman		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	8 Amount of Contribution \$	9 In-kind contribution description
	7 Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		11 Employer (FOR NON-JUDICIAL)(See Instructions)	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL)(See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions)		Employer (FOR NON-JUDICIAL)(See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL)(See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

PLEGGED CONTRIBUTIONS

SCHEDULE B

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 B: 1	
2 FILER NAME Brandi Burkman		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED PLEDGES		\$ 0	
5 Date	6 Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) 7 Pledgor address; City; State; Zip Code	8 Amount of Pledge \$	9 In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (See Instructions)		11 Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Full name of pledgor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pledgor address; City; State; Zip Code	Amount of Pledge \$	In-kind contribution description
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

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: 1
2 FILER NAME Brandi Burkman		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$ 2000.00
5 Date of loan 8/9/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandi Burkman	9 Loan Amount (\$)
6 Is lender a financial institution? Y x N	8 Lender address; City; State; Zip Code 1814 Emerald Isle Dr, Leander, TX 78641	10 Interest rate
		11 Maturity date
12 Principal occupation / Job title (See Instructions) Network Management		13 Employer (See Instructions) HCSC
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)
Date of loan	Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	Loan Amount (\$)
Is lender a financial institution? Y N	Lender address; City; State; Zip Code	Interest rate
		Maturity date
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Description of Collateral <input type="checkbox"/> none		<input type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor	Amount Guaranteed (\$)
	Guarantor address; City; State; Zip Code	
Principal Occupation (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

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

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 |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |
- The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 2	2 FILER NAME Brandi Burkman	3 Filer ID (Ethics Commission Filers)
4 Date 9/5/24	5 Payee name Vistaprint	
6 Amount (\$) 576.68	7 Payee address; City; State; Zip Code 275 Wyman St, Waltham, MA, 02451	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description cards
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 9/17/24	Payee name Vistago Print	
Amount (\$) 1364.49	Payee address; City; State; Zip Code 6806 Lohman Ford, Rd, Lago Vista, TX 78645	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description signs
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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 9/19/24	Payee name Vistaprint	
Amount (\$) 117.17	Payee address; City; State; Zip Code 275 Wyman St, Waltham, MA 02451	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description cards
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> 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

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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2 of 2	2 FILER NAME Brandi Burkman	3 Filer ID (Ethics Commission Filers)
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4 Date 9/21/24	5 Payee name Four Points
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6 Amount (\$) 283.25	7 Payee address; 3129 Rippling Creeks, Austin, TX78732	City;	State;	Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) advertising expense	(b) Description newspaper ad
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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Date 9/27/24	Payee name Master Screen Graphics
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Amount (\$) 159.13	Payee address; 701 CR 290, Leander, TX 78641	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) advertising expense	Description t shirts for events
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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Date	Payee name
------	------------

Amount (\$)	Payee address;	City;	State;	Zip Code
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	<input type="checkbox"/> 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
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