

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: 6
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI NICKNAME LAST SUFFIX BRAD T LINDERWOOD	OFFICE USE ONLY Date Received <div style="border: 1px solid blue; padding: 5px; text-align: center;"> RECEIVED By: David L. Hay APR 7 2016 Received 6 pages </div> Date Hand-delivered or Date Postmarked	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 852634 MESQUITE TX 75185	Receipt # Amount \$ Date Processed Date Imaged	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 233-4213	Date Hand-delivered or Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="radio"/> FIRST MI NICKNAME LAST SUFFIX M Mike SLATON	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 305 Brookwood Forest, Sunnyvale TX, 75182		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 232-6012		
9 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 \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 2 / 19 / 16 THROUGH 4 / 7 / 16		
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 16	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) DCCCD TRUSTEE PLACE 4	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

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

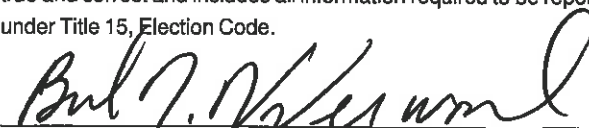
14 C/OH NAME	15 Filer ID (Ethics Commission Filers)
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16 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO 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.	
	<input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE TYPE COMMITTEE NAME
		COMMITTEE ADDRESS
		COMMITTEE CAMPAIGN TREASURER NAME
		COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 50 -
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 450 -
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0
	4. TOTAL POLITICAL EXPENDITURES	\$ 0
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 450 -
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 200 -

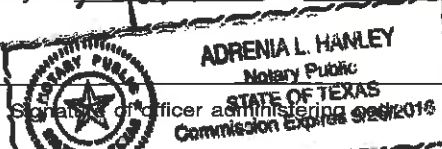
18 AFFIDAVIT

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

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brad Underwood, this the 7th day of April, 2016, to certify which, witness my hand and seal of office.

	<u>Adrenia Hanley</u> Printed name of officer administering oath	<u>Adrenia Hanley</u> Title of officer administering oath
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SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME BRAD T. UNDERWOOD	20 Filer ID (Ethics Commission Filers)
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21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 450 ⁻
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1450 ⁻
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 200 ⁻
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

2 FILER NAME

BRAD T. UNDERWOOD

3 Filer ID (Ethics Commission Filers)

4 Date

3/31

5 Full name of contributor out-of-state PAC (ID#: _____)

Robert Bishop

7 Amount of contribution (\$)

\$100 -

6 Contributor address; City; State; Zip Code

2312 WARM SPRINGS, MESQUITE, TX 75149

8 Principal occupation / Job title (See Instructions)

PHARMACEUT

9 Employer (See Instructions)

Date

3/28

Full name of contributor out-of-state PAC (ID#: _____)

PAUL A ZIMMERMANN

Amount of contribution (\$)

\$200 -

Contributor address; City; State; Zip Code

4802 VERA CRUZ DR, GARLAND TX 75043

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

Date

3/24

Full name of contributor out-of-state PAC (ID#: _____)

Denise Boos

Amount of contribution (\$)

\$100 -

Contributor address; City; State; Zip Code

2740 E. Westwood, Carrollton TX 75007

Principal occupation / Job title (See Instructions)

Home maker

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)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2:	
2 FILER NAME BRAD T. Underwood		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 0	
5 Date 3/31	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tom Hutcheson	8 Amount of Contribution \$ 1000	9 In-kind contribution description office space
7 Contributor address; City; State; Zip Code 4415 Gus Thomasson Rd, Mesquite, TX 75150		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) BUSINESS OWNER		11 Employer (FOR NON-JUDICIAL) (See Instructions) SELF	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

Date 4/4	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benny Gordon	Amount of Contribution \$ \$450	In-kind contribution description Printing & Distribution
Contributor address; City; State; Zip Code 1918 Del Oak, Mesquite, TX 75149		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) BUSINESS OWNER		Employer (FOR NON-JUDICIAL) (See Instructions) SELF	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E:

2 FILER NAME

BRAD T. Underwood

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan

3/15

7 Name of lender out-of-state PAC (ID#: _____)

BRAD T. Underwood

9 Loan Amount (\$)

200-

6 Is lender a financial Institution?

Y N

8 Lender address; City; State; Zip Code

921 Via Coronado, Mesquite TX 75150

10 Interest rate

-

11 Maturity date

-

12 Principal occupation / Job title (See Instructions)

ANALYST

13 Employer (See Instructions)

Citi

14 Description of Collateral

none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION

17 Name of guarantor

19 Amount Guaranteed (\$)

18 Guarantor address; City; State; Zip Code

not applicable

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan

Name of lender out-of-state PAC (ID#: _____)

Loan Amount (\$)

Is lender a financial Institution?

Y N

Lender address; City; State; Zip Code

Interest rate

Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral

none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION

Name of guarantor

Amount Guaranteed (\$)

Guarantor address; City; State; Zip Code

not applicable

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.

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI NICKNAME LAST SUFFIX BRAD T UNDERWOOD	OFFICE USE ONLY Date Received <div style="border: 2px solid blue; padding: 5px; margin: 5px;"> RECEIVED By: David L. Gray APR 29 2016 Legal Office DCCC </div> Date Hand-delivered: or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 921 VIA CORONADO MESQUITE TX 75150		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 233-4213		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR <input checked="" type="checkbox"/> FIRST MI NICKNAME LAST SUFFIX MIKE SLATON		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 305 Brookwood Forest, Sunnyvale TX 75182		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 232-6012		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input 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 checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded \$500 limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year 4 / 8 / 16 THROUGH 4 / 29 / 16		
11 ELECTION	ELECTION DATE Month Day Year 5 / 7 / 16	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) DCCC TRUSTEE PLACE 4	

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

14 C/OH NAME BRAD T. Underwood

15 Filer ID (Ethics Commission 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

COMMITTEE NAME

GENERAL

SPECIFIC

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

Additional Pages

17 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 240-

2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2054-

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ -

4. TOTAL POLITICAL EXPENDITURES

\$ 2697³⁷

CONTRIBUTION
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

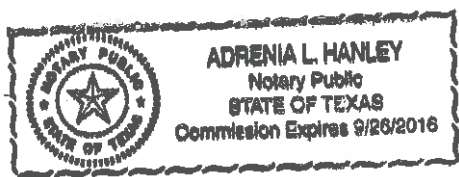
\$ 3510

OUTSTANDING
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 470⁴⁷

18 AFFIDAVIT



AFFIX NOTARY STAMP / SEAL ABOVE

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 T. Underwood

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Bradley Underwood this 29th day of April, 20 16, to certify which, witness my hand and seal of office.

Adrenia Hanley

Printed name of officer administering oath

notary

Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

BRAD T Underwood

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2054-
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 840-
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ -
4.	<input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 22047
5.	<input type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 269737
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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

1 of 3

2 FILER NAME

BRAD T UNDERWOOD

3 Filer ID (Ethics Commission Filers)

4 Date

4/23

5 Full name of contributor

Bob Hall

out-of-state PAC (ID#: _____)

7 Amount of contribution (\$)

\$ 300 -

6 Contributor address;

City; State; Zip Code

728 Private Rd 7005 Edgewood, TX 75117

8 Principal occupation / Job title (See Instructions)

STATE SENATOR

9 Employer (See Instructions)

STATE of TEXAS

Date

4/13

Full name of contributor

Ronnie Henderson sr

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 250

Contributor address;

City; State; Zip Code

218 TANNIK Creek Sunnyvale TX 75162

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

SELF

Date

4/10

Full name of contributor

JOANN SHIELDS

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 100

Contributor address;

City; State; Zip Code 75150

3212 Cantara Dr, Mesquite TX

Principal occupation / Job title (See Instructions)

INSURANCE AGENT

Employer (See Instructions)

SELF

Date

4/22

Full name of contributor

DON HUFFINES

out-of-state PAC (ID#: _____)

Amount of contribution (\$)

\$ 500

Contributor address;

City; State; Zip Code 75225

8200 Douglas Ave #300 Dallas TX

Principal occupation / Job title (See Instructions)

STATE SENATOR

Employer (See Instructions)

STATE of TEXAS

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

1150

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1: **2 of 3**

2 FILER NAME

BRAD T. Underwood

3 Filer ID (Ethics Commission Filers)

4 Date

4/20

5 Full name of contributor

DR. CHARLES DALE

out-of-state PAC (ID#: _____)

6 Contributor address;

804 SMILE DE Heath TX

City; State; Zip Code **75032**

7 Amount of contribution (\$)

\$200 -

8 Principal occupation / Job title (See Instructions)

Retired

9 Employer (See Instructions)

Retired

Date

4/26

Full name of contributor

DAN MORENOFF

out-of-state PAC (ID#: _____)

Contributor address;

7140 Briar Meadow Dr Dallas TX

City; State; Zip Code **75230**

Amount of contribution (\$)

\$5400

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF

Date

4/15

Full name of contributor

MARY BUS WORTH

out-of-state PAC (ID#: _____)

Contributor address;

11021 Ridge Meadow Dr Dallas TX

City; State; Zip Code

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

BUSINESS OWNER

Employer (See Instructions)

SELF

Date

4/9

Full name of contributor

MIKE SLATON

out-of-state PAC (ID#: _____)

Contributor address;

305 Brookwood Forest Sunnyvale TX

City; State; Zip Code **75182**

Amount of contribution (\$)

\$200

Principal occupation / Job title (See Instructions)

Accountant

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.

654

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

3 of 3

2 FILER NAME

BRAD T. UNDERWOOD

3 Filer ID (Ethics Commission Filers)

4 Date

4/11

5 Full name of contributor out-of-state PAC (ID#: _____)

RUSS RAMSLAND

6 Contributor address; City; State; Zip Code

6339 DESCO DALLAS TX 75225

7 Amount of contribution (\$)

\$250 -

250

8 Principal occupation / Job title (See Instructions)

BUSINESS OWNER

9 Employer (See Instructions)

Self

Date

Full name of contributor 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 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 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.

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: **1/2**

2 FILER NAME **BRAD T. Underwood**

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS \$ **240-**

5 Date **4/29**

6 Full name of contributor out-of-state PAC (ID#: _____)
Tim Hutcherson
 7 Contributor address: City; State; Zip Code **75150**
4415 Gust Thomasson Rd Mesquite TX

8 Amount of Contribution \$ **1000-** 9 In-kind contribution description **OFFICE SPACE**
 Check if travel outside of Texas. Complete Schedule T.

10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Business Owner

11 Employer (FOR NON-JUDICIAL) (See Instructions)
Self

12 Contributor's principal occupation (FOR JUDICIAL)

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

14 Contributor's employer/law firm (FOR JUDICIAL)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

640

Date **4/29**

Full name of contributor out-of-state PAC (ID#: _____)
Benny Gordon
 Contributor address: City; State; Zip Code **75149**
1918 Del Oak Mesquite TX

Amount of Contribution \$ **\$450-** In-kind contribution description **Distribution**
 Check if travel outside of Texas. Complete Schedule T.

Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)
Business Owner

Employer (FOR NON-JUDICIAL) (See Instructions)
Self

Contributor's principal occupation (FOR JUDICIAL)

Contributor's job title (FOR JUDICIAL) (See Instructions)

Contributor's employer/law firm (FOR JUDICIAL)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: 2/2	
2 FILER NAME BRAD T. Underwood		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <u> </u>	
5 Date 4/14	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARY BOSWORTH	8 Amount of Contribution \$	9 in-kind contribution description \$ 150
7 Contributor address; City; State; Zip Code 11021 Ridgemoor Dr Dallas TX		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Business Owner		11 Employer (FOR NON-JUDICIAL) (See Instructions) Self	
12 Contributor's principal occupation (FOR JUDICIAL)		13 Contributor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's employer/law firm (FOR JUDICIAL)		15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

150

Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)	Amount of Contribution \$	In-kind contribution description
	Contributor address; City; State; Zip Code		
		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions)		Employer (FOR NON-JUDICIAL) (See Instructions)	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			

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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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule E: 1

2 FILER NAME BRAD T. Underwood

3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED LOANS

\$ 0

5 Date of loan
7 Name of lender out-of-state PAC (ID#: _____)
BRAD T. Underwood

9 Loan Amount (\$) 200.47

6 Is lender a financial institution?
Y N
8 Lender address; City; State; Zip Code
921 Via Coronado Mesquite TX 75150

10 Interest rate 0

11 Maturity date 0

12 Principal occupation / Job title (See Instructions)
Analyst

13 Employer (See Instructions)
Citi

14 Description of Collateral
 none

15 Check if personal funds were deposited into political account (See Instructions)

16 GUARANTOR INFORMATION
 not applicable

17 Name of guarantor
18 Guarantor address; City; State; Zip Code

19 Amount Guaranteed (\$)

20 Principal Occupation (See Instructions)

21 Employer (See Instructions)

Date of loan
Name of lender out-of-state PAC (ID#: _____)
Lender address; City; State; Zip Code
Is lender a financial institution?
Y N

Loan Amount (\$)
Interest rate
Maturity date

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Description of Collateral
 none

Check if personal funds were deposited into political account (See Instructions)

GUARANTOR INFORMATION
 not applicable

Name of guarantor
Guarantor address; City; State; Zip Code

Amount Guaranteed (\$)

Principal Occupation (See Instructions)

Employer (See Instructions)

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

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	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: Y2	2 FILER NAME BRAD T. Underwood	3 Filer ID (Ethics Commission Filers)
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4 Date 4/27	5 Payee name Primdata
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6 Amount (\$) 2400-	7 Payee address; City; State; Zip Code 124 E. Market St. MABank TX 75147
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/22	Payee name Fas Clan Pitt (Garland)
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Amount (\$) 160 ⁹⁷	Payee address; City; State; Zip Code 1005 S. Jupiter Rd, Garland TX 75042
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Printing Expense	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date 4/19	Payee name Wal Greens
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Amount (\$) 52 ⁴⁰	Payee address; City; State; Zip Code 4435 Gus Thomasson Rd, Mesquite TX 75150
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Other	Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense
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Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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	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: 2/2 2 FILER NAME BRAD T. UNDERWOOD 3 Filer ID (Ethics Commission Filers)

4 Date 4/2 5 Payee name U.S.P.S.

6 Amount (\$) 34- 7 Payee address; City; State; Zip Code 3501 Gus Thomasson Rd #38 MESQUITE TX 75150

8 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)	(b) Description
<u>Other</u>	<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 4/9 Payee name LITTLE CAESARS PIZZA

Amount (\$) 50- Payee address; City; State; Zip Code 4555 Gus Thomasson Rd Mesquite TX 75150

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)	Description
<u>Food Beverage Expense</u>	<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 Payee name

Amount (\$) Payee address; City; State; Zip Code

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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

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