(TDD 1-800-735-2989)

(512) 463-5800

	TE / OFFICE N FINANCE			FORM C/OH COVER SHEET PG 1	
The C/OH Instruction (Guide explains how to c	omplete this form.	1 ACCOUNT # (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE / OFFICEHOLDER NAME	ms/mrs/mr MR. Nickname DUB	FIRST D.W. LAST BEAN 50	MI SUFFIX M J.C.	OFFICE USE ONLY TARRA Date Received ELECTION BY: AL	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDREG (DOBOY. ADT			Date Har deliverencesostmarked COUNT	
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHO	NE NUMBER	EXTENSION	Date Processed TOR	
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MRS. NICKNAME	FIRST JOANN LAST GORDON	MI M. SUFFIX	Date Imag e d	
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 PHO	NE NUMBER	EXTENSION		
				· · · · · · · · · · · · · · · · · · ·	
9 REPORT TYPE	January 15	30th day before election 8th day before election	Runoff Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)	
10 PERIOD COVERED	Month Day Year 7 / 15 / 15		Month Day 12/31	Year / 15	
11 ELECTION	Month ELECTION DATE Month Day Year	ELECTION TYPE	Runoff	General Special	
12 OFFICE	OFFICE HELD (Ifany)	LE - Per.4 OUNTY, TX	13 OFFICE SOUGHT (if known	n)	
	TARRANS (OUNTY, TX			
GO TO PAGE 2					

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Texas Ethics Commission	P.O. Box	12070	Austin, Te	xas 78711-2070	(512) 463	-5800	(TDD	1-800-7	735-2989)
CANDIDAT SUPPORT			LDER	REPORT:		Cov	fof er S h		/OH PG 2
14 C/OH NAME	U "DUB"	BRA	NSOM	-	15	ACCOUN	T # (Ethics	Commiss	ion Filers)
16 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	COMMITTE	E NAME						
						œ	р	2	
	GENERAL					<u>,</u>	E.	910	TA
	-	COMMITTE	EADDRESS				TOR	Ļ	RA
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		COMMITTE	E CAMPAIGN TRE	ASURER NAME			2C	3 >	Sm
additional pages									DUNI
	·	COMMITTE	E CAMPAIGN TRE	ASURER ADDRESS			OR	25	<
17 CONTRIBUTION TOTALS				NS OF \$50 OR LESS (C EES OF LOANS), UNLE		\$			
			DGES, LOANS,	J TIONS OR GUARANTEES OF	LOANS)	\$	l	0	
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED				ED \$				
	4. TOTAL	POLITICA		URES		\$	96	4."	73
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 AFFIDAVIT	of Janua	me, by t	he said 		includes all inf totion Code.	formation	required to	this th of offi	rted by
Turs or on our dama									

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POLITICAL CONTRIBUTIONSSCHEDULE AOTHER THAN PLEDGES OR LOANSSCHEDULE A							
The In	struction Guide explains how to complete this	1 Total pages Schedule A:					
2 FILER NAME	N"DUB" BODNSOM		3 ACCOUNT # (E	Ethics Commission Filers)			
4 Date 5	5 Full name of contributorout-of-state PAC (ID#:)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)			
·	Contributor address; City; State; Zip Code	· · · · · · · · · · · · · ·	\bigcirc	· · · · · · · · · · · · · · · · · · ·			
9 Principal occupa	tion / Job title (See Instructions)	10 Employer (See		of Texas, complete Schedule T)			
Date	Full name of contributor Out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Contributor address; City; State; Zip Code	· · · · · · · · · · ·		1			
			(If travel outside	r of Texas, complete Schedule T)			
Brincinal occupa	tion / Job title (See Instructions)	Employer (See		or lexas, complete Schedule 1)			
i incipal occupa			,				
Date	Full name of contributor 🗌 out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
	Contributor address; City; State; Zip Code	. <i> </i>					
		r	(If travel outside	 of Texas, complete Schedule T)			
Principal occupa	tion / Job title (See Instructions)	Employer (See	Instructions)				
Date	Full name of contributor 🔲 out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)			
•	Contributor address; City; State; Zip Code	· · · · · · · · · · · ·		1			
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Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	description (Lepplicable)			
	Contributor address; City; State; Zip Code		(If travel outside	FILE JAN 20 DAN 20 RANK PHILI			
Principal occupa	tion / Job title (See Instructions)	Employer (See		DUN MII:			
				√ 25			
lf co	ATTACH ADDITIONAL COPIES (ntributor is out-of-state PAC, please see inst			requirements.			

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Austin, Texas 78711-2070

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POLITICAL	EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense	Legal Services Solicitation/Fit Food/Beverage Expense Travel In Dist	es/Contract Labor Loan Repayment ndraising Expense Transportation rict Contributions/I	ent/Reimbursement Equipment & Related Expense Donations Made By
Event Expense Fees	Polling Expense Travel Out Of Printing Expense Office Overhe The Instruction Guide explains how	ad/Rental Expense OTHER (enter	Officeholder/Political Committee a category not listed above)
Total pages Schedule F:	DW. "DUB" BRANSO	A 4000	UNT # (Ethics Commission Filer
Date 12-23-15	5 Payee name SHERCU BEANSON		
Amount (\$) * 12993	7 Payee address; City; State; Zip Code		
PURPOSE	(a) Category (See categories listed at the top of this schedule)	(b) Description (If travel outside of	
OF EXPENDITURE	OPFICE CHEISTMAS LOWCH	Check if Austin, TX, officeh	older living expense
Complete <u>QNLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Office sought	Office held
Date	Payee name	· · · · · · · · · · · · · · · · · · ·	
Amount (\$)	Payee address; City; State; Zip Code	•	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	
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		
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of	Texas, confugete Schedent)
EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/OF	Candidate / Officeholder name	Check if Austin, TX, officeh Office sought	
Date	Payee name		O AM PHILLIF
Amount (\$)	Payee address; City; State; Zip Code		TRATOR
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside o	
Complete ONLY if direct	Candidate / Officeholder name	Office sought	Office held

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POLITICAL	EXPENDITURES		SCHEDULE F
Advertising Expense Accounting/Banking Consulting Expense Event Expense Fees	EXPENDITURE CATEGORIES Gift/Awards/Memorials Expense Salaries/Wages/C Legal Services Solicitation/Fundr Food/Beverage Expense Travel In District Polling Expense Travel Out Of Dis Printing Expense Office Overhead/ The Instruction Guide explains how to	Contract Labor Loan Repaym aising Expense Transportation Contributions// Strict Candidate/ Rental Expense OTHER (enter	entrReimburgement Equipment Relate Expense Donations Made By Officeholder Hitical Committee a sategory
1 Total pages Schedule F:	D.W. "DUB" BRANSON	3 ACCO	
4 Date 9-2-15 6 Amount (\$)	5 Payee name	MBER OF COMM	ATO 25
\$ 12500 8 PURPOSE	(a) Category (See categories listed at the top of this schedule)	SAGINAN, TEVA5 (b) Description (If travel outside o	
	MEMBERSHIP Dies		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 9-2-15 Amount (\$)	Payee name Aue Women's Business Payee address; City; State; Zip Code	AJSN!	
100 00	BOB& 613 AZ	UE, TEXAS 76	098
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	f Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 9-2-15	Payee name NEW LIFE DEAF FELLOW	QH2(
Amount (\$) f_{000}	A516 BOAT CLUB B. 110	B, FORTWORT	TV 7/13-
PURPOSE OF	Category (See categories listed at the top of this schedule)	Description (If travel outside of	
EXPENDITURE Complete <u>ONLY</u> if direct expenditure to benefit C/C	Candidate / Officeholder name	Office sought	Office held
Date 9-2-15 Arnount (\$)	Payee name <u>ASTLE BEEPY</u> LIONS Payee address; City; state; Zip Code	Sports Apost	eau
6500		OAKS, TEXAS	76114
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of	f Texas, complete Schedule T)
Complete <u>ONLY</u> if direct expenditure to benefit C/	Candidate / Officeholder name	Office sought	Office held
	ATTACH ADDITIONAL COPIES OF THIS	SCHEDULE AS NEEDED	

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 (TDD 1-800-735-2989) POLITICAL EXPENDITURES Υð HEDUL **EXPENDITURE CATEGORIES FOR BOX 8(a)** Loan Repayment/Reimbürsement Transportation Equipment Related Expens Advertising Expense Gift/Awards/Memorials Expense Salaries/Wages/Contract Labor Legal Services Accounting/Banking Solicitation/Fundraising Expense Contributions Donations Made By Candidate Office Hotel TPOlities OTHER (enter a category for listed rm. **Consulting Expense** Food/Beverage Expense Travel In District Confundite Event Expense Polling Expense Travel Out Of District Printing Expense Fees Office Overhead/Rental Expense aboye) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F: 2 FILER NAME 3 ACCOUNT # Chics Countission Filers) D.W. "DUB BRANSON 4 Date NORTHWEST CHAMBER OF COMMERCE Payee address; City; State; Zip Code 7 Payee address; 6 Amount 3918 TELEPHONE RD (b) Description (If travel outside of Texas, complete Schedule T) (a) Cate 8 PURPOSE OF EXPENDITURE DVES Candidate / Officeholder name Office held 9 Complete ONLY if direct Office sought expenditure to benefit C/OH Payee name Date SAGINAW CHARDER OF COMMERCE Payee address; City; State; Zip Code <u>9-2-15</u> Amount (\$) 301 So. SAGINAW BLAD., SAGINAW, TEXAS, 16179 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF EXPENDITURE DUES Candidate / Officeholder name Office sought Office held Complete **ONLY** if direct expenditure to benefit C/OH Date Payee name 10-7-15 Amount (\$) SUNSHINE MINISTERIES Payee address; City; State; Zip Code Pavee address: 10000 HOBOX 456, AZLE, TEXAS 76098 Category (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) PURPOSE OF DOVATION EXPENDITURE Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH Payee name WHITE SETTIMENT CHAMBER OF COMMERCE Payee address; City; State; Zip Code 10-15-15 Amount (\$) 15∞ SETTLEMENT RD. STE 100 PURPOSE (See categories listed at the top of this schedule) Description (If travel outside of Texas, complete Schedule T) OF VIES Candidate / Officeholder name Office sought Office held Complete ONLY if direct expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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