

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 Filer)	2 Total pages filed
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	FIRST MR MITCHELL	MI C	OFFICE USE ONLY	
	NICKNAME	LAST DRUMMOND	SUFFIX	Date Received 4-4-2024 AM	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX,	APT / SUITE #,	CITY,	STATE,	ZIP CODE 211 HOSACK TAYLOR TX 76574
<input type="checkbox"/> Change of Address 5 CANDIDATE/ OFFICEHOLDER PHONE <input type="checkbox"/> Area Code PHONE NUMBER (512) 217-2915					
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	FIRST MS ELLEN	MI S	Date Hand delivered or Date Postmarked Receipt # Amount \$	
	NICKNAME	LAST HANNINGTON	SUFFIX	Date Processed Date Imaged	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE):		APT / SUITE #:	CITY TAYLOR	STATE: TX ZIP CODE 76574
8 CAMPAIGN TREASURER PHONE	AREA CODE	PHONE NUMBER (512) 656-0546	EXTENSION		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input checked="" type="checkbox"/> 30th day before election <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election			<input type="checkbox"/> Runoff <input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month 01/17/24	Day	Year	Month 04/04/24	Day Year
11 ELECTION	Month 5/4/24	Day	ELECTION DATE Year	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> General <input type="checkbox"/> Other Description <input type="checkbox"/> Special	
12 OFFICE	OFFICE HELD (if any) CITY COUNCILMAN			13 OFFICE SOUGHT (if known) CITY COUNCILMAN	
14 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.				
	COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC	COMMITTEE NAME			
		COMMITTEE ADDRESS			
		COMMITTEE CAMPAIGN TREASURER NAME			
		COMMITTEE CAMPAIGN TREASURER ADDRESS			

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME MITCHELL C DRUMMOND		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)	\$ -0-
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 2,973.70
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ -0-
	4. TOTAL POLITICAL EXPENDITURES	\$ 5146.13
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 714.64
	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 1,700.00
OUTSTANDING LOAN TOTALS		

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 Mitchell Drummond, and my date of birth is REDACTED

My address is 211 HOSACK ST TAYLOR TY 76574 USA

Executed in WILLIAMSON County, State of TEXAS, on the 4 day of APRIL, 2024.

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	\$ 2853.70
2. <input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 120.00
3. <input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ —
4. <input checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 1700
5. <input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3839.06
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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 130.707
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: 7
2 FILER NAME MITCHELL DRUMMOND				3 Filer ID (Ethics Commission Filers)
4 Date 1/30/24	5 Full name of contributor MITCHELL DRUMMOND	<input type="checkbox"/> out-of-state PAC (ID# _____)		7 Amount of contribution (\$ \$9.30)
	6 Contributor address; [REDACTED]	City: TAYLOR	State: TX	Zip Code 76574
8 Principal occupation / Job title (See Instructions) RETIRED			9 Employer (See Instructions)	
Date 1/31/24	Full name of contributor DAVID LEGERE	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$ \$100.00)
	Contributor address; [REDACTED]	City: LEXINGTON	State: TX	Zip Code 78947
Principal occupation / Job title (See Instructions) RETIRED			Employer (See Instructions)	
Date 2/4/24	Full name of contributor STEFANIA TOMASKOVIC	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$ \$10.00)
	Contributor address; [REDACTED]	City: TAYLOR	State: TX	Zip Code 76574
Principal occupation / Job title (See Instructions) Environmentalist			Employer (See Instructions) HEALTHY GULF	
Date 2/10/24	Full name of contributor SHILOH BROWN	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$ \$25.00)
	Contributor address; [REDACTED]	City: TAYLOR	State: TX	Zip Code 76574
Principal occupation / Job title (See Instructions) Unknown-Best Attempt Made			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.				

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: <u>7</u>
2 FILER NAME <u>MITCHELL DRUMMOND</u>			3 Filer ID (Ethics Commission Filers)
4 Date <u>2/11/24</u>	5 Full name of contributor <u>TERRY GREEN</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <u>\$10.00</u>
6 Contributor address; [REDACTED]		City: <u>TAYLOR</u> State: <u>TX</u> Zip Code: <u>76574</u>	
8 Principal occupation / Job title (See Instructions) <u>RETIRED</u>		9 Employer (See Instructions)	
Date <u>2/23/24</u>	Full name of contributor <u>CYNTHIA KARKOSIKI</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <u>\$200.00</u>
Contributor address: [REDACTED]		City: <u>TAYLOR</u> State: <u>TX</u> Zip Code: <u>76574</u>	
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)	
Date <u>2/27/24</u>	Full name of contributor <u>RANDALL D CRAIG</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <u>\$200.00</u>
Contributor address: [REDACTED]		City: <u>TAYLOR</u> State: <u>TX</u> Zip Code: <u>76574</u>	SKH 7840
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)	
Date <u>2/29/24</u>	Full name of contributor <u>JORDAN LEEP</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <u>\$20.00</u>
Contributor address: [REDACTED]		City: <u>TAYLOR</u> State: <u>TX</u> Zip Code: <u>76574</u>	
Principal occupation / Job title (See Instructions) <u>OPERATIONS LEADER</u>		Employer (See Instructions) <u>HEB</u>	
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

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: <u>7</u>
2 FILER NAME <u>MITCHELL DRUMMONDS</u>				3 Filer ID (Ethics Commission Filers)
4 Date <u>2/2/24</u>	5 Full name of contributor <u>KAY PEEBLES</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)		7 Amount of contribution (\$)
	6 Contributor address; 	City: _____	State: _____	<u>\$ 30</u> <u>CASH</u>
8 Principal occupation / Job title (See Instructions) <u>COMMODITY MANAGER</u>			9 Employer (See Instructions) <u>INTGRIS</u>	
Date <u>2/2/24</u>	Full name of contributor <u>CHRISTINA LEWIS</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$)
	Contributor address; 	City: _____	State: _____	<u>\$ 150</u> <u>TAYLOR TX 76574 CHECK # 136</u>
Principal occupation / Job title (See Instructions) <u>ATTORNEY</u>			Employer (See Instructions) <u>SELF EMPLOYED</u>	
Date <u>2/2/24</u>	Full name of contributor <u>GAYLE KAHLER</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$)
	Contributor address; 	City: _____	State: _____	<u>\$ 25</u> <u>CHECK # 604</u>
Principal occupation / Job title (See Instructions) <u>PRODUCT MANAGER</u>			Employer (See Instructions) <u>DELL</u>	
Date <u>2/2/24</u>	Full name of contributor <u>RICK VON PFEIL</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$)
	Contributor address; 	City: _____	State: _____	<u>\$ 200</u> <u>TAYLOR TX 76574 CHECK # 106</u>
Principal occupation / Job title (See Instructions) <u>Self Employed</u>			Employer (See Instructions) <u>Entrepreneur</u>	
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

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The Instruction Guide explains how to complete this form.			1 Total pages Schedule A1: <i>7</i>
2 FILER NAME <i>MITCHELL Deummons</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>2/9/24</i>	5 Full name of contributor <i>NORA Roy</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>\$ 50.00</i>
6 Contributor address: [REDACTED]		City: _____ State: _____ Zip Code <i>TAYLOR TX 76574</i>	
8 Principal occupation / Job title (See Instructions) <i>City Planner</i>		9 Employer (See Instructions) <i>CITY OF WACO</i>	
Date <i>2/9/24</i>	Full name of contributor <i>JENNIFER ECKSTEIN</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$100.00</i>
Contributor address: [REDACTED]		City: _____ State: _____ Zip Code <i>TAYLOR TX 7657</i>	
Principal occupation / Job title (See Instructions) <i>SENIOR MANAGER DATA ENGINEERING SOLAR WINDS</i>		Employer (See Instructions)	
Date <i>2/9/24</i>	Full name of contributor <i>ALICE CLARK</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$ 25.00</i>
Contributor address: [REDACTED]		City: _____ State: _____ Zip Code <i>TAYLOR TX 76574</i>	
Principal occupation / Job title (See Instructions) <i>DIGITAL DESIGN</i>		Employer (See Instructions) <i>HEB</i>	
Date <i>2/9/24</i>	Full name of contributor <i>JAMES STANWAY</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$ 23.70</i>
Contributor address: [REDACTED]		City: _____ State: _____ Zip Code <i>LOUISVILLE KY 40205</i>	
Principal occupation / Job title (See Instructions) <i>ENERGY PROCUREMENT</i>		Employer (See Instructions) <i>SAMSUNG</i>	
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

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The Instruction Guide explains how to complete this form.				1 Total pages Schedule A1: <u>7</u>
2 FILER NAME		MITCHELL DAYMONS		
4 Date	5 Full name of contributor		<input type="checkbox"/> out-of-state PAC (ID# _____)	
2/2/24	JOHN McCRAE		7 Amount of contribution (\$)	
6 Contributor address;		City;	State;	Zip Code
				\$95.70
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)		
RETIRED				
Date	Full name of contributor		<input type="checkbox"/> out-of-state PAC (ID# _____)	
2/2/24	NORA Roy		Amount of contribution (\$)	
Contributor address;		City;	State;	Zip Code
				\$50
TAYLOR TX 76574				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
City Planner		City of Waco		
Date	Full name of contributor		<input type="checkbox"/> out-of-state PAC (ID# _____)	
2/2/24	TRISHA LEWIS		Amount of contribution (\$)	
Contributor address;		City;	State;	Zip Code
				\$50.00
TAYLOR TX 76574				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
ESTHETICIAN		BENE LLC		
Date	Full name of contributor		<input type="checkbox"/> out-of-state PAC (ID# _____)	
2/2/24	JORDAN HEEP		Amount of contribution (\$)	
Contributor address;		City;	State;	Zip Code
				\$20
TAYLOR TX 76574				
Principal occupation / Job title (See Instructions)		Employer (See Instructions)		
OPERATIONS LEADER		HEB		

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.

<p>The Instruction Guide explains how to complete this form.</p>				1 Total pages Schedule A1: <u>1</u>
<p>2 FILER NAME <u>MITCHELL DRUMMOND</u></p>				3 Filer ID (Ethics Commission Filers)
4 Date <u>2/9/24</u>	5 Full name of contributor <u>STEVEN LEC</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)		7 Amount of contribution (\$) <u>\$100.00</u>
6 Contributor address; [REDACTED]		City: _____	State: _____	Zip Code: <u>Round Rock TX 78665</u>
<p>8 Principal occupation / Job title (See Instructions) <u>STUDENT</u></p>		<p>9 Employer (See Instructions)</p>		
Date <u>2/9/24</u>	Full name of contributor <u>JANETTA McCoy</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) <u>\$500.00</u>
Contributor address; [REDACTED]		City: _____	State: _____	CK# <u>374</u>
<p>Principal occupation / Job title (See Instructions) <u>RETIRED</u></p>		<p>Employer (See Instructions)</p>		
Date <u>2/9/24</u>	Full name of contributor <u>BRANDT + JULIE RYDELL</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) <u>\$250.00</u>
Contributor address; [REDACTED]		City: _____	State: _____	CK# <u>1861</u>
<p>Principal occupation / Job title (See Instructions) <u>Attorney</u></p>		<p>Employer (See Instructions) <u>ERCOT</u></p>		
Date <u>2/9/25</u>	Full name of contributor <u>CHRISTINE RUDOLPHI</u>	<input type="checkbox"/> out-of-state PAC (ID# _____)		Amount of contribution (\$) <u>\$60.00</u>
Contributor address; [REDACTED]		City: _____	State: _____	CK# <u>1167</u>
<p>Principal occupation / Job title (See Instructions) <u>Project Mgr</u></p>		<p>Employer (See Instructions) <u>IT FIRM</u></p>		
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>				

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: <u>7</u>
2 FILER NAME <u>Mitchell Drummons</u>				3 Filer ID (Ethics Commission Filers)
4 Date <u>3/16/24</u>	5 Full name of contributor <u>CHRISTINE RUDOLPH</u>			6 Contributor address; <u>TAYLOR TX 76574</u>
	<input type="checkbox"/> out-of-state PAC (ID# _____)			7 Amount of contribution (\$) <u>\$ 50.00</u>
8 Principal occupation / Job title (See Instructions) <u>Project Mgr</u>			9 Employer (See Instructions) <u>IT Firm</u>	
Date <u>3/18/24</u>	Full name of contributor <u>BRIAN + CAMILLE BRINKMEYER</u>			Amount of contribution (\$) <u>500.00</u>
	Contributor address; <u>TAYLOR TX 76574</u>			CASH
Principal occupation / Job title (See Instructions) <u>Office Mgr</u>			Employer (See Instructions) <u>Improved Appearances DR. Clyde Smith MD</u>	
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____)			Amount of contribution (\$)
	Contributor address; <u></u>			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; <u></u>			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

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 A2: /
2 FILER NAME MITCHELL DRUMMOND				3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS				\$ 120.00
5 Date 2/23/24	6 Full name of contributor RICK VON PFEIL	7 Contributor address: [REDACTED]	City: State: Zip Code TAYLOR TX 76574	8 Amount of Contribution \$ \$120 9 In-kind contribution description 4 USED 4x8 SIGNS
				<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
10 Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) Entrepreneur				11 Employer (FOR NON-JUDICIAL)(See Instructions) SELF-EMPLOYED
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 1/19/24	Full name of contributor MITCHELL DRUMMOND	Contributor address; 211 HOSACK TAYLOR TX 76574	City: State: Zip Code	Amount of Contribution \$ \$100.00 In-kind contribution description "RE-ELECT" STICKERS 200 90 YARD SIGNS W/ WIRES STANDS <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Principal occupation / Job title (FOR NON-JUDICIAL)(See Instructions) RETIRED				Employer (FOR NON-JUDICIAL)(See Instructions) N/A
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-STATE PAC, PLEASE SEE INSTRUCTION GUIDE FOR ADDITIONAL REPORTING REQUIREMENTS.

LOANS

SCHEDULE E

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 E: 2
2 FILER NAME MITCHELL DRUMMOND			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$ 1700
5 Date of loan 1/19/24	7 Name of lender MITCHELL DRUMMOND	<input type="checkbox"/> out-of-state PAC (ID# _____)	9 Loan Amount (\$) 200.00
6 Is lender a financial institution? Y <input checked="" type="checkbox"/>	8 Lender address; 211 MOSACK TAYLOR TX 76574	City; State; Zip Code	10 Interest rate N/A
12 Principal occupation / Job title (See Instructions) RETIRED		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor N/A	19 Amount Guaranteed (\$)	
	18 Guarantor address; City; State; Zip Code		
20 Principal Occupation (See Instructions)		21 Employer (See Instructions)	
Date of loan 1/25/24	Name of lender MITCHELL DRUMMOND	<input type="checkbox"/> out-of-state PAC (ID# _____)	Loan Amount (\$) \$500.00
Is lender a financial institution? Y <input checked="" type="checkbox"/>	Lender address; City; State; Zip Code	Interest rate N/A	
Description of Collateral <input checked="" type="checkbox"/> none		Maturity date N/A	
Principal occupation / Job title (See Instructions) RETIRED	Employer (See Instructions)		
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input checked="" type="checkbox"/> not applicable	Name of guarantor N/A	Amount Guaranteed (\$)	
	Guarantor address; City; State; Zip Code		
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.			

LOANS

SCHEDULE E

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 E: <u>2</u>
2 FILER NAME <u>MITCHELL DRUMMOND</u>			3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS			\$
5 Date of loan <u>2/2/24</u>	7 Name of lender <u>MITCHELL DRUMMOND</u>	8 Lender address; City; State; Zip Code <u>211 HOSACK TAYLOR TX 76574</u>	9 Loan Amount (\$) <u>500.00</u>
6 Is lender a financial institution? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N			10 Interest rate <u>N/A</u>
			11 Maturity date <u>N/A</u>
12 Principal occupation / Job title (See Instructions) <u>RETIRED</u>		13 Employer (See Instructions)	
14 Description of Collateral <input checked="" type="checkbox"/> none		15 <input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor <u>N/A</u>	18 Guarantor address; City; State; Zip Code	19 Amount Guaranteed (\$) <u>N/A</u>
20 Principal Occupation (See Instructions) <u>N/A</u>		21 Employer (See Instructions) <u>N/A</u>	
Date of loan <u>4-3-24</u>	Name of lender <u>MITCHELL DRUMMOND</u>	Loan Amount (\$) <u>500.00</u>	Interest rate <u>N/A</u>
Is lender a financial institution? <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	Lender address; City; State; Zip Code <u>211 HOSACK TAYLOR TX 76574</u>	Maturity date <u>N/A</u>	
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)	
Description of Collateral <input checked="" type="checkbox"/> none		<input checked="" type="checkbox"/> Check if personal funds were deposited into political account (See Instructions)	
GUARANTOR INFORMATION <input type="checkbox"/> not applicable	Name of guarantor Guarantor address; City; State; Zip Code		Amount Guaranteed (\$)
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.			

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	Fee	Office Overhead/Rental Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Contributions Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorabilia Expense	Fundraising Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
5	MITCHELL DRUMMOND		
4 Date	5 Payee name	6 Amount (\$)	
1/25/24	TAYLOR OFFICE PRODUCTS	\$52.50	
7 Payee address:	City:	State:	Zip Code
305 N MAIN ST	TAYLOR	TX	76574
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
PRINTING EXPENSE		200 PUSH CARDS	
		CK #	503
(c)	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
1/26/24	MAIN AVE PRINTING		
Amount (\$)	Payee address:	City:	State:
\$217.00	501 W 2ND ST	TAYLOR	TX
		76574	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
PRINTING EXPENSE		BUMPER / WINDOW STICKERS	
		CK #	506
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date	Payee name		
2/2/24	DAVID LEGERE		
Amount (\$)	Payee address:	City:	State:
\$100.00	1462 FM 112 LEXINGTON TX		78747
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
OTHER		CHK #	501
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

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
Accounting/Banking
Consulting Expense
Contributions/Contributions Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Parking Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel in D/C
Travel Out of D/C
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filer)		
5	MITCHELL DRUMMONS			
4 Date	5 Payee name			
2/5/24	RTS CONNECT			
6 Amount (\$)	7 Payee address:	City; State; Zip Code		
\$600	1306 CECELLIA ST.	TAYLOR TX 76574		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	CONSULTING EXP	MEDIA ASSISTANCE CHECK # 502		
(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, office/other living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
2/9/24	BLACK SPARROW MUSIC PARLOR			
Amount (\$)	Payee address:	City;	State;	Zip Code
\$600	113 W 2ND	TAYLOR	TX	76574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	EVENT EXPENSE	CAMPAIGN KICKOFF 2/9/24		
(d) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, office/other living expense		
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
2/22/24	MIX TAPE			
Amount (\$)	Payee address:	City;	State;	Zip Code
\$250	108 E 2ND ST	TAYLOR	TX	7657
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	EVENT EXPENSE	CAMPAIGN KICKOFF 2/9/24		
(e) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, office/other living expense		
Complete <u>ONLY</u> 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

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 Overhead/Rental Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel: In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Meritorious Expense	Printing Expense	Travel: Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (Enter category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)	
5	MITCHELL DRUMMOND		
4 Date	5 Payee name		
3/15/24	TAYLOR OFFICE PRODUCTS		
6 Amount (\$)	7 Payee address:	City: State: Zip Code	
254.39 CK# 1514	305 N MAIN ST TAYLOR TX	76574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description	
	PRINTING EXPENSE	PUSH CARDS	
	<input type="checkbox"/> Check if travel outside of Texas: Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name	Office sought	Office held
3/21/24	MAIN AVE PRINTING		
Amount (\$)	Payee address:	City: State: Zip Code	
\$162.38	501 W 2nd ST TAYLOR TX	76574	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	PRINTING EXP	STICKERS	
	<input type="checkbox"/> Check if travel outside of Texas: Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
Date	Payee name	Office sought	Office held
3/22/24	TAYLOR OFFICE PRODUCTS		
Amount (\$)	Payee address:	City: State: Zip Code	
\$644.09	305 N MAIN ST TAYLOR TX	76574	
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description	
	PRINTING EXP	PUSH CARDS + LETTERS	
	<input type="checkbox"/> Check if travel outside of Texas: Complete Schedule T.	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED			

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gifts/Memorabilia Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Vacations/Contract Labor

Solicitation/Fundraising Expense
Transportation/Equipment & Related Expense
Travel In-District
Travel Out-Of-District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
5	Mitchell Drummond			
4 Date	5 Payee name			
3/27/24	MAIN AVE PRINTING			
6 Amount (\$)	7 Payee address;	City; State; Zip Code		
\$606.20	195 CR 446 STE B TAYLOR TX 76574			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	PRINTING EXPENSE	4x6 SIGNS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
	Dennis Levitin			
Amount (\$)	Payee address;	City;	State;	Zip Code
300.00	2900 BULL RUN Apt B TAYLOR TX 76574			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	Advertising Expense	4x6 (2) Painted Signs		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought	Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

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 Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage/Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorabilia Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)		
5	MITCHELL Deummons			
4 Date	5 Payee name			
3/8/24	TAYLOR OFFICE PRODUCTS			
6 Amount (\$)	7 Payee address:	City: State: Zip Code		
\$52.50	305 N. Main	TAYLOR TX 76571		
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description		
	PRINTING EXPENSE	200 PUSH CARS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense			
9 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 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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name	Office sought
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED				

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)
4 Date	5 Payee name	
6 Amount (\$)	7 Payee address:	City: State: Zip Code
\$ 14.62 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	ON LINE ORDER	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	ACCOUNTING / BANKING	BOX OF BANK CHECKS
(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
9 Candidate / Officeholder name		Office sought
Complete ONLY if direct expenditure to benefit C/OH		Office held
Date	Payee name	
1/19/24	TEXAS DEMOCRATIC PARTY	
Amount (\$)	Payee address:	
\$ 290.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	PO Box 15707 AUSTIN TX 76574	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	SOLICITATION / FUND RAISING EXP	VOTER DATA
<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name		Office sought
Complete ONLY if direct expenditure to benefit C/OH		Office held
Date	Payee name	
2/2/24	TAYLOR OFFICE PRODUCTS	
Amount (\$)	Payee address:	
\$ 52.50 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	305 N MAIN TAYLOR TX 76574	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description
	PRINTING EXPENSE	200 POST CARDS
<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Candidate / Officeholder name		Office sought
Complete ONLY if direct expenditure to benefit C/OH		Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Grocery Expense
Gift/Awards/Memorial's Expense
Legal Services

Loan/Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Stationery/Fundraising Expense
Transportation/Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME MITCHELL DRUMMOND	3 Filer ID (Ethics Commission Filers)
4 Date 2/9/24	5 Payee name UPS STORE # 7618	
6 Amount (\$) \$ 9.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address: 100 CARLOS PARKER TAYLOR TX 76574	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description POSTERS
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name WALGREENS # 9680	Office sought Office held
Date 2/9/24	Payee name WALGREENS # 9680	
Amount (\$) \$ 15.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 1610 N MAIN TAYLOR TX 76574	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE	Description PLATES + NAPKINS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name MAIN AVENUE PRINTING	Office sought Office held
Date 2/15/24	Payee name MAIN AVENUE PRINTING	
Amount (\$) \$ 64.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address: 501 W 2ND ST TAYLOR TX 76574	City: State: Zip Code
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description STICKER FOR SIGNS
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T <input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED	Office sought Office held

POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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 Overhead/Rental Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	G.f./Awards/Memorial's Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME MITCHELL DRUMMOND	3 Filer ID (Ethics Commission Filers)	
4 Date 3/3/24	5 Payee name MOSS TRUE VALUE HARDWARE		
6 Amount (\$) \$75.17 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; 200 COMMERCIAL DR.	City: TAYLOR TX State: Zip Code 76574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	(b) Description SIGN PAINT + SUPPLIES	
	(c) <input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
Date 3-10-24	Payee name RICKY GRAY		
Amount (\$) \$125.00 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; 1500 FRINK ST	City: TAYLOR TX State: Zip Code 76574	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) CONTRACT LABOR	Description PERSONAL WEBSITE UPDATE	
	<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
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
<input type="checkbox"/> Reimbursement from political contributions intended			
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 <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held

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POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS

SCHEDULE G

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EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorial Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Seances/Vegetas/Contract Labor

Solicitation/Fundraising Expense
Transportation/Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule G: 4	2 FILER NAME MITCHELL DRUMMOND	3 Filer ID (Ethics Commission Filers)	
4 Date 3/26/24	5 Payee name TAYLOR OFFICE PRODUCTS		
6 Amount (\$) \$47.63	7 Payee address; 305 N MAIN ST TAYLOR TX 76574	City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Reimbursement from political contributions intended		(a) Category (See Categories listed at the top of this schedule) SOLICITATION EXP	(b) Description ENVELOPES
		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin, TX officeholder living expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name UNITED STATES POSTAL SERVICE	Office sought Office held
Date 3/29/24	Payee name UNITED STATES POSTAL SERVICE		
Amount (\$) \$612	Payee address; 262 W 4TH TAYLOR TX 76574	City: _____ State: _____ Zip Code: _____	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Category (See Categories listed at the top of this schedule) SOLICITATION EXP	Description STAMPS
		<input type="checkbox"/> Check if travel outside of Texas Complete Schedule T	<input type="checkbox"/> Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name UNITED STATES POSTAL SERVICE	Office sought Office held
Date	Payee name		
Amount (\$)	Payee address;	City: _____	State: _____ Zip Code: _____
<input checked="" type="checkbox"/> Reimbursement from political contributions intended			
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Reimbursement from political contributions intended		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 <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name UNITED STATES POSTAL SERVICE	Office sought Office held

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