

# 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 File #

2 Total pages filed

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS: MRS  MR  FIRST *Brad* MI *D*  
NICKNAME LAST SUFFIX  
*Skiles*

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS (PO BOX) APT / SUITE # CITY STATE ZIP CODE  
*Atlanta Tx 75757*

Change of Address

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE PHONE NUMBER EXTENSION

6 CAMPAIGN  
TREASURER  
NAME

MS:  MR  FIRST *Kessie* MI *T*  
NICKNAME LAST SUFFIX  
*Paul-Skiles*

7 CAMPAIGN  
TREASURER  
ADDRESS

STREET ADDRESS (ING PO BOX PLEASE) APT / SUITE # CITY STATE ZIP CODE  
*Atlanta Tx 75751*

(Residence or Business)

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 (Officer Only)  
 July 15  6th day before election  Expedited Modified Reporting Limit  Final Report (Main C/OH - FR)

10 PERIOD  
COVERED:

Month Day Year Month Day Year  
*1 16 2024 THROUGH 2 5 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 any)

*Henderson County Commissioner Pct 1*

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  
 GENERAL  
 SPECIFIC  
COMMITTEE ADDRESS  
COMMITTEE CAMPAIGN TREASURER NAME  
COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

OFFICE USE ONLY

Date Received

**RECEIVED**

FEB 06 2024

Henderson County  
Election Administration

Receipt # Amount \$

Date Processed

Date Imaged

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 384.97
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2343.97
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ 1040
	4. TOTAL POLITICAL EXPENDITURES	\$ 1040
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 1303.97
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 3,635.99

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 \_\_\_\_\_ and my date of birth is \_\_\_\_\_

My address is \_\_\_\_\_  
(street) (city) (state) (zip code) (country)

Executed in \_\_\_\_\_ County, State of \_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_  
(month) (year)

Signature of Candidate/Officeholder (Declarant)

# SUBTOTALS - C/OH

FORM C/OH  
COVER SHEET PG 3

19 FILER NAME		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1 <input checked="" type="checkbox"/> SCHEDULE A1 MONETARY POLITICAL CONTRIBUTIONS		\$ 2343.97
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 checked="" type="checkbox"/> SCHEDULE F1 POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 1490
6 <input type="checkbox"/> SCHEDULE F2 UNPAID INCURRED OBLIGATIONS		\$
7 <input type="checkbox"/> SCHEDULE F3 PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8 <input type="checkbox"/> SCHEDULE F4 EXPENDITURES MADE BY CREDIT CARD		\$
9 <input type="checkbox"/> SCHEDULE G POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10 <input type="checkbox"/> SCHEDULE H PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11 <input type="checkbox"/> SCHEDULE I NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12 <input type="checkbox"/> SCHEDULE K INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS

# SCHEDULE A1

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

The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1 <b>1</b>
2 FILER NAME <b>Brend Skiles</b>		3 Filer ID: (Ethics Commission Filers)		
4 Date <b>1/31/2024</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Danny Skiles</b>	7 Amount of contribution (\$) <b>2000</b>		
6 Contributor address City State Zip Code <b>Athens TX 75751</b>				
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
Date <b>1/31/2024</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <b>Larry Miller</b>	Amount of contribution (\$) <b>200</b>		
Contributor address City State Zip Code <b>Athens TX 75751</b>				
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.

# 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 Checkcard/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Printing 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 <b>1</b>	2 FILER NAME <b>Bead Skiles</b>	3 Filer ID (Ethics Commission Filers)		
4 Date <b>2/2/2024</b>	5 Payee name <b>ARMADILLO PRESS INC</b>			
6 Amount (\$) <b>\$10410</b>	7 Payee address <b>1915 Peters Rd # 211</b>		City <b>IRVING</b>	State <b>TX</b>
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <b>Printing Expense</b>		(b) Description <b>Signs</b>	
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F		<input type="checkbox"/> Check if August TX officeholder living expense	
9 Complete ONLY if direct expenditure to benefit C/OH				
Date <b>1/29/2024</b>	Candidate / Officeholder name <b>Henderson County Republican Party</b>			
Amount (\$) <b>\$250</b>	Payee address <b>P.O. Box 765</b>		City <b>ATHENS</b>	State <b>TX</b>
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <b>Solicitation/Fundraising Expense</b>		Description <b>Event/ Dinner</b>	
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F		<input type="checkbox"/> Check if August TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH				
Date	Candidate / Officeholder name			
Amount (\$)	Payee address		City	State
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 F		<input type="checkbox"/> Check if August TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH				
Date	Candidate / Officeholder name			
Amount (\$)	Payee address		City	State
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 F		<input type="checkbox"/> Check if August TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH				
Date	Candidate / Officeholder name			
Amount (\$)	Payee address		City	State
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 F		<input type="checkbox"/> Check if August TX officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED