

# 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: **7**

3 CANDIDATE / OFFICEHOLDER NAME

MS MRS MA FIRST Bead MI D  
NICKNAME LAST SUFFIX  
Skiles

OFFICE USE ONLY

Date Received

**RECEIVED**

JAN 18 2024

Henderson County

Election Administration

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS PO BOX APT SUITE # CITY STATE ZIP CODE

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN TREASURER NAME

MS MRS MR FIRST Kessie MI T  
NICKNAME LAST SUFFIX  
Pool-Skiles

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN TREASURER ADDRESS (Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE) APT SUITE # CITY STATE ZIP CODE

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

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  
12 15 2023 THROUGH 1 15 2024

11 ELECTION

ELECTION DATE ELECTION TYPE  
Month Day Year  Primary  Runoff  Other Description  
3 5 2024  General  Special

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE SOUGHT (if known)

Henderson County Pet 1 Commission

14 NOTICE FROM POLITICAL COMMITTEE(S)

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

Additional Pages

GENERAL

COMMITTEE ADDRESS

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 Brad Skius **16** Filer ID (Ethics Commission Filers)

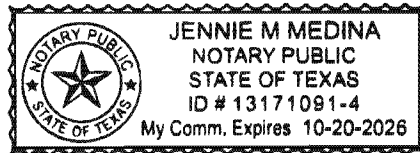
|                               |   |             |
|-------------------------------|---|-------------|
| <b>17</b> CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 1,300.00 |
|                               | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  | \$ 1,300.00 |
| EXPENDITURE TOTALS            | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.  | \$ 4,570.02 |
|                               | 4. TOTAL POLITICAL EXPENDITURES   | \$ 4,570.02 |
| CONTRIBUTION BALANCE          | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD.   | \$ 384.97   |
| OUTSTANDING LOAN TOTALS       | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD   | \$ 3,635.48 |

**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.

Brad Skius  
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP/SEAL

Sworn to and subscribed before me by Brad Skius this the 18 day of January, 2024, to certify which, witness my hand and seal of office.

Jennie M Medina Jennie M Medina Notary  
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 <i>Brad Kiles</i>           |   | 20 Filer ID (Ethics Commission Filers) |
| 21 SCHEDULE SUBTOTALS<br>NAME OF SCHEDULE |   | SUBTOTAL<br>AMOUNT                     |
| 1.  | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 1,300 <sup>00</sup>                 |
| 2.  | <input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS                        | \$                                     |
| 3.  | <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS  | \$                                     |
| 4.  | <input checked="" type="checkbox"/> SCHEDULE E: LOANS   | \$ 3635.99                             |
| 5.  | <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS   | \$ 1,300 <sup>00</sup>                 |
| 6.  | <input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS   | \$                                     |
| 7.  | <input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS             | \$                                     |
| 8.  | <input checked="" type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD                           | \$ 143.58                              |
| 9.  | <input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS                        | \$                                     |
| 10.                                       | <input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH        | \$                                     |
| 11.                                       | <input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS           | \$                                     |
| 12.                                       | <input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER | \$                                     |

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form. |  | 1 Total pages Schedule A1 <b>1</b>          |
| 2 FILER NAME <b>Bread Skiles</b>                          |  | 3 Filer ID (Ethics Commission Filers)       |
| 4 Date<br><b>12/31/2023</b>                               | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID#<br><b>Keith Peyor</b>   | 7 Amount of contribution (\$) <b>1,000.</b> |
| 8 Principal occupation / Job title (See Instructions)     |  | 9 Employer (See Instructions)               |
| Date<br><b>12/31/2023</b>                                 | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#<br><b>Gary Baker</b><br>Contributor address City State Zip Code<br><b>1</b> | Amount of contribution (\$) <b>300.</b>     |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                 |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#<br>Contributor address City State Zip Code                                  | Amount of contribution (\$)                 |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                 |
| Date  | Full name of contributor <input type="checkbox"/> out-of-state PAC ID#<br>Contributor address City State Zip Code                                  | Amount of contribution (\$)                 |
| Principal occupation / Job title (See Instructions)       |  | Employer (See Instructions)                 |

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

**LOANS**

**SCHEDULE E**

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

|   |  |   |
|---|--|---|
| The Instruction Guide explains how to complete this form.   |  | 1 Total pages Schedule E<br><b>1</b>  |
| 2 FILER NAME  |  | 3 Filer ID (Ethics Commission Filers)   |
| 4 TOTAL OF UNITEMIZED LOANS   |  | <b>\$ 3635.89</b>   |
| 5 Date of loan<br><b>11/30/2023</b>   | 7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )<br><b>Bradford D. Skiles</b> | 9 Loan Amount (\$)<br><b>\$ 3370.02</b>   |
| 6 Is lender a financial institution?<br><br>Y <input checked="" type="radio"/> N                    | 8 Lender address; City; State; Zip Code<br><br><b>012</b>  | 10 Interest rate<br><b>0%</b>   |
|   |  | 11 Maturity date<br><b>11/20/2024</b>   |
| 12 Principal occupation / Job title (See Instructions)<br><b>Heavy Equipment Operator - Foreman</b> |  | 13 Employer (See Instructions)<br><b>Henderson County Road &amp; Bridge Pet &amp;</b>                                   |
| 14 Description of Collateral<br><input checked="" type="checkbox"/> none                            |  | 15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions) |
| 16 GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable                  | 17 Name of guarantor   | 19 Amount Guaranteed (\$)   |
| 18 Guarantor address; City; State; Zip Code   |  |   |
| 20 Principal Occupation (See Instructions)  |  | 21 Employer (See Instructions)  |
| Date of loan<br><b>1/15/2023</b>  | Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____ )<br><b>Bradford D. Skiles</b>   | Loan Amount (\$)<br><b>\$ 265.97</b>  |
| Is lender a financial institution?<br><br>Y <input checked="" type="radio"/> N                      | Lender address; City; State; Zip Code  | Interest rate<br><b>0%</b>  |
|   |  | Maturity date<br><b>11/20/2024</b>  |
| Principal occupation / Job title (See Instructions)<br><b>Heavy Equipment Operator - Foreman</b>    |  | Employer (See Instructions)<br><b>Henderson County Road &amp; Bridge Pet &amp;</b>                                      |
| Description of Collateral<br><input checked="" type="checkbox"/> none                               |  | <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)    |
| GUARANTOR INFORMATION<br><br><input checked="" type="checkbox"/> not applicable                     | Name of guarantor  | Amount Guaranteed (\$)  |
| Guarantor address; City; State; Zip Code  |  |   |
| Principal Occupation (See Instructions)   |  | Employer (See Instructions)   |

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

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

# POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

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

### EXPENDITURE CATEGORIES FOR BOX 8(a)

|  |                               |                                |  |
|--|-------------------------------|--------------------------------|--|
| Advertising Expense  | Event Expense                 | Loan Repayment/Reimbursement   | Solicitation/Fundraising Expense           |
| Accounting/Banking   | Fees                          | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense   | Food/Beverage Expense         | Polling Expense                | Travel In District                         |
| Contributions/Donations Made By Candidate/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:                            | 2 FILER NAME <i>Brad Skiles</i>  | 3 Filer ID (Ethics Commission Filers)  |
| 4 Date <i>10/27/2023</i>                              | 5 Payee name <i>Office Depot</i>   |  |
| 6 Amount (\$) <i>176.44</i>                           | 7 Payee address:   | City: State: Zip Code                  |
| 8 PURPOSE OF EXPENDITURE                              | (a) Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i>  | (b) Description<br><i>Cards, Signs</i> |
|   | (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 <i>1/8/2024</i>                                  | Payee name <i>Hemudillo Press Inc.</i>   |  |
| Amount (\$) <i>3,500</i>                              | Payee address: <i>111 D.H.</i>   | City: State: Zip Code                  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i>  | Description<br><i>Card, Signs</i>      |
|   | <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 <i>11/22/23</i>                                  | Payee name <i>Henderson County Republican Party</i>  |  |
| Amount (\$) <i>750</i>                                | Payee address:   | City: State: Zip Code                  |
| PURPOSE OF EXPENDITURE                                | Category (See Categories listed at the top of this schedule)<br><i>Fees</i>  | Description<br><i>Signature Fee</i>    |
|   | <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/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.

|   |   |  |
|---|---|--|
| <b>1</b> Total pages Schedule F4  | <b>2</b> FILER NAME<br><i>Brad Skiles</i>   | <b>3</b> Filer ID (Ethics Commission Filers) |
| <b>4</b> TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD      |   | \$   |
| <b>5</b> Date<br><i>11/24/2023</i>                                      | <b>6</b> Payee name<br><i>Office Depot</i>  |  |
| <b>7</b> Amount (\$)<br><i>\$ 143.58</i>                                | <b>8</b> Payee address  | City State Zip Code                          |
| <b>9</b> TYPE OF EXPENDITURE  | <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political  |  |
| <b>10</b> PURPOSE OF EXPENDITURE  | (a) Category (See Categories listed at the top of this schedule)<br><i>Printing Expense</i>   | (b) Description<br><i>Cards, Signs</i>       |
|   | (c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense |  |
| <b>11</b><br>Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held                    |

|  |   |                           |
|--|---|---------------------------|
| Date   | Payee name  |                           |
| Amount (\$)  | Payee address City State Zip Code   |                           |
| TYPE OF EXPENDITURE  | <input type="checkbox"/> Political <input type="checkbox"/> Non-Political   |                           |
| PURPOSE OF EXPENDITURE                                     | Category (See Categories listed at the top of this schedule)  | Description               |
|  | <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX officeholder living expense |                           |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate / Officeholder name   | Office sought Office held |

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