

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: **13**

3 CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MR MITCHELL C DRUMMOND

OFFICE USE ONLY

Date Received

4-25-24 PM

4 CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE:

211 HOSACK TAYLOR, TX 76574

☐ Change of Address

5 CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 217-2915

Date Hand-delivered or Date Postmarked

6 CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

MS ELLEN S HANNINGTON

Receipt #

Amount \$

Date Processed

Date Imaged

7 CAMPAIGN
TREASURER
ADDRESS

STREET ADDRESS (NO PO BOX PLEASE):

APT / SUITE #:

CITY:

STATE:

ZIP CODE:

2303 LILLIE LN TAYLOR TX 76574

(Residence or Business)

8 CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 656-0546

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐

15th day after campaign
treasurer appointment
(Officeholder Only)

☐

July 15

☒

6th day before election

☐

Exceeded Modified
Reporting Limit

☐

Final Report (Attach C/OH - FR)

10 PERIOD
COVERED

Month

Day

Year

04/05/24

THROUGH

Month

Day

Year

04/24/24

11 ELECTION

ELECTION DATE

Month

Day

Year

5/04/24

☐

Primary

☐

Runoff

☐

Other
Description

☒

General

☐

Special

12 OFFICE

OFFICE HELD (if any)

CITY COUNCILMAN

13 OFFICE SOUGHT (if known)

CITY COUNCILMANT

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.

COMMITTEE TYPE

COMMITTEE NAME

☐

GENERAL

COMMITTEE ADDRESS

☐

SPECIFIC

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ Additional Pages

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)

\$ 0

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

\$ 2,704.10

EXPENDITURE
TOTALS

3. TOTAL UNITEMIZED POLITICAL EXPENDITURE

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 16,39.89

CONTRIBUTION
BALANCE

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

\$ 16,39.60

OUTSTANDING
LOAN TOTALS

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

\$ 1,700.00

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]

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

Executed in WILLIAMSON County, State of TEXAS, on the 24 day of APRIL, 20 24

[Signature]
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 Filers)

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	\$

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 MITCHELL DRUMMOND		3 Filer ID (Ethics Commission Filers)
4 Date 4/9/24	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) FRANCIS SORROW	7 Amount of contribution (\$) \$108.00
6 Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		CK # 8727
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) NONE
Date 4/6/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) BRIAN GRAY	Amount of contribution (\$) \$300.00
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		CK # 73
Principal occupation / Job title (See Instructions) BUS DRIVER		Employer (See Instructions) Hutto ISD
Date 4/17/24	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) MARK NISBE-LINK	Amount of contribution (\$) \$191.70
Contributor address; City; State; Zip Code [REDACTED] AUSTIN TX 78703		
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# _____) JEROME + SUE BUMP	Amount of contribution (\$) \$100.00
Contributor address; City; State; Zip Code [REDACTED] TAYLOR TX 76574		CK # 0301
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
<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: **6**

2 FILER NAME

MITCHELL DRUMMOND

3 Filer ID (Ethics Commission Filers)

4 Date

4/18/24

5 Full name of contributor

AMY EVERHART

☐ out-of-state PAC (ID# _____)

7 Amount of contribution (\$)

\$47.70

6 Contributor address;

City;

State;

Zip Code

TAYLOR TX 76574

8 Principal occupation / Job title (See Instructions)

DIRECTOR

9 Employer (See Instructions)

AUSTIN ENERGY

Date

4/18/24

Full name of contributor

RUBEN CANTU

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$10.00

Contributor address;

City;

State;

Zip Code

TAYLOR TX 76574

Principal occupation / Job title (See Instructions)

AUTO RESTORER

Employer (See Instructions)

SELF

Date

4/18/24

Full name of contributor

DOUGLAS JARQUE

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$23.70

Contributor address;

City;

State;

Zip Code

AUSTIN TX 78745

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

4/18/24

Full name of contributor

NATHAN GRAY

☐ out-of-state PAC (ID# _____)

Amount of contribution (\$)

\$25.00

Contributor address;

City;

State;

Zip Code

HUTTO TX 78634

Principal occupation / Job title (See Instructions)

TEACHER

Employer (See Instructions)

TAYLOR ISD

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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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>6</u>
2 FILER NAME <u>MITCHELL DRUMMOND</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/18/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>TERRY PIERCE</u>	7 Amount of contribution (\$) <u>\$25.00</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>		
8 Principal occupation / Job title (See Instructions) <u>RETIRED</u>		9 Employer (See Instructions) <u>RETIRED</u>
Date <u>4/18/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>YVONNE OUDE REIMERINK</u>	Amount of contribution (\$) <u>\$25.00</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>		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date <u>4/18/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>MATTHEW DRUMMOND</u>	Amount of contribution (\$) <u>\$25.00</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>		
Principal occupation / Job title (See Instructions) <u>ELECTRICAL APPRENTICE</u>		Employer (See Instructions)
Date <u>4/20/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>LISA DRUMMOND</u>	Amount of contribution (\$) <u>\$100.00</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>		
Principal occupation / Job title (See Instructions) <u>FNP</u>		Employer (See Instructions) <u>LONG STAR CIRCLE OF CARE</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>6</u>
2 FILER NAME <u>MITCHELL DRUMMOND</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/20/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>SHANNON GREEN</u>	7 Amount of contribution (\$) <u>\$25.00</u>
6 Contributor address; City; State; Zip Code [REDACTED] <u>TAYLOR TX 76574</u>		
8 Principal occupation / Job title (See Instructions) <u>BIKE MECHANIC</u>		9 Employer (See Instructions) <u>TAYLOR BIKE COMPANY</u>
Date <u>4/20/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>CLAUDENE GRIFFITH</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>RETIRED</u>		Employer (See Instructions) <u>RETIRED</u>
Date <u>4/20/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>KAY PEEBLES</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>COMMODITY MANAGER</u>		Employer (See Instructions) <u>ENTERGRIS</u>
Date <u>4/21/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JOSE ORTA</u>	Amount of contribution (\$) <u>\$15.00</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) <u>RETIRED</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 <u>6</u>
2 FILER NAME <u>MITCHELL DRUMMOND</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/21/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>PATRICK TAYLOR</u>	7 Amount of contribution (\$) <u>\$50.00</u>
6 Contributor address; City; State; Zip Code <u>TAYLOR TX 76574</u>		
8 Principal occupation / Job title (See Instructions) <u>Operations Mgr</u>		9 Employer (See Instructions) <u>Golden Rabbit</u>
Date <u>4/21/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JO ANNA MCGINNIS</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>TEACHER</u>		Employer (See Instructions) <u>TISD</u>
Date <u>4/22/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>ALEMA MARCUM</u>	Amount of contribution (\$) <u>\$ 40.00</u>
Contributor address; City; State; Zip Code <u>TAYLOR TX 76574</u>		
Principal occupation / Job title (See Instructions) <u>Self-employed</u>		Employer (See Instructions) <u>Mixtape Restaurant</u>
Date <u>4/23/24</u>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JAMIE FOX</u>	Amount of contribution (\$) <u>\$ 25.00</u>
Contributor address; City; State; Zip Code <u>TAYLOR TX 76574</u>		
Principal occupation / Job title (See Instructions) <u>Teacher</u>		Employer (See Instructions) <u>St. Mary's Catholic School</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/ <u>6</u>
2 FILER NAME <u>MITCHELL DRUMMOND</u>		3 Filer ID (Ethics Commission Filers)
4 Date <u>4/5/24</u>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <u>JAMES + MARIA NEWMAN</u>	7 Amount of contribution (\$) <u>\$500.00</u> <u>ck # 2349</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>		
8 Principal occupation / Job title (See Instructions) <u>RETIRED</u>		9 Employer (See Instructions) <u>RETIRED</u>
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)
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A2: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em;">MITCHELL DRUMMOND</div>		3 Filer ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ <div style="font-size: 1.2em;">\$968.00</div>	
5 Date <div style="font-size: 1.2em;">4/16/24</div>	6 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em;">ALICE CLARK</div>	8 Amount of Contribution \$ <div style="font-size: 1.2em;">\$484</div>	9 In-kind contribution description <div style="font-size: 1.2em;">T-SHIRTS</div>
7 Contributor address: City: State: Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> TAYLOR TX 76574		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
10 Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em;">Digital Design</div>		11 Employer (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em;">HGB</div>	
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 <div style="font-size: 1.2em;">4/16/24</div>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID# _____) <div style="font-size: 1.2em;">ALEXANDER AURICH</div>	Amount of Contribution \$ <div style="font-size: 1.2em;">\$484</div>	In-kind contribution description <div style="font-size: 1.2em;">T-SHIRTS</div>
Contributor address: City: State: Zip Code <div style="background-color: black; width: 150px; height: 20px; display: inline-block;"></div> TAYLOR TX 76574		<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.	
Principal occupation / Job title (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em;">Account Executive</div>		Employer (FOR NON-JUDICIAL) (See Instructions) <div style="font-size: 1.2em;">Choice Local</div>	
Contributor's principal occupation (FOR JUDICIAL)		Contributor's job title (FOR JUDICIAL) (See Instructions)	
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)	
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.			

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/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 F1: 2	2 FILER NAME MITCHELL DRUMMOND	3 Filer ID (Ethics Commission Filers)
----------------------------------------	------------------------------------------	---------------------------------------

4 Date 4/18/24	5 Payee name TAYLOR OFFICE PRODUCTS
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6 Amount (\$) \$356.14 CHK# 1518	7 Payee address; 305 N MAIN ST TAYLOR TX 76574	City; TAYLOR	State; TX	Zip Code 76574
-----------------------------------------------	----------------------------------------------------------	------------------------	---------------------	--------------------------

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	(b) Description POST CARDS
	(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 4/18/24	Payee name TAYLOR PRESS
------------------------	-----------------------------------

Amount (\$) \$390.00 CHK# 1517	Payee address; 211 W 3RD TAYLOR TX 76574	City; TAYLOR	State; TX	Zip Code 76574
---------------------------------------------	----------------------------------------------------	------------------------	---------------------	--------------------------

PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) ADVERTISING EXPENSE	Description 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 4/23/24	Payee name MAIN AVENUE PRINTING
------------------------	-------------------------------------------

Amount (\$) \$324.75	Payee address; 195 CR 446 STE B TAYLOR TX 76574	City; TAYLOR	State; TX	Zip Code 76574
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PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) PRINTING EXPENSE	Description 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 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
Contributors/Donations Made By	Gift/Awards/Memorials Expense	Printing Expense	Travel Out of District
Candidate/Officeholder/Political Committee	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)
Credit Card Payment			

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME MITCHELL DRUMMOND		3 Filer ID (Ethics Commission Filers)	
4 Date 4/16/24		5 Payee name TAYLOR CHAMBER OF COMMERCE			
6 Amount (\$) \$25		7 Payee address: 1519 N MAIN TAYLOR TX 76574		City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) SOLICITATION/FUNDRAISING/EXP		(b) Description TABLE AT FORUM		
	<input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T		<input type="checkbox"/> Check if Austin, TX, officeholder living expense		
8 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
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					
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					
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					
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					
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: <u>1</u>	2 FILER NAME <u>MITCHELL DRUMMOND</u>	3 Filer ID (Ethics Commission Filers)
4 Date <u>4/19/24</u>	5 Payee name <u>USPS</u>	
6 Amount (\$) <u>\$544.00</u> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <u>202 W 4TH ST TAYLOR TX 76874</u>	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) <u>POLLING EXPENSE</u>	(b) Description <u>STAMPS</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	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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 (\$) <input type="checkbox"/> Reimbursement from political contributions intended	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