

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: <i>13</i>	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR <i>M.R.</i>	FIRST <i>MITCHELL</i>	MI <i>C</i>	OFFICE USE ONLY		
	NICKNAME	LAST <i>DRUMMOND</i>	SUFFIX			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE <i>211 HOSACK TAYLOR, TX 76574</i>				Date Received <i>4-25-24 4-25 PM</i>	
<input type="checkbox"/> Change of Address						
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>217-2915</i>	EXTENSION	Date Hard delivered or Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS / MRS / MH <i>MS</i>	FIRST <i>ELLEN</i>	MI <i>S</i>	Receipt #	Amount \$	
	NICKNAME	LAST <i>HANNINGTON</i>	SUFFIX	Date Processed		
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: <i>2303 LILLIE LN TAYLOR</i>				STATE: ZIP CODE <i>TX 76574</i>	
8 CAMPAIGN TREASURER PHONE	AREA CODE <i>(512)</i>	PHONE NUMBER <i>656-0546</i>	EXTENSION			
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 6th day before election <input type="checkbox"/> Exceeded Modified Reporting Limit <input type="checkbox"/> Final Report (Attach C/OH - FR)					
10 PERIOD COVERED	Month <i>04</i>	Day <i>05</i>	Year <i>24</i>	Month <i>04</i>	Day <i>24</i>	Year <i>24</i>
11 ELECTION	ELECTION DATE Month <i>05</i> Day <i>04</i> Year <i>24</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special				
12 OFFICE	OFFICE HELD (If any) <i>CITY COUNCILMAN</i>			13 OFFICE SOUGHT (If known) <i>CITY COUNCILMAN</i>		
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
<input type="checkbox"/> Additional Pages	COMMITTEE TYPE	COMMITTEE NAME				
	<input type="checkbox"/> GENERAL					
	<input type="checkbox"/> SPECIFIC					
GO TO PAGE 2						

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME		16 Filer ID (Ethics Commission Filers)
17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ <u>0</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>2704.10</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE	\$ <u>0</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>\$1639.89</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>\$1639.60</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>1700.00</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.

WRC

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

65

(2) Unsworn Declaration

Executed in WILLIAMSON County, State of TEXAS, on the 24 day of APRIL, 2024
(month) (year)

MAY 1960

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

MITCHELL DRUMMOND

20 Filer ID (Ethics Commission Filer)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE**

		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1736.10
2.	<input checked="" type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 968.00
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 0
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$ 0
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 1095.89
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$ 0
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$ 0
9.	<input checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ 544-
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ 0
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 0
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 0

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: <i>6</i>
2 FILER NAME <i>Mitchell Drummond</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>4/9/24</i>	5 Full name of contributor <i>FRANCIS SOEROW</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	7 Amount of contribution (\$) <i>\$108.00</i>
6 Contributor address: [REDACTED]	City: _____	State: _____	Zip Code: _____ <i>TAYLOR TX 76574 CK# 8127</i>
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions) <i>NONE</i>	
Date <i>4/6/24</i>	Full name of contributor <i>BRIAN GRAY</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$300.00</i>
Contributor address: [REDACTED]	City: _____	State: _____	Zip Code: _____ <i>TAYLOR TX 76574 CK# 73</i>
Principal occupation / Job title (See Instructions) <i>Bus Driver</i>		Employer (See Instructions) <i>Hutto ISD</i>	
Date <i>4/17/24</i>	Full name of contributor <i>MARK NISBET LINK</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$191.70</i>
Contributor address: [REDACTED]	City: _____	State: _____	Zip Code: _____ <i>AUSTIN TX 78703</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</i>	
Date <i>4/18/24</i>	Full name of contributor <i>JEROME + SUE BUMP</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 76574 CK# 0301</i>
Principal occupation / Job title (See Instructions) <i>Retired</i>		Employer (See Instructions) <i>Retired</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

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: 6
2 FILER NAME MICHAEL DRUMMOND				3 Filer ID (Ethics Commission Filers)
4 Date 4/18/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) AMY EVERHART			7 Amount of contribution (\$)
6 Contributor address: 		City: TAYLOR TX 76574	State: Zip Code	\$47.70
8 Principal occupation / Job title (See Instructions) DIRECTOR		9 Employer (See Instructions) AUSTIN ENERGY		
Date 4/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) RUBEN CANTU			Amount of contribution (\$)
Contributor address: 		City: TAYLOR TX 76574	State: Zip Code	\$10.00
Principal occupation / Job title (See Instructions) AUTO RESTORER		Employer (See Instructions) SELF		
Date 4/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) DOUGLAS JAQUE S			Amount of contribution (\$)
Contributor address: 		City: AUSTIN TX 78745	State: Zip Code	\$23.70
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED		
Date 4/18/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) NATHAN GRAY			Amount of contribution (\$)
Contributor address: 		City: HUTTO TX 78634	State: Zip Code	\$25.00
Principal occupation / Job title (See Instructions) TEACHER		Employer (See Instructions) TAYLOR ISD		
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. <i>6</i>
2 FILER NAME <i>MITCHELL DRUMMOND</i>		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/18/24</i>	5 Full name of contributor <i>TERRY PIERCE</i> 6 Contributor address: [REDACTED] <i>TAYLOR TX 76574</i>	7 Amount of contribution (\$) <i>\$25.00</i>
8 Principal occupation / Job title (See Instructions) <i>RETIRE</i>		9 Employer (See Instructions) <i>RETIRE</i>
Date <i>4/18/24</i>	Full name of contributor <i>YVONNE DUDE REIMERINK</i> Contributor address: [REDACTED] <i>TAYLOR TX 76574</i>	Amount of contribution (\$) <i>\$25.00</i>
Principal occupation / Job title (See Instructions) <i>ELECTRICAL APPRENTICE</i>		Employer (See Instructions)
Date <i>4/18/24</i>	Full name of contributor <i>MATTHEW DRUMMOND</i> Contributor address: [REDACTED] <i>TAYLOR TX 76574</i>	Amount of contribution (\$) <i>\$25.00</i>
Principal occupation / Job title (See Instructions) <i>FNP</i>		Employer (See Instructions) <i>LONE STAR CIRCLE OF CARE</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

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. 6	
2 FILER NAME MISCHELL Drummond				3 Filer ID (Ethics Commission Filers)	
4 Date 4/20/24	5 Full name of contributor SHANNON GREEN			6 Contributor address; [REDACTED] City: TAYLOR State: TX Zip Code 76574	7 Amount of contribution (\$)
8 Principal occupation / Job title (See Instructions) BIKE MECHANIC				9 Employer (See Instructions) TAYLOR BIKE COMPANY	
Date 4/20/24	Full name of contributor CLAUDENE GRIFFITH			Contributor address; [REDACTED] City: TAYLOR State: TX Zip Code 76574	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) RETIRED				Employer (See Instructions) RETIRED	
Date 4/20/24	Full name of contributor KAY PEEBLES			Contributor address; [REDACTED] City: TAYLOR State: TX Zip Code 76574	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) COMMODITY MANAGER				Employer (See Instructions) INTEGRIS	
Date 4/21/24	Full name of contributor JOSE ORTA			Contributor address; [REDACTED] City: TAYLOR State: TX Zip Code 76574	Amount of contribution (\$)
Principal occupation / Job title (See Instructions) RETIRED				Employer (See Instructions) RETIRED	
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 <i>4</i>
2 FILER NAME <i>Mitchell Drummond</i>			3 Filer ID (Ethics Commission Filers)
4 Date <i>4/21/24</i>	5 Full name of contributor <i>PATRICK TAYLOR</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>Operations Mgr</i>		9 Employer (See Instructions) <i>Golden Rabbit</i>	
Date <i>4/21/24</i>	Full name of contributor <i>JO ANNA McGINNIS</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$ 50.00</i>
Contributor address: [REDACTED]		City: _____ State: _____ Zip Code <i>TAYLOR TX 76574</i>	
Principal occupation / Job title (See Instructions) <i>TEACHER</i>		Employer (See Instructions) <i>TISD</i>	
Date <i>4/22/24</i>	Full name of contributor <i>ALICIA MARCUS</i>	<input type="checkbox"/> out-of-state PAC (ID# _____)	Amount of contribution (\$) <i>\$ 40.00</i>
Contributor address: [REDACTED]		City: _____ State: _____ Zip Code <i>TAYLOR TX 76574</i>	
Principal occupation / Job title (See Instructions) <i>Self-employed</i>		Employer (See Instructions) <i>Mixtape Restaurant</i>	
Date <i>4/23/24</i>	Full name of contributor <i>JAMIE FOX</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>Teacher</i>		Employer (See Instructions) <i>St. Mary's Catholic School</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

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 <i>6</i>
2 FILER NAME MITCHELL DRUMMOND		3 Filer ID (Ethics Commission Filers)
4 Date <i>4/5/24</i>	5 Full name of contributor <i>JAMES + MARIA NEWMAN</i>	6 Contributor address: <input type="checkbox"/> out-of-state PAC (ID# _____) City: _____ State: _____ Zip Code: _____ <i>TAYLOR TX 76574</i>
8 Principal occupation / Job title (See Instructions) <i>RETIRED</i>		9 Employer (See Instructions) <i>RETIRED</i>
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$) <i>\$500.00</i> <i>CK#2349</i>
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

SCHEDULE A2

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 A2: 1																									
<p>2 FILER NAME MITCHELL Deummond</p>				3 Filer ID (Ethics Commission Filers)																									
<p>4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS</p>				\$ \$968.00																									
5 Date 4/16/24	6 Full name of contributor ALICE CLARK	7 Contributor address: [REDACTED]	City: TAYLOR TX State: 76574 Zip Code	8 Amount of Contribution \$ \$484 9 In-kind contribution description T-SHIRTS																									
<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>																													
<p>10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Digital Design</p>				11 Employer (FOR NON-JUDICIAL) (See Instructions) HGB																									
<p>12 Contributor's principal occupation (FOR JUDICIAL)</p>				13 Contributor's job title (FOR JUDICIAL) (See Instructions)																									
<p>14 Contributor's employer/law firm (FOR JUDICIAL)</p>				15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)																									
<p>16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>																													
<table border="1"> <tr> <td>Date 4/16/24</td> <td>Full name of contributor ALEXANDER ALLRICH</td> <td>Contributor address: [REDACTED]</td> <td>City: TAYLOR TX State: 76574 Zip Code</td> <td>Amount of Contribution \$ \$484 In-kind contribution description T-SHIRTS</td> </tr> <tr> <td colspan="3"> <p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Account Executive</p> </td> <td colspan="2"> <p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p> </td> </tr> <tr> <td colspan="3"> <p>Contributor's principal occupation (FOR JUDICIAL)</p> </td> <td colspan="2"> <p>Employer (FOR NON-JUDICIAL) (See Instructions) Choice Local</p> </td> </tr> <tr> <td colspan="3"> <p>Contributor's employer/law firm (FOR JUDICIAL)</p> </td> <td colspan="2"> <p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p> </td> </tr> <tr> <td colspan="5"> <p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p> </td> </tr> </table>					Date 4/16/24	Full name of contributor ALEXANDER ALLRICH	Contributor address: [REDACTED]	City: TAYLOR TX State: 76574 Zip Code	Amount of Contribution \$ \$484 In-kind contribution description T-SHIRTS	<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Account Executive</p>			<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>		<p>Contributor's principal occupation (FOR JUDICIAL)</p>			<p>Employer (FOR NON-JUDICIAL) (See Instructions) Choice Local</p>		<p>Contributor's employer/law firm (FOR JUDICIAL)</p>			<p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p>		<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</p>				
Date 4/16/24	Full name of contributor ALEXANDER ALLRICH	Contributor address: [REDACTED]	City: TAYLOR TX State: 76574 Zip Code	Amount of Contribution \$ \$484 In-kind contribution description T-SHIRTS																									
<p>Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) Account Executive</p>			<p><input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.</p>																										
<p>Contributor's principal occupation (FOR JUDICIAL)</p>			<p>Employer (FOR NON-JUDICIAL) (See Instructions) Choice Local</p>																										
<p>Contributor's employer/law firm (FOR JUDICIAL)</p>			<p>Contributor's job title (FOR JUDICIAL) (See Instructions)</p>																										
<p>If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)</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>																													

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/Conditions Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Food/Beverage Expense
Gift/Awards/Memorial 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/Out
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 Filters)		
2	MITCHELL DRUMMOND			
4 Date	5 Payee name			
4/18/24	TAYLOR OFFICE PRODUCTS			
6 Amount (\$)	7 Payee address:	City; State; Zip Code		
\$356.14 CK# 1518	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	POST 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		Candidate / Officeholder name	Office sought	Office held
Date	Payee name			
4/18/24	TAYLOR PRESS			
Amount (\$)	Payee address:	City;	State;	Zip Code
\$390.00 CK# 1517	211 W 3RD TAYLOR TX 76574			
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	ADVERTISING EXPENSE	ADS IN PRINT		
	<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			
4/23/24	MAIN AVENUE PRINTING			
Amount (\$)	Payee address:	City;	State;	Zip Code
\$324.75	195 CR 446 STE B TAYLOR TX 76574			
 PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description		
	PRINTING EXPENSE	YARD 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
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/Party/Meeting Expense	Loan Repayment/Rambursement	Selection/Indemnifying 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 Candidates/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** 2 FILER NAME **MITCHELL Deummons** 3 Filer ID (Ethics Commission Filers)

4 Date **4/16/24** 5 Payee name **TAYLOR CHAMBER OF COMMERCE**

6 Amount (\$) **\$25** 7 Payee address, City; State; Zip Code
1519 N MAIN TAYLOR TX 76574

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description
	SOLICITATION/FUNDRAISING/EXP	TABLE AT FORUM

(c) Check if travel outside of Texas Complete Schedule T Check if Austin, TX, officeholder living expense

8 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

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

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/Anniversaries Expense
Legal Services

Loan/Repayment/Reimbursement
Office Overhead/Rental Expense
Parking 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:	2 FILER NAME MITCHELL DRUMMOND	3 Filer ID (Ethics Commission Filers)
4 Date 4/19/24	5 Payee name USPS	
6 Amount (\$) \$544.00 <small>Reimbursement from political contributions intended</small>	7 Payee address: 202 W 4TH ST TAYLOR TX 76874	City: State: Zip Code
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) POLITICAL EXPENSE	(b) Description STAMPS
	(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 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		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	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		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	
Candidate / Officeholder name Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED