

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: <u>5</u> <i>BMW</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR Mr	FIRST Braeden	MI	OFFICE USE ONLY Date Received RECEIVED IN THE OFFICE OF THE CITY CLERK APR - 4 2024 Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME	LAST Wright	SUFFIX	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 120 S Austin Ave Denison TX 75020			
	AREA CODE PHONE NUMBER EXTENSION (903) 271-9389			
5 CANDIDATE / OFFICEHOLDER PHONE	MS / MRS / MR Mr	FIRST Charles	MI	
	NICKNAME	LAST Pool	SUFFIX	
6 CAMPAIGN TREASURER NAME	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE PO Box 305 Denison TX 75021			
	AREA CODE PHONE NUMBER EXTENSION (830) 431-0387			
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	REPORT TYPE <input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)			
	PERIOD COVERED Month Day Year THROUGH Month Day Year 1 / 1 / 24 THROUGH 4 / 2 / 24			
8 CAMPAIGN TREASURER PHONE	ELECTION DATE Month Day Year 5 / 4 / 24		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
	12 OFFICE OFFICE HELD (if any)		13 OFFICE SOUGHT (if known) City Council Place 6	
14 NOTICE FROM POLITICAL COMMITTEE(S) Additional Pages	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		
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS		
	<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		

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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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,900.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
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	\$

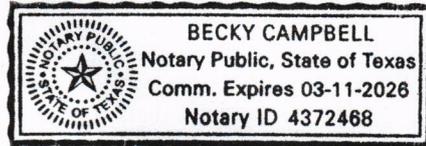
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Becky Campbell

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by BRADEN WRIGHT this the 3rd day of April,

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

Becky Campbell BECKY CAMPBELL BOOKKEEPER
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 Mr Braeden Wright		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1. ■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,900.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4. SCHEDULE E: LOANS		\$
5. SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12. 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: 2
2 FILER NAME Mr Braeden Wright		3 Filer ID (Ethics Commission Filers)
4 Date 04/01/2024	5 Full name of contributor out-of-state PAC (ID#: _____) 5 Star Portable Toilets - Butch Couch 6 Contributor address; City; State; Zip Code [Redacted] Denison TX 75020	7 Amount of contribution (\$) 1,500.00
8 Principal occupation / Job title (See Instructions) Builder		9 Employer (See Instructions) Self
Date 04/01/2024	Full name of contributor out-of-state PAC (ID#: _____) Brian Phillips Contributor address; City; State; Zip Code [Redacted] Pottsboro TX 75076	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Main St Lumber
Date 03/19/2024	Full name of contributor out-of-state PAC (ID#: _____) David Means Contributor address; City; State; Zip Code [Redacted] Denison TX 75020	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Insurance		Employer (See Instructions) Self
Date 02/23/2024	Full name of contributor out-of-state PAC (ID#: _____) William Munson Contributor address; City; State; Zip Code [Redacted] Denison TX 75021	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) Attorney		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

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
2 FILER NAME Mr Braeden Wright		3 Filer ID (Ethics Commission Filers)
4 Date 02/13/2024	5 Full name of contributor out-of-state PAC (ID#: _____) Mike Beeson 6 Contributor address; City; State; Zip Code [REDACTED] Denison TX 75020	7 Amount of contribution (\$) 300.00
8 Principal occupation / Job title (See Instructions) Guide		9 Employer (See Instructions) Self
Date 02/16/2024	Full name of contributor out-of-state PAC (ID#: _____) Mike Wright Contributor address; City; State; Zip Code [REDACTED] Denison TX 75020	Amount of contribution (\$) 200.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self
Date 02/14/2024	Full name of contributor out-of-state PAC (ID#: _____) The Library Grill Russell Anderson Contributor address; City; State; Zip Code [REDACTED] Sherman Texas 75090	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		