

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: **17**

3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>Mrs.</i>	FIRST <i>Marissa</i>	MI	OFFICE USE ONLY	
	NICKNAME	LAST <i>Bryce</i>	SUFFIX		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX	APT / SUITE #	CITY	STATE	ZIP CODE
	<i>4916 Carrotwood Dr Fort Worth, TX 76244</i>				
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE <i>(817)</i>	PHONE NUMBER <i>841-9934</i>	EXTENSION	Date Received <i>4/25/2025</i>	
				Date Hand-delivered or Date Postmarked <i>4/25/2025</i>	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <i>Mr.</i>	FIRST <i>Jonathan</i>	MI	Receipt #	Amount \$
	NICKNAME	LAST <i>Bryce</i>	SUFFIX	Date Processed <i>4/28/2025</i>	Date Imaged <i>4/28/2025</i>
STATE: ZIP CODE					

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

SET PREFIX / ADDRESS (NO PO BOX PLEASE) APT / SUITE # CITY

4916 Carrotwood Dr Fort Worth, TX 76244

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(682) 231-2344

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)

July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year THROUGH Month Day Year

03 / 25 / 2025 *04 / 24 / 2025*

11 ELECTION

ELECTION DATE ELECTION TYPE

Month Day Year Primary Runoff Other Description
05 / 03 / 2025 General Special *local*

12 OFFICE OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)
Keller ISD Trustee Place 1

14 NOTICE FROM POLITICAL COMMITTEE(S)

THIS SECTION 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.

Additional Pages

<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE	COMMITTEE NAME
		COMMITTEE ADDRESS
		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 <i>Marissa Bryce</i>		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)	\$ <i>15,496.76</i>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ <i>9,618.38</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <i>12,704.36</i>
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.

Marissa Bryce
Signature of Candidate or Officeholder

Please complete either option below:



Sworn to and subscribed before me by *Marissa Bryce* this the *25th* day of *April*, 20*25*, to certify which, witness my hand and seal of office.
Tami C. Green Tami C. Green 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

Marissa Bryce

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 14,947.26
2.	<input checked="" type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 549.50
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3,428.38
6.	<input checked="" type="checkbox"/>	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 6,190.00
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

p. 4

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 of 7

3 Filer ID (Ethics Commission Filers)

2 FILER NAME

Marissa Bryce

4 Date

3/25/25

5 Full name of contributor

Linda Metcalf

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

7 Amount of contribution (\$)

\$52.37

6 Contributor address:

City:

State:

Zip Code

1601 Brentwood Trail Keller, TX 76248

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

3/29/25

Full name of contributor

Greg Will

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

Amount of contribution (\$)

\$208.54

Contributor address:

City:

State:

Zip Code

329 Anita Avenue Keller, TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/1/25

Full name of contributor

Kyle McGaw

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

Amount of contribution (\$)

\$520.87

Contributor address:

City:

State:

Zip Code

332 Longview Drive Keller, TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Self/Business Owner

Self

Date

4/1/25

Full name of contributor

Mark Christensen

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

Amount of contribution (\$)

\$520.87

Contributor address:

City:

State:

Zip Code

7045 Buffalo Cross Trail Fort Worth, TX 76120

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Pilot Instructor

FSI

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

P. 3

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 of 7
2 FILER NAME Marissa Bryce		3 Filer ID (Ethics Commission Filers)
4 Date 4/2/25	5 Full name of contributor Michelle Shields <input type="checkbox"/> out-of-state PAC (ID#: _____)	7 Amount of contribution (\$) \$10.72
6 Contributor address; City; State; Zip Code 5720 Soapberry Drive Fort Worth, TX 76244		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)

Date 4/2/25	Full name of contributor Thomas Cobb <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$5,000.00
Contributor address; City; State; Zip Code 707 W. LD Lockett Rd. Colleyville, TX 76034		
Principal occupation / Job title (See Instructions) Real Estate Investor		Employer (See Instructions) Self

Date 4/4/25	Full name of contributor Douglas Hinds <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$104.70
Contributor address; City; State; Zip Code 1500 Sage Canyon Drive Keller, TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date 4/4/25	Full name of contributor Rich Stoller <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code 605 Keller Smithfield Rd Keller, TX 76248		
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.

P.6

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: 3 of 7

2 FILER NAME

Marissa Bryce

3 Filer ID (Ethics Commission Filers)

4 Date

4/4/25

5 Full name of contributor

Christopher Gould

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

7 Amount of contribution (\$)

\$209.08

6 Contributor address:

City:

State:

Zip Code

11857 Warbler Lane Fort Worth, TX 76244

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/6/25

Full name of contributor

Keith Pearson

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

Amount of contribution (\$)

\$522.23

Contributor address:

City:

State:

Zip Code

1620 Village Trail Keller, TX 76248

Principal occupation / Job title (See Instructions)

unemployed

Employer (See Instructions)

N/A

Date

4/6/25

Full name of contributor

Kathy May

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

Amount of contribution (\$)

\$52.51

Contributor address:

City:

State:

Zip Code

1846 Pearson Crossing Keller, TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/6/25

Full name of contributor

Tamie Nannarone

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

Amount of contribution (\$)

\$50.00

Contributor address:

City:

State:

Zip Code

1905 Wellington Ct. Keller, TX 76248

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

p. 7

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 of 7
2 FILER NAME Marissa Bryce		3 Filer ID (Ethics Commission Filers)
4 Date 4/6/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chris Coker	7 Amount of contribution (\$) \$1,044.15
6 Contributor address; City; State; Zip Code 1323 Briar Ridge Drive Keller, TX 76248		
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 4/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pam Haynes	Amount of contribution (\$) \$52.51
Contributor address; City; State; Zip Code 2502 Lakewood Court Keller, TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/6/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jean Eaton	Amount of contribution (\$) \$20.00
Contributor address; City; State; Zip Code 613 Castleman Ct Keller, TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 4/7/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) David Washington	Amount of contribution (\$) \$522.23
Contributor address; City; State; Zip Code P.O. Box 466 Keller, TX 76244		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self

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

p. 8

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 of 7

2 FILER NAME

Marissa Bryce

3 Filer ID (Ethics Commission Filers)

4 Date

4/7/25

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

Lisa Smith

7 Amount of contribution (\$)

\$52.51

6 Contributor address; City; State; Zip Code

1436 Chase Oaks Drive Keller, TX 76248

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date

4/14/25

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

Thomas Cobb

Amount of contribution (\$)

\$5,000.00

Contributor address; City; State; Zip Code

707 W. LD Lockett Rd. Colleyville, TX 76034

Principal occupation / Job title (See Instructions)

Real Estate Investor

Employer (See Instructions)

Self

Date

4/15/25

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

Vandolyn Roszell

Amount of contribution (\$)

\$104.70

Contributor address; City; State; Zip Code

2230 Union Church Road Keller, TX 76248

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

4/16/25

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

Jan Robinson

Amount of contribution (\$)

\$104.70

Contributor address; City; State; Zip Code

13201 Palancar Dr. Fort 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

p. 9

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: 6 of 7

2 FILER NAME

Marissa Bryce

3 Filer ID (Ethics Commission Filers)

4 Date

4/16/25

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

Dan Scherer

7 Amount of contribution (\$)

\$261.27

6 Contributor address: City: State: Zip Code

5113 Shelly Ray Rd. Fort Worth, TX 76244

8 Principal occupation / Job title (See instructions)

9 Employer (See instructions)

Date

4/19/25

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

Joseph Dunnagan

Amount of contribution (\$)

\$156.89

Contributor address: City: State: Zip Code

9124 Tidball Dr. Fort Worth, TX 76244

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

4/21/25

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

Frank Hurtig

Amount of contribution (\$)

\$26.41

Contributor address: City: State: Zip Code

9504 Sinclair Street Fort Worth, TX 76244

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

4/22/25

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

Linda Metcalf

Amount of contribution (\$)

\$50.00

Contributor address: City: State: Zip Code

1601 Brentwood Trail Keller, TX 76248

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

p. 10

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: 7 of 7

2 FILER NAME
Marissa Bryce

3 Filer ID (Ethics Commission Filers)

4 Date
4/24/25

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

7 Amount of contribution (\$)

6 Contributor address; City; State; Zip Code
8849 Davis Blvd Suite 500 Keller, TX 76248

\$100.00

8 Principal occupation / Job title (See Instructions)

9 Employer (See Instructions)

Date
4/24/25

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

Amount of contribution (\$)

Contributor address; City; State; Zip Code
925 Glenhurst Rd. Keller, TX 76248

\$100.00

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor 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 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

p. 11

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 of 2

2 FILER NAME *Marissa Bryce*

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$

5 Date <i>4/24/25</i>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Tag Green</i>	8 Amount of Contribution \$ <i>\$292.00</i>	9 In-kind contribution description <i>Shipping costs</i>
7 Contributor address, City, State, Zip Code <i>2123 Pine Ridge Ct. Keller, TX 76248</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business Owner</i>	11 Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self</i>
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 <i>4/24/25</i>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) <i>Jon Savas</i>	Amount of Contribution \$ <i>\$122.50</i>	In-kind contribution description <i>T-shirts</i>
Contributor address, City, State, Zip Code <i>1331 Airport Freeway Euless, TX 76040</i>		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <i>Business Owner</i>	Employer (FOR NON-JUDICIAL) (See Instructions) <i>Self</i>		
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)			

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

p. 12

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: 2 of 2	
2 FILER NAME Marissa Bryce		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$	
5 Date 4/6/25	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennifer Randklev	8 Amount of Contribution \$ \$110.00	9 In-kind contribution description food
7 Contributor address; City; State; Zip Code 1925 Spring Drive Keller, TX 76248		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business Owner		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self	
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 4/14/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donna Cobb	Amount of Contribution \$ \$25.00	In-kind contribution description food
Contributor address; City; State; Zip Code 707 W. LD Lockett Rd Colleyville, TX 76034		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Unemployed		Employer (FOR NON-JUDICIAL) (See Instructions) N/A	
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.

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

p. 13

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

- Advertising Expense
- Accounting/Bookkeeping
- 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
- Other (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 1 of 4	2 FILER NAME Marissa Bryce	3 Filer ID (Ethics Commission Filers)
4 Date 3/31/25	5 Payee name Frost Bank	
6 Amount (\$) \$10.00	7 Payee address, City, State, Zip Code 1240 Keller Pkwy Suite 100, Keller, TX 76248	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description Banking Fees
	(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	Office sought Office held

Date 4/4/25	Payee name Keller Lions Club	
Amount (\$) \$100.00	Payee address, City, State, Zip Code 532 Keller Pkwy Keller, TX 76248	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Fair Sign
	<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 4/4/25	Payee name Network Solutions, LLC	
Amount (\$) \$14.75	Payee address, City, State, Zip Code 505 Huntmar Park Dr. Herndon, VA 20170	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 4/4 - SSL Certification 4/10 - email hosting
	<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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

P. 14

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 |
| Candidates/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 4	2 FILER NAME Marissa Bryce	3 Filer ID (Ethics Commission Filers)
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4 Date 4/8/25	5 Payee name First Graphic Services
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6 Amount (\$) \$1,154.49	7 Payee address; 229 Garvon St. Garland, TX 75040	City; Garland, TX	State; TX	Zip Code 75040
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Road Signs
	(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 COOH	Candidate / Officeholder name	Office sought	Office held
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Date 4/14/25	Payee name Jabo's Ace Hardware
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Amount (\$) \$34.63	Payee address; 1580 Keller Pkwy #50 Keller, TX 76248	City; Keller, TX	State; TX	Zip Code 76248
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description Cable Ties
	<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 COOH	Candidate / Officeholder name	Office sought	Office held
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Date 4/14/25	Payee name Amazon Marketplace
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Amount (\$) \$260.86	Payee address; 440 Terry Ave N Seattle, WA 98109	City; Seattle, WA	State; WA	Zip Code 98109
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description H posts
	<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 COOH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1
p.15

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

The instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 3 of 4		2 FILER NAME Marissa Bryce		3 Filer ID (Ethics Commission Filers)	
4 Date 4/16/25		5 Payee name Tractor Supply Co.			
6 Amount (\$) \$615.93		7 Payee address: 1701 N US Hwy 377		City: Roanoke, TX	State: TX
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description T posts		
	(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		Office sought	
Date 4/21/25		Payee name Edgerton Strategies, LLC			
Amount (\$) \$595.38		Payee address: 1540 Keller Parkway		City: Keller, TX	State: TX
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising/Printing Expense		Description Palm Cards		
	<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	
Date 4/24/25		Payee name Superior Sign Printing			
Amount (\$) \$950.00		Payee address: 36050 Rock Springs Rd		City: Pomeroy, OH	State: OH
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description Yard Signs		
	<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	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

p. 16

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 | 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) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 4 of 4	2 FILER NAME Marissa Bryce	3 Filer ID (Ethics Commission Filers)
4 Date 4/24/25	5 Payee name Meta Platforms, Inc.	
6 Amount (\$) \$80.36	7 Payee address: City: State: Zip Code 1 Hacker Way Menlo Park, CA 94025	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description Facebook Ads
	(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 Office sought Office held		

Date 4/24/25	Payee name Rebel Idealist Inc.		
Amount (\$) \$87.34	Payee address: City: State: Zip Code 1520 Belle View Blvd #406 Alexandria, VA 22307		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fees for Donorbox	
	<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 4/24/25	Payee name Stripe, Inc.		
Amount (\$) \$139.96	Payee address: City: State: Zip Code 354 Oyster Point Blvd South San Francisco, CA 94080		
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Processing Fees through Donorbox	
	<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

UNPAID INCURRED OBLIGATIONS

SCHEDULE F2

p. 17

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 | Printing Expense | Travel In District |
| Contributions/Donations Made By Candidate/Officeholder/Political Committee | Gift/Awards/Memorials Expense | Printing Expense | Travel Out Of District |
| | Legal Services | Salaries/Wages/Contract Labor | Other (enter a category not listed above) |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F2: 1 of 1	2 FILER NAME Marissa Bryce	3 Filer ID (Ethics Commission Filers)
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4 TOTAL OF UNITEMIZED UNPAID INCURRED OBLIGATIONS	\$
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5 Date 4/24/25	6 Payee name Edgerton Strategies, LLC
7 Amount (\$) \$5,500.00	8 Payee address; City; State; Zip Code 1540 Keller Parkway #108-402 Keller, TX 76248

9 TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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10 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising/Printing Expenses	(b) Description Mailers (uninvoiced estimate)
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense	

11 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/24/25	Payee name Edgerton Strategies, LLC
Amount (\$) \$690.00	Payee address; City; State; Zip Code 1540 Keller Parkway #108-402 Keller, TX 76248

TYPE OF EXPENDITURE	<input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description text#s (uninvoiced estimate)
	<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
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