

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:
3 CANDIDATE / OFFICEHOLDER NAME <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	MS / MRS / MR FIRST MI MR MITCHELL C		OFFICE USE ONLY Date Received 4-4-2024 AM
	NICKNAME LAST SUFFIX DRUMMOND		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX, APT / SUITE #, CITY, STATE, ZIP CODE 211 HOSACK TAYLOR TX 76574		
5 CANDIDATE / OFFICEHOLDER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 217-2915			
6 CAMPAIGN TREASURER NAME <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	MS / MRS / MR FIRST MI MS ELLEN S		Date Hand-delivered or Date Postmarked
	NICKNAME LAST SUFFIX HANNINGTON		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 2303 LILLIE LN TAYLOR TX 76574		
8 CAMPAIGN TREASURER PHONE AREA CODE PHONE NUMBER EXTENSION (512) 656-0546			
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 Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month Day Year Month Day Year 01 / 17 / 24 THROUGH 04 / 04 / 24		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description 5 / 4 / 24 <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
12 OFFICE	OFFICE HELD (if any) OFFICE SOUGHT (if known) CITY COUNCILMAN 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. <div style="display: flex;"> <div style="width: 20%;"> COMMITTEE TYPE <input type="checkbox"/> GENERAL <input type="checkbox"/> SPECIFIC </div> <div style="width: 80%;"> COMMITTEE NAME COMMITTEE ADDRESS COMMITTEE CAMPAIGN TREASURER NAME COMMITTEE CAMPAIGN TREASURER ADDRESS </div> </div>		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>MITCHELL C DRUMMOND</u>		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>-0-</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2,973.70</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>-0-</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>5146.13</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>714.64</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1,700.00</u>

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

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 (street), TAYLOR (city), TX (state), 76574 (zip code), USA (country)

Executed in WILLIAMSON County, State of TEXAS, on the 4 day of APRIL, 20 24 (month) (year)

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	\$ 1307.07
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: <u>7</u>
2 FILER NAME <u>MITCHELL DRUMMOND</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>1/30/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>MITCHELL DRUMMOND</u>	7 Amount of contribution (\$) <u>\$9.30</u>
6 Contributor address; City; State; Zip Code [REDACTED] <u>TAYLOR TX 76574</u>		
8 Principal occupation / Job title (See Instructions) <u>RETIRED</u>		9 Employer (See Instructions)
Date <u>1/31/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>DAVID LEGERE</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code [REDACTED] <u>LEXINGTON TX 78947</u>		
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)
Date <u>2/4/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>STEFANIA TOMASKOVIC</u>	Amount of contribution (\$) <u>\$10.00</u>
Contributor address; City; State; Zip Code [REDACTED] <u>TAYLOR TX 76574</u>		
Principal occupation / Job title (See Instructions) <u>Environmentalist</u>		Employer (See Instructions) <u>HEALTHY GULF</u>
Date <u>2/10/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>SHILOH BROWN</u>	Amount of contribution (\$) <u>\$25.00</u>
Contributor address; City; State; Zip Code [REDACTED] <u>TAYLOR TX 76574</u>		
Principal occupation / Job title (See Instructions) <u>Unknown-Best Attempt Made</u>		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 <input type="checkbox"/> out-of-state PAC (ID# _____) <u>TERRY GREEN</u>	7 Amount of contribution (\$) <u>\$10.00</u>
6 Contributor address; City; State; Zip Code [REDACTED] <u>TAYLOR TX 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 <input type="checkbox"/> out-of-state PAC (ID# _____) <u>CYNTHIA KARLOSIA</u>	Amount of contribution (\$) <u>\$200.00</u>
Contributor address; City; State; Zip Code [REDACTED] <u>TAYLOR TX 76574</u>		
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)
Date <u>2/27/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>RANDALL D CRAIG</u>	Amount of contribution (\$) <u>\$200.00</u>
Contributor address; City; State; Zip Code [REDACTED] <u>TAYLOR TX 76574</u> <u>CKH 7840</u>		
Principal occupation / Job title (See Instructions) <u>RETIRED</u>		Employer (See Instructions)
Date <u>2/29/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JORDAN LEEP</u>	Amount of contribution (\$) <u>\$20.00</u>
Contributor address; City; State; Zip Code [REDACTED] <u>TAYLOR TX 76574</u>		
Principal occupation / Job title (See Instructions) <u>OPERATIONS LEADER</u>		Employer (See Instructions) <u>HEB</u>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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: 7

2 FILER NAME

MITCHELL DRUMMOND

3 Filer ID (Ethics Commission Filers)

4 Date

2/2/24

5 Full name of contributor

KAY PEEBLES

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$ 30

6 Contributor address;

City;

State;

Zip Code

[REDACTED]

TAYLOR TX 76574

CASH

8 Principal occupation / Job title (See Instructions)

COMMODITY MANAGER

9 Employer (See Instructions)

INTEGRIS

Date

2/2/24

Full name of contributor

CHRISTINA LEWIS

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 150

Contributor address;

City;

State;

Zip Code

[REDACTED]

TAYLOR TX 76574 CHECK # 136

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

SELF EMPLOYED

Date

2/2/24

Full name of contributor

GAYLE KAMLER

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 25

Contributor address;

City;

State;

Zip Code

[REDACTED]

TAYLOR TX 76574 CHECK # 604

Principal occupation / Job title (See Instructions)

PRODUCT MANAGER

Employer (See Instructions)

DELL

Date

2/2/24

Full name of contributor

RICK VON PEEL

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$ 200

Contributor address;

City;

State;

Zip Code

[REDACTED]

TAYLOR TX 76574 CHECK # 106

Principal occupation / Job title (See Instructions)

Self Employed

Employer (See Instructions)

Entrepreneur

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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 DRUMMOND</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/9/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>NORA ROY</u>	7 Amount of contribution (\$) <u>\$ 50.00</u>
6 Contributor address; City; State; Zip Code [REDACTED] <u>TAYLOR TX 76574</u>		
8 Principal occupation / Job title (See Instructions) <u>CITY PLANNER</u>		9 Employer (See Instructions) <u>CITY OF WACO</u>
Date <u>2/9/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JENNIFER ECKSTEIN</u>	Amount of contribution (\$) <u>\$100.00</u>
Contributor address; City; State; Zip Code [REDACTED] <u>TAYLOR TX 76574</u>		
Principal occupation / Job title (See Instructions) <u>SENIOR MANAGER DATA ENGINEERING SOLAR WINDOWS</u>		
Date <u>2/9/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>ALICE CLARK</u>	Amount of contribution (\$) <u>\$ 25.00</u>
Contributor address; City; State; Zip Code [REDACTED] <u>TAYLOR TX 76574</u>		
Principal occupation / Job title (See Instructions) <u>DIGITAL DESIGN</u>		Employer (See Instructions) <u>HEB</u>
Date <u>2/9/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JAMES STANWAY</u>	Amount of contribution (\$) <u>\$ 23.70</u>
Contributor address; City; State; Zip Code [REDACTED] <u>LOUISVILLE KY 40205</u>		
Principal occupation / Job title (See Instructions) <u>ENERGY PROCUREMENT</u>		Employer (See Instructions) <u>SAMSUNG</u>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

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 DAYMOND</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>2/2/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JOHN MCCRAE</u>	7 Amount of contribution (\$) <u>\$45.70</u>
	6 Contributor address; City; State; Zip Code <u>TAYLOR TX 76574</u>	
8 Principal occupation / Job title (See Instructions) <u>RETIRED</u>		9 Employer (See Instructions)
Date <u>2/2/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>NORA ROY</u>	Amount of contribution (\$) <u>\$50</u>
	Contributor address; City; State; Zip Code <u>TAYLOR TX 76574</u>	
Principal occupation / Job title (See Instructions) <u>City Planner</u>		Employer (See Instructions) <u>City of Waco</u>
Date <u>2/2/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>TRISHA LEWIS</u>	Amount of contribution (\$) <u>\$50.00</u>
	Contributor address; City; State; Zip Code <u>TAYLOR TX 76574</u>	
Principal occupation / Job title (See Instructions) <u>ESTHETICIAN</u>		Employer (See Instructions) <u>BENE LLC</u>
Date <u>2/2/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JORDAN HEEP</u>	Amount of contribution (\$) <u>\$20</u>
	Contributor address; City; State; Zip Code <u>TAYLOR TX 76574</u>	
Principal occupation / Job title (See Instructions) <u>OPERATIONS LEADER</u>		Employer (See Instructions) <u>HEB</u>
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.</p>		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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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 2/9/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: STEVEN LEE	7 Amount of contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code [REDACTED] Round Rock TX 78665		
8 Principal occupation / Job title (See Instructions) STUDENT		9 Employer (See Instructions)
Date 2/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: JANETTA McCoy	Amount of contribution (\$) \$500.00
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		CK # 374
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions)
Date 2/9/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: BRANDT + JULIE RYDELL	Amount of contribution (\$) \$250.00
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		CK# 1861
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) ERLOT
Date 2/9/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: CHRISTINE RUDDOLPHI	Amount of contribution (\$) \$60.00
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		CK# 1167
Principal occupation / Job title (See Instructions) Project Mgr		Employer (See Instructions) IT FIRM
<p align="center">ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p align="center">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 DRUMMOND</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>3/16/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>CHRISTINE RUDOLPH</u>	7 Amount of contribution (\$) <u>\$50.00</u>
6 Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>TAYLOR TX 76574</u>		CK # <u>1168</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 <input type="checkbox"/> out-of-state PAC (ID# _____) <u>BRIAN + CAMILLE BRINKMEYER</u>	Amount of contribution (\$) <u>500.00</u>
Contributor address; City; State; Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> <u>TAYLOR TX 76574</u>		CASH
Principal occupation / Job title (See Instructions) <u>Office Mgr</u>		Employer (See Instructions) <u>Improved Appearances</u> <u>DR. Clyde Smith MD</u>
Date	Full name of contributor <input type="checkbox"/> 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 <input type="checkbox"/> 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.

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1

MITCHELL DRUMMOND

4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS

\$ 120.00

2/23/24

RICK VON PFEIL

\$20

4 USED
4x8 SIGNS

TAYLOR TX 76571

☐ Check if travel outside of Texas. Complete Schedule T.

Entrepreneur

SELF-EMPLOYED

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

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

1/19/24

MITCHELL DRUMMOND

211 HOSACK TAYLOR TX 76574

\$100.00

DESCRIPTION
"RE-ELECT" STICKES
200
90 YARD SIGNS W/
WIRE STANDS

☐ Check if travel outside of Texas. Complete Schedule T.

RETIRED

N/A

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

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

If contributor 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: 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 <input type="checkbox"/> out-of-state PAC (ID# _____) MITCHELL DRUMMOND	9 Loan Amount (\$) 200.00	
6 Is lender a financial institution? Y <input checked="" type="radio"/>	8 Lender address; City; State; Zip Code 211 HOSACK TAYLOR TX 76574	10 Interest rate N/A	
		11 Maturity date 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 <input type="checkbox"/> out-of-state PAC (ID# _____) MITCHELL DRUMMOND	Loan Amount (\$) \$500.00
Is lender a financial institution? Y <input checked="" type="radio"/>	Lender address; City; State; Zip Code 211 HOSACK TAYLOR TX 76574	Interest rate N/A
		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	
	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: 2
2 FILER NAME MITCHELL DRUMMOND		3 Filer ID (Ethics Commission Filers)
4 TOTAL OF UNITEMIZED LOANS		\$
5 Date of loan 2/2/24	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) MITCHELL DRUMMOND	9 Loan Amount (\$) 500.00
6 Is lender a financial institution? Y	8 Lender address; City; State; Zip Code 211 HOSACK TAYLOR TX 76574	10 Interest rate N/A
		11 Maturity date 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 (\$) N/A
	18 Guarantor address; City; State; Zip Code	
20 Principal Occupation (See Instructions) N/A		21 Employer (See Instructions) N/A
Date of loan 4-3-24	Name of lender <input type="checkbox"/> out-of-state PAC (ID# _____) MITCHELL DRUMMOND	Loan Amount (\$) 500.00
Is lender a financial institution? Y N	Lender address; City; State; Zip Code 211 HOSACK TAYLOR TX 76574	Interest rate N/A
		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 type="checkbox"/> not applicable	Name of guarantor	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.

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	Seize/Seize Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation/Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Concessions Made By	Gift/Awards/Memorabilia 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: 5		2 FILER NAME MITCHELL DRUMMOND		3 Filer ID (Ethics Commission Filers)	
4 Date 1/25/24		5 Payee name TAYLOR OFFICE PRODUCTS			
6 Amount (\$) \$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) PRINTING EXPENSE		(b) Description 200 PUSH CARS 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 1/26/24		Payee name MAIN AVE PRINTING			
Amount (\$) \$217.00		Payee address; City; State; Zip Code 501 W 2ND ST TAYLOR TX 76574			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE		Description 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 2/2/24		Payee name DAVID LEGERE			
Amount (\$) \$100.00		Payee address; City; State; Zip Code 1462 FM 112 LEXINGTON TX 78747			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) OTHER		Description CHK # 501 RETURN CAMPAIGN DONATION		
	<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 Printing Expense Shipping Expense Salaries/Wages/Contract Labor	Separation/Fundraising Expense Transportation/Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)
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The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 5		2 FILER NAME MITCHELL DRUMMOND		3 Filer ID (Ethics Commission Filers)	
4 Date: 2/5/24		5 Payee name RTS CONNECT			
6 Amount (\$) \$600		7 Payee address: City: State: Zip Code 1306 CECELIA ST. TAYLOR TX 76574			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) CONSULTING EXP		(b) Description MEDIA ASSISTANCE CHECK # 502		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		(d) <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 2/9/24		Payee name BLACK SPARROW MUSIC PARLOR			
Amount (\$) \$600 #1512		Payee address: City: State: Zip Code 113 W 2ND TAYLOR TX 76574			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description CAMPAIGN KICKOFF 2/9/24		
	<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 2/22/24		Payee name MIX TAPE			
Amount (\$) \$250 #504		Payee address: City: State: Zip Code 108 E 2ND ST TAYLOR TX 7657			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) EVENT EXPENSE		Description CAMPAIGN KICKOFF 2/9/24		
	<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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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	Gift/Awards/Memorials Expense	Parking 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: 5		2 FILER NAME MITCHELL DRUMMOND		3 Filer ID (Ethics Commission Filers)	
4 Date 3/15/24		5 Payee name TAYLOR OFFICE PRODUCTS			
6 Amount (\$) 254.39 ck # 1514		7 Payee address; 305 N MAIN ST 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 PUSH CARDS		
	(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F1		<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 3/21/24		Payee name MAIN AVE PRINTING			
Amount (\$) \$162.38		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 EXP		Description STICKERS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F1		<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 3/22/24		Payee name TAYLOR OFFICE PRODUCTS			
Amount (\$) \$644.00		Payee address; 305 N MAIN ST TAYLOR TX 76574		City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXP		Description PUSH CARDS + LETTERS		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule F1		<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 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/Bookkeeping	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: 5	2 FILER NAME MITCHELL DRUMMOND	3 Filer ID (Ethics Commission Filers)
4 Date 3/27/24	5 Payee name MAIN AVE PRINTING	
6 Amount (\$) \$606.20	7 Payee address; City; State; Zip Code 195 CR 446 STE B TAYLOR TX 76574	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description 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 ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held		
Date	Payee name Dennis Levitin	
Amount (\$) 300.00	Payee address; City; State; Zip Code 2900 BULL RUN Apt B TAYLOR TX 76574	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense	Description 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 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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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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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: 5	2 FILER NAME MITCHELL Deummond	3 Filer ID (Ethics Commission Filers)
4 Date 3/8/24	5 Payee name TAYLOR OFFICE PRODUCTS	
6 Amount (\$) \$52.50	7 Payee address; 305 N. MAIN	City; State; Zip Code TAYLOR TX 76571
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	
	(b) Description 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		
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		

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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: <u>4</u>		2 FILER NAME <u>MITCHELL DRUMMOND</u>		3 Filer ID (Ethics Commission Filers)	
4 Date <u>1/19/24</u>		5 Payee name <u>WALMART</u>			
6 Amount (\$) <u>\$ 14.62</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		7 Payee address; City; State; Zip Code <u>ON LINE ORDER</u>			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ACCOUNTING / BANKING</u>		(b) Description <u>BOX OF BANK CHECKS</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 <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date <u>1/19/24</u>		Payee name <u>TEXAS DEMOCRATIC PARTY</u>			
Amount (\$) <u>\$ 290.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <u>PO BOX 15707 AUSTIN TX 76574</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>SOLICITATION / FUND RAISING EXP</u>		Description <u>VOTER DATA</u>		
	<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 <u>2/2/24</u>		Payee name <u>TAYLOR OFFICE PRODUCTS</u>			
Amount (\$) <u>\$ 52.50</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended		Payee address; City; State; Zip Code <u>305 N MAIN TAYLOR TX 76574</u>			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>PRINTING EXPENSE</u>		Description <u>200 PUSH CARDS</u>		
	<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

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/Rent/Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Spoliation/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	MITCHELL DRUMMOND		
4 Date	5 Payee name		
2/9/24	UPS STORE # 7618		
6 Amount (\$)	7 Payee address;	City;	State; Zip Code
\$ 9.75 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	100 CARLOS PARKER	TAYLOR TX	76574
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)		(b) Description
	PRINTING EXPENSE		POSTERS
	<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		
2/9/24	WALGREENS # 9680		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 15.45 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	1610 N MAIN	TAYLOR TX	76574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	EVENT EXPENSE		PLATES + NAPKINS
	<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		
2/15/24	MAIN AVENUE PRINTING		
Amount (\$)	Payee address;	City;	State; Zip Code
\$ 64.95 <input checked="" type="checkbox"/> Reimbursement from political contributions intended	501 W 2ND ST	TAYLOR TX	76574
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)		Description
	PRINTING EXPENSE		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.		
9 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

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

Separation/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: <u>4</u>	2 FILER NAME <u>MITCHELL DRUMMOND</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>3/3/24</u>	5 Payee name <u>MOSS TRUE VALVE HARDWARE</u>	
6 Amount (\$) <u>\$75.17</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>200 COMMERCIAL DR. TAYLOR TX 76574</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>ADVERTISING EXPENSE</u>	(b) Description <u>SIGN PAINT + SUPPLIES</u>
	(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 <u>3-10-24</u>	Payee name <u>RICKY GRAY</u>	
Amount (\$) <u>\$125.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code <u>1500 FRANK ST TAYLOR TX 76574</u>	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) <u>CONTRACT LABOR</u>	Description <u>PERSONAL WEBSITE UPDATE</u>
	<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

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		
4	Date		
5	Payee name		
6	Amount (\$)		
7	Payee address; City; State; Zip Code		
8	<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> PURPOSE OF EXPENDITURE </div> <div style="width: 50%;"> <div style="display: flex;"> <div style="width: 50%;"> (a) Category (See Categories listed at the top of this schedule) </div> <div style="width: 50%;"> (b) Description </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T </div> <div style="width: 55%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div> </div> </div>		
9	<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Candidate / Officeholder name</div> <div style="width: 30%;">Office sought</div> <div style="width: 40%;">Office held</div> </div>		
Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	<div style="display: flex;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) </div> <div style="width: 55%;"> Description </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T </div> <div style="width: 55%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Candidate / Officeholder name</div> <div style="width: 30%;">Office sought</div> <div style="width: 40%;">Office held</div> </div>			
Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	<div style="display: flex;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) </div> <div style="width: 55%;"> Description </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T </div> <div style="width: 55%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Candidate / Officeholder name</div> <div style="width: 30%;">Office sought</div> <div style="width: 40%;">Office held</div> </div>			
Complete ONLY if direct expenditure to benefit C/OH			
Date	Payee name		
Amount (\$)	Payee address; City; State; Zip Code		
PURPOSE OF EXPENDITURE	<div style="display: flex;"> <div style="width: 45%;"> Category (See Categories listed at the top of this schedule) </div> <div style="width: 55%;"> Description </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <div style="width: 45%;"> <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T </div> <div style="width: 55%;"> <input type="checkbox"/> Check if Austin, TX, officeholder living expense </div> </div>		
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%;">Candidate / Officeholder name</div> <div style="width: 30%;">Office sought</div> <div style="width: 40%;">Office held</div> </div>			
Complete ONLY if direct expenditure to benefit C/OH			

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