

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>COLIN SCOTT BRUCE JR</u>		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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,190</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5,189.97</u>
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 _____, 20 _____, 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 2-20-78
 My address is 9725 BOWMAN DR, FT WORTH, TX, 76244 USA
 (street) (city) (state) (zip code) (country)
 Executed in TARRANT County, State of TEXAS, on the 25 day of APRIL, 20 25.
 (month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

COLIN SCOTT BRUCE JR

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,190
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/>	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 452.59
8.	<input checked="" type="checkbox"/>	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 70.30
9.	<input checked="" type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 4,656.52
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

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

COLIN SCOTT BAUCE JR

4 Date

1-23-25

5 Full name of contributor out-of-state PAC (ID# _____)

RAMYA JHAND

6 Contributor address; City; State; Zip Code

4640 VISTA MEADOWS DR
FT WORTH TX 76118

7 Amount of contribution (\$)

\$ 25.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

1-25-25

Full name of contributor out-of-state PAC (ID# _____)

DEBBIE PARESA

Contributor address; City; State; Zip Code

3224 MIDDLEBARD DUBLIN AL 36817
~~UNIVERSITY WAY~~

Amount of contribution (\$)

\$ 100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-26-25

Full name of contributor out-of-state PAC (ID# _____)

KENNETH DENTE

Contributor address; City; State; Zip Code

4109 CHLOE LN
~~UNIVERSITY WAY~~ FT WORTH TX 76244

Amount of contribution (\$)

\$ 50.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

1-26-25

Full name of contributor out-of-state PAC (ID# _____)

PETE BAURIES

Contributor address; City; State; Zip Code

3036 CANNONWOOD DR
~~UNIVERSITY WAY~~ FT WORTH TX 76137

Amount of contribution (\$)

\$ 5.00

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	
3 Filer ID (Ethics Commission Filers)	
2 FILER NAME COLIN SCOTT BRUCE JR	
4 Date 2-2-25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) LISA DOUGHERTY
6 Contributor address; City; State; Zip Code 8141 SPRUCE VALLEY DR FT WORTH TX 76107	
7 Amount of contribution (\$) \$250.00	
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 FLUSCAR CT 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)

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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.

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# CHAD 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)

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 FILER NAME COLIN SCOTT BRUCE JR		3 Filer ID (Ethics Commission Filers)
4 Date 3/25/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) WILL ROBERSON	7 Amount of contribution (\$) \$200. ⁰⁰
6 Contributor address; City; State; Zip Code 10808 THORNGROVE CT HASLET TX 76052		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 3/30/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRIAN BLACK	Amount of contribution (\$) \$ 50. ⁰⁰
Contributor address; City; State; Zip Code 9136 TATE AVE KELLER TX 76244		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/15/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FRANK HURTIG	Amount of contribution (\$) \$ 15. ⁰⁰
Contributor address; City; State; Zip Code 9504 SINCLAIRST FT WORTH TX 76244		
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
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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	2 FILER NAME COLIN SCOTT BRUCE JR	3 Filer ID (Ethics Commission Filers)
4 Date 4-15-25	5 Payee name GOOD PARTY LLC	
6 Amount (\$) 313.11	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 TEXT MESSAGE CAMPAIGN
	(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 BOARD PL1
Date 4-22-25	Payee name GOOD PARTY LLC	
Amount (\$) 139.49	Payee address, City, State, Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description TEXT MESSAGE CAMPAIGN
	<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 BOARD PL1
Date	Payee name	
Amount (\$)	Payee address, City, State, Zip Code	
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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/Undraining Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expenses |
| Consulting Expense | Food/Beverage Expense | Printing Expense | Travel In District |
| Contributions/Donations Made By | Gift/Awards/Memorials Expense | Salaries/Wages/Contract Labor | Travel Out Of District |
| Candidate/Officeholder/Political Committee | Legal Services | | 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 COLIN SCOTT BRUCE JR	3 FILER ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	\$ 70.80
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5 CREDIT CARD ISSUER	Name of financial institution AMERICAN EXPRESS
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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.
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7 PAYEE	(a) Payee name HOME DEPOT	(b) 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 EXPENSE	(b) Description STEEL T-POSTS
<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
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PAYMENT	(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid
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PAYEE	(a) Payee name	(b) Payee address; City, State, Zip Code
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
<input type="checkbox"/> Political <input type="checkbox"/> Non-Political	(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
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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 | Item Acquisition/Travel/Transportation | <small> For the filer's use only: If you are a filer, you must also file a Schedule G with your report. If you are a filer, you must also file a Schedule G with your report. If you are a filer, you must also file a Schedule G with your report. </small> |
| Accounting/Bookkeeping | Fees | Office/Charitable/Political Expense | |
| Consulting Expense | Food/Beverage Expense | Printing Expense | |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorabilia Expense | Printing Expense | |
| Credit Card Payment | Legal Services | Printing Expense | |
| | | Printing Expense | |

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: **6** 2 FILER NAME: **COLIN SCOTT BRUCE JR** 3 Filer ID (Ethics Commission Filers):

4 Date: **1-21-25** 5 Payee name: **GODADDY.COM** City: State: Zip Code:

6 Amount (\$): **118.75** 7 Payee address: City: State: Zip Code:
Reimbursement from political contributions intended

8 PURPOSE OF EXPENDITURE: (a) Category (See Categories listed at the top of this schedule): **ADVERTISING EXPENSE** (b) Description: **WEBSITE**

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: **1-22-25** Payee name: **GODADDY.COM** City: State: Zip Code:

Amount (\$): **42.63** Payee address: City: State: Zip Code:
Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **ADVERTISING EXPENSE** Description: **EMAIL MARKETING**

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: **COLIN SCOTT BRUCE JR** Office held: **KELLER ISD SCHOOL BD PL 1**

Date: **1-26-25** Payee name: **OLIVE GARDEN** City: State: Zip Code:

Amount (\$): **305.80** Payee address: City: State: Zip Code:
Reimbursement from political contributions intended

PURPOSE OF EXPENDITURE: Category (See Categories listed at the top of this schedule): **EVENT EXPENSE / FOOD** Description: **FOOD FOR MEET & GREET**

Complete ONLY if direct expenditure to benefit C/OH: Candidate / Officeholder name: **COLIN SCOTT BRUCE JR** Office held: **KELLER ISD SCHOOL BD PL 1**

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)

- Accounting Expenses
- Advertising Expenses
- Conducting Expenses
- Contributions/Donations Made By
- Candidate/Officeholder/Political Committee
- Debit Card Payment
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Stationery/Printing/Supplies Expense
- Transportation/Equipment & Supplies Expense
- Travel In District
- Travel Out of District
- Other (enter a category code in the box)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G. 6		2 FILER NAME COLIN SCOTT BUCE JR		3 Filer ID (Ethics Commission File #)	
4 Date 1-30-25		5 Payee name NETA / FACEBOOK AD			
6 Amount (\$) 24.23 <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		(b) Description FACEBOOK / SOCIAL MEDIA AD		
	(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 COLIN SCOTT BUCE JR		Office sought KELLER ISD SCHOOL BO PL 1		Office held	
Date 2-12-25		Payee name STICKERBROS.COM			
Amount (\$) 338.08 <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 SIGNS & YARD SIGNS		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name Office sought Office held					
Complete ONLY if direct expenditure to benefit C/OH					
Date 2-23-25		Payee name HOME DEPOT			
Amount (\$) 118.80 <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 MATERIALS TO INSTALL SIGNS		
	Check if travel outside of Texas. Complete Schedule T.		Check if Austin, TX, officeholder living expense		
Candidate / Officeholder name COLIN SCOTT BUCE JR		Office sought KELLER ISD SCHOOL BO PL 1		Office held	
Complete ONLY if direct expenditure to benefit C/OH					

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
- Accounting/Banking
- Consulting Expense
- Contributions/Donations Made By
- Candidate/Officeholder Election Committee
- Other Donations
- Event Expense
- Fees
- Food/Beverage Expense
- Gift/Awards/Memorials Expense
- Legal Services
- Loan Repayment/Reimbursement
- Office Overhead/Rent/Lease Expense
- Polling Expense
- Printing Expense
- Salaries/Wages/Contract Labor
- Substantive research reports
- Transportation (airfare, rail, bus, etc.)
- Travel In District
- Travel Out of District
- Other (enter category and amount)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G 3		2 FILER NAME COLIN SCOTT BRUCE JR		3 Filer ID (Ethics Commission)	
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		
	<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 3-6-25		Payee name NETA 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 QUOTE		
	<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 KELLER ISD SCHOOL BD PL 1		Office held	
Date 3-9-25		Payee name STAPLES			
Amount (\$) 56.27 <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 BUSINESS CARDS WITH QP CODE		
	<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 KELLER ISD SCHOOL BD PL 1		Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

FILE
7

F
F

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
- Solicitation Fundraising Expense
- Accounting/Banking
- Fees
- Transportation Expenses (Gas, Mileage, etc.)
- Consulting Expense
- Food/Beverage Expense
- Travel In District
- Contributions/Travelers Made By
- Gift/Awards/Memorials Expense
- Travel Out Of District
- Candidate/Officeholder/Volunteer Committee
- Legal Services
- Other (enter a category not listed)
- Credit Card Payment
- Loan Repayment/Reimbursement
- Office Overhead/Rental Expense
- Printing Expense
- Salaries/Wages/Contract Labor

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: 2/2/6	2 FILER NAME COLIN SCOTT BAUER JR	3 Filer ID (Ethics Commission Form)
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	
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 Office sought Office held COLIN SCOTT BAUER JR 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 Office sought Office held COLIN SCOTT BAUER JR KELLER ISD SCHOOL BD PL 1	
Date 3-14-25	Payee name STICKERBROS.COM	
Amount (\$) 362.21 <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 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 Office sought Office held COLIN SCOTT BAUER JR KELLER ISD SCHOOL BD PL 1	

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)

Accounting Expense
Accounting/Banking
Consulting Expense
Contributions Made By
Candidate/Officeholder/Political Committee
Cash/Car 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 Expenses
Transportation/Equipment & Supplies Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G 956		2 FILER NAME COLIN SCOTT BRUCE JR		3 Filer ID (Ethics Commission File #)	
4 Date 3-17-25		5 Payee name STAPLES			
6 Amount (\$) 32.45 Reimbursement from political contributions intended		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 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 BOARD	
Date 3-17-25		Payee name STAPLES			
Amount (\$) 319.33 Reimbursement from political contributions intended		Payee address: City: State: Zip Code:			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description 5.5 / 8.5 POSTCARDS		
	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 BOARD PL 1	
Date 3-23-25		Payee name HOME DEPOT			
Amount (\$) 70.80 Reimbursement from political contributions intended		Payee address: City: State: Zip Code:			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE		Description STEEL T-POST		
	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 BOARD PL 1	

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: <p style="text-align:center">6</p>	2 FILER NAME <p style="text-align:center">COLIN SCOTT BEVELL JR</p>	3 Filer ID (Ethics Commission Filers)
4 Date <p style="text-align:center">4-3-25</p>	5 Payee name <p style="text-align:center">CRAFT MARK PIPE MARKERS</p>	
6 Amount (\$) <p style="text-align:center">1,614.02</p> <input type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <p style="text-align:center">3200 S CRAVENS RD FT WORTH TX 76214</p>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <p style="text-align:center">ADVERTISING EXPENSES</p>	
	(b) Description <p style="text-align:center">SIGNS</p>	
	(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 <p style="text-align:center">COLIN SCOTT BEVELL JR</p>	Office sought <p style="text-align:center">KEURER ISD SCHOOL BOARD PL2</p>
	Office held	
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Reimbursement from political contributions intended		
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 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	
<input type="checkbox"/> Reimbursement from political contributions intended		
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 ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought
	Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED