

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR MR	FIRST Colin	MI S	OFFICE USE ONLY Date Received Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME Scott	LAST Bruce	SUFFIX Jr	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; 9725 Bowman Dr	APT / SUITE #; Fort Worth Texas 76244	CITY; STATE; ZIP CODE	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE (817)	PHONE NUMBER 937-5066	EXTENSION	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR MRS	FIRST Shanna	MI M	
	NICKNAME Bruce	LAST	SUFFIX	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 9725 Bowman Dr Fort Worth Texas 76244			
8 CAMPAIGN TREASURER PHONE	AREA CODE (614)	PHONE NUMBER 7693487	EXTENSION	
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year 1 / 1 / 25			THROUGH Month Day Year 3 / 24 / 25
11 ELECTION	ELECTION DATE Month Day Year 5 / 3 / 25		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input checked="" type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) Keller ISD School Board Place 1	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE	COMMITTEE NAME		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
GO TO PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME Colin Scott Bruce Jr		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)	\$ 925
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 3,042.56
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, _____, to certify which, witness my hand and seal of office.

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

OR

(2) Unsworn Declaration

My name is COLIN SCOTT BRUCE JR, and my date of birth is FEBRUARY 25-4 1978
 My address is 9725 BOWMAN DR, FT WORTH, TX, 76247 US
(street) (city) (state) (zip code) (country)
 Executed in TARRANT County, State of TEXAS, on the 3 day of APRIL, 2025.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>COLIN SCOTT BRUCE JR</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>925.00</i>
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	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ <i>70.80</i>
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ <i>3,042.56</i>
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: 3
2 FILER NAME COLIN SCOTT BAUCE JR		3 Filer ID (Ethics Commission Filers)
4 Date 1-23-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BANYA JAAND	7 Amount of contribution (\$) \$ 20.00
6 Contributor address; City; State; Zip Code 4640 VISTA MEADOWS DR XXXXXXXXXX FT WORTH TX 76118		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 1-25-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEBBIE PAPESA	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 3224 MIDDLEBARD DUBLIN OH 43017 XXXXXXXXXX KAY		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-26-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KENNETH DENTE	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 4109 CHLOE LN FT WORTH TX 76244 XXXXXXXXXX		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 1-26-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETE BAURIES	Amount of contribution (\$) \$ 5.00
Contributor address; City; State; Zip Code 3036 CANNONWOOD DR XXXXXXXXXX FT WORTH TX 76137		
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.

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 COLIN SCOTT BRUCE JR		3 Filer ID (Ethics Commission Filers)
4 Date 2-2-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LISA DOUGHERTY	7 Amount of contribution (\$) \$ 250.00
6 Contributor address; City; State; Zip Code 3141 SPRUCE VALLEY DR WORTH TX FT WORTH TX 76107		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2-14-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JILL MICHENER	Amount of contribution (\$) \$ 50.00
Contributor address; City; State; Zip Code 4924 FLUSCHER CT WORTH TX KELLER TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-3-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TRAVIS CLEGG	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 4020 VOLK CT FT WORTH TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3-12-25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) JULIE BERGERON	Amount of contribution (\$) \$ 100.00
Contributor address; City; State; Zip Code 4837 EDDLEMAN DR FT WORTH TX 76244		
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.

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 COLIN SCOTT BRUCE JR		3 Filer ID (Ethics Commission Filers)
4 Date 3-22-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) CAAD POWERS	7 Amount of contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code 3561 WILD CHERRY WAY MASON OH 45040		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$)
Contributor address; City; State; Zip Code		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(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)

The Instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4:	1	2 FILER NAME	3 FILER ID (Ethics Commission Filers)	
		COLIN SCOTT BRUCE JR		
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ 70.80
5 CREDIT CARD ISSUER	Name of financial institution AMERICAN EXPRESS			
6 PAYMENT	(a) Amount Charged \$ 70.80	(b) Date Expenditure Charged 3-23-25	(c) Date(s) Credit Card Issuer Paid WILL BE PAID IN APRIL.	
7 PAYEE	(a) Payee name HOME DEPOT	(b) Payee address; City, State, Zip Code		
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		(b) Description STEEL T-POSTS	
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office Sought KELLER ISD SCHOOL BD PL 1	Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code		
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office Sought	Office Held	
PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code		
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(a) Category (See Categories listed at the top of this schedule)		(b) Description	
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>			
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 PERSONAL FUNDS

SCHEDULE G

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 G:	2 FILER NAME COLIN SCOTT BRUCE JR	3 Filer ID (Ethics Commission Filers)
4 Date 1-22-25	5 Payee name GODADDY.COM	
6 Amount (\$) 118.75 <small>Reimbursement from political contributions intended</small>	7 Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description WEBSITE
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office sought KELLER ISD SCHOOL BD PL 1
	Office held	
Date 1-22-25	Payee name GODADDY.COM	
Amount (\$) 42.63 <small>Reimbursement from political contributions intended</small>	Payee address;	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description EMAIL MARKETING
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office sought KELLER ISD SCHOOL BD PL 1
	Office held	
Date 1-26-25	Payee name OLIVE GARDEN	
Amount (\$) 305.80 <small>Reimbursement from political contributions intended</small>	Payee address; 9333 RAIN WLY TRL FT WORTH TX 76177	City; State; Zip Code
8 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE / FOOD	Description FOOD FOR MEET & GREET
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office sought KELLER ISD SCHOOL BD PL 1
	Office held	

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 5	2 FILER NAME COLIN SCOTT BRUCE JR	3 Filer ID (Ethics Commission Filers)
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4 Date 1-30-25	5 Payee name NETA / FACEBOOK AD
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6 Amount (\$) 214.23 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING	(b) Description FACEBOOK / SOCIAL MEDIA AD
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office sought KELLER ISD SCHOOL BO PL 1	Office held
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Date 2-12-25	Payee name STICKERBROS.COM
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Amount (\$) 388.08 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 3200 S CRAVENS RD FT WORTH TX 76119
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SIGNS & YARD SIGNS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office sought KELLER ISD SCHOOL BO PL 2	Office held
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Date 2-23-25	Payee name HOME DEPOT
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Amount (\$) 118.80 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 2013 HWP 377 KELLER TX 76248
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description MATERIALS TO INSTALL SIGNS
	Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	

Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office sought KELLER ISD SCHOOL BO PL 1	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 5	2 FILER NAME COLIN SCOTT BRUCE JR	3 Filer ID (Ethics Commission Filers)
4 Date 2-25-25	5 Payee name GODADDY.COM	
6 Amount (\$) 42.63 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description EMAIL & WEBSITE
	(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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office sought / Office held KELLER ISD SCHOOL BD PL 1
Date 3-6-25	Payee name META FACEBOOK	
Amount (\$) 103.74 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description BOOSTED FACEBOOK POST
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office sought / Office held KELLER ISD SCHOOL BD PL 1
Date 3-9-25	Payee name STAPLES	
Amount (\$) 56.27 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 3004 DENTON HIGHWAY WATAUGA TX 76148	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description BUSINESS CARDS WITH QR CODE
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office sought / Office held KELLER ISD SCHOOL BD PL 1

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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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 G: 5	2 FILER NAME COLIN SCOTT BRUCE JR	3 Filer ID (Ethics Commission Filers)
4 Date 3-9-25	5 Payee name HOME DEPOT	
6 Amount (\$) 157.42 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 2013 HWY 377 KELLER TX 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description STEEL POSTS FOR SIGNS.
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office sought KELLER ISD SCHOOL BD PL 1
Date 3-7-25	Payee name META FACEBOOK	
Amount (\$) 209.42 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description FACEBOOK AD
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office sought KELLER ISD SCHOOL BD PL 1
Date 3-14-25	Payee name STICKERBOBS.COM	
Amount (\$) 362.21 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 3200 S CRAVENS RD FT WORTH TX 76119	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description SIGNS - YARD SIGNS.
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office sought KELLER ISD SCHOOL BD PL 1

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 G: 5	2 FILER NAME COLIN SCOTT BRUCE JR	3 Filer ID (Ethics Commission Filers)
4 Date 3-17-25	5 Payee name STAPLES	
6 Amount (\$) 32.45 <small>Reimbursement from political contributions intended</small>	7 Payee address; City; State; Zip Code 8004 DENTON HWY WATAUGA TX 76148	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description SHIPPING CHARGE FOR POSTCARDS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office sought KELLER ISD SCHOOL BP PL 1
Date 3-17-25	Payee name STAPLES	
Amount (\$) 319.33 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 8004 DENTON HWY WATAUGA TX 76148	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description S.S 8.5 POSTCARDS
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office sought KELLER ISD SCHOOL BD PL 1
Date 3-23-25	Payee name HOME DEPOT	
Amount (\$) 70.80 <small>Reimbursement from political contributions intended</small>	Payee address; City; State; Zip Code 2013 HWY 377 KELLER TX 75248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description STEEL T-POST
	(c) Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense <input type="checkbox"/>	
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name COLIN SCOTT BRUCE JR	Office sought KELLER ISD SCHOOL BD PL 1

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED