

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: 5

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR 0 FIRST Brend MI D
NICKNAME LAST SUFFIX
SKiles

OFFICE USE ONLY

Date Received

RECEIVED
JUN 27 2024

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX: APT / SUITE # CITY STATE ZIP CODE
1 Athens Tx 75751

Change of Address

Henderson County
Election Administration

Date Hand delivered or Date Postmarked

5 CANDIDATE /
OFFICEHOLDER
PHONE

AREA CODE PHONE NUMBER EXTENSION
1 1

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR 0 FIRST Kessic 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
1 Athens Tx 75751

8 CAMPAIGN
TREASURER
PHONE

AREA CODE PHONE NUMBER EXTENSION
1 1

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 \$500 limit Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year Month Day Year
2 / 6 2024 THROUGH 2 / 27 2024

11 ELECTION

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

12 OFFICE

OFFICE HELD (if any)

N/A

13 OFFICE Sought (if known)

Henderson County
Commissioner Post 1

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT**

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>Brad Skiles</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)	\$ <u>150.⁰⁰</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>3,793.⁹⁷</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>760.¹¹</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>4,310.¹³</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>693.⁰⁶</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>3,635.⁹⁹</u>

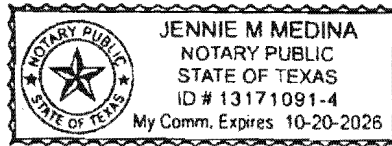
18 SIGNATURE I swear or affirm under penalty of perjury that the accompanying report is true and correct and includes all information required to be reported by me under Title 15 Election Code.

[Handwritten Signature]

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Brad Skiles this the 21 day of February

20 24 to certify which, witness my hand and seal of office.

Jennie M. Medina 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 Stiles</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>150.00</i>
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	\$ <i>760.11</i>
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 1
2 FILER NAME Bread Skiles		3 Filer ID (Ethics Commission Filers)
4 Date 2/20/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ Troy & Sonnell Dunnington	7 Amount of contribution (\$) 150.00
6 Contributor address, City, State, Zip Code DR Athens TX 75752		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC ID# _____ 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# _____ 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# _____ 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.

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 | Gift Repayment (Political Committee) | Salaries of Candidates |
| Accounting/Banking | Fees | Gifts (Political Party/Committee) | Travel Expenses |
| Consulting Expense | Food/Beverage Expenses | Printing Expense | Travel for Staff |
| Contributor/Candidate Media | Gifts/Assessments/Member's Expenses | Printing Expense | Travel for Staff |
| Candidate/Officeholder Political Committee | Legal Services | Salaries/Expenses/Contract Labor | Other (Specify Category in Other Column) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1 <i>1</i>	2 FILER NAME <i>Brand Skiles</i>	3 Filer ID (Ethics Commission Filer)
4 Date <i>2/18/2024</i>	5 Payee name <i>Media One / The Monitor</i>	
6 Amount (\$) <i>1316.53</i>	7 Payee address <i>1316 S 3rd St. Mabank TX 75147</i>	
8 PURPOSE OF EXPENDITURE	(a) Category <i>Advertising Expense</i>	(b) Description <i>News Paper</i>
	(c) <input type="checkbox"/> Check if candidate or officeholder expense	<input type="checkbox"/> Check if candidate or officeholder expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <i>2/21/2024</i>	Payee name <i>Tim Howard</i>	
Amount (\$) <i>500.00</i>	Payee address <i>6661 FM 1615 Athens TX 75752</i>	
PURPOSE OF EXPENDITURE	Category <i>Advertising</i>	Description <i>Commercial Ad</i>
	<input type="checkbox"/> Check if candidate or officeholder expense	<input type="checkbox"/> Check if candidate or officeholder expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought / Office held
Date <i>2/23/2024</i>	Payee name <i>Office Depot</i>	
Amount (\$) <i>20.11</i>	Payee address <i>850 E. Tyler St. Athens TX 75751</i>	
PURPOSE OF EXPENDITURE	Category <i>Printing Expense</i>	Description <i>Sign</i>
	<input type="checkbox"/> Check if candidate or officeholder expense	<input type="checkbox"/> Check if candidate or officeholder 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