

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) 00090903		2 Total pages filed: 6	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Brian Scott		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 11/01/2022		
	NICKNAME LAST SUFFIX Anderson Jr.				
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE 2121 Dickson Dr Apt. 102 Austin, TX 78704			Date Hand-delivered or Date Postmarked	
				Receipt #	Amount
				Date Processed	
				Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Brian Scott				
	NICKNAME LAST SUFFIX Anderson Jr.				
6 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 2121 Dickson Dr Apt. 102 Austin, TX 78704				
7 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (202) 471-0059				
8 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Runoff <input type="checkbox"/> 15th day after campaign treasurer appointment (officeholder only) <input type="checkbox"/> July 15 <input checked="" type="checkbox"/> 8th day before election <input type="checkbox"/> Exceeded modified reporting limit <input type="checkbox"/> Final Report (Attach C/OH-FR)				
9 PERIOD COVERED	Month Day Year THROUGH Month Day Year 10/11/2022 10/29/2022				
10 ELECTION	ELECTION DATE Month Day Year 11/08/2022		ELECTION TYPE		
			<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special		
11 OFFICE	OFFICE HELD (if any) None Place Austin District 5 Travis			12 OFFICE SOUGHT (if known) Council Member, District 5 Place Austin District 5	

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CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

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15 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. <i>These expenditures may have been made without the candidate's or officeholder's knowledge or consent.</i> Candidates and officeholders are required to report this information only if they receive notice of such expenditures.	
	COMMITTEE TYPE	COMMITTEE NAME
	<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
	<input type="checkbox"/> SPECIFIC	
	COMMITTEE CAMPAIGN TREASURER NAME	
	COMMITTEE CAMPAIGN TREASURER ADDRESS	

16 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 235.00
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 826.25
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 2,159.24
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

17 AFFADAVIT		
<p>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.</p> <div style="display: flex; justify-content: center; align-items: center;"><div style="border-bottom: 1px solid black; width: 200px; margin-right: 10px;"></div><div style="text-align: center;">Brian Scott Anderson Jr. Signature of Candidate or Officeholder</div></div>		
AFFIX NOTARY STAMP / SEAL ABOVE		
Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.		
_____ Signature of officer administering	_____ Printed name of officer administering	_____ Title of officer administering oath

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3**

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18 FILER NAME Anderson Jr., Brian Scott		19 Filer ID (Ethics Commission Filers) 00090903
20 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 235.00
2.	<input type="checkbox"/> SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	<input type="checkbox"/> SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	<input type="checkbox"/> SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 826.25
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
12.	<input type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/2 Rpt: 4/6
2 FILER NAME Anderson Jr., Brian Scott		3 Filer ID (Ethics Commission Filers) 00090903
4 Date 10/24/2022	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aivazova, Natalia (Ms.) <hr/> 6 Contributor address; City; State; Zip Code 1654 Euclid Street NW Apt. 102 Washington, DC 20009	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Economist		9 Employer (See Instructions) International Monetary Fund
Date 10/23/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fields, Patrick (Mr.) <hr/> Contributor address; City; State; Zip Code 3401 S Lamar Blvd #2411 Austin, TX 78704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) University Registrar		Employer (See Instructions) St. Edwards University
Date 10/19/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerrin, Doug (Mr.) <hr/> Contributor address; City; State; Zip Code 1620 Fuller St NW Apt. 408 Washington, DC 20009	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) FLRA
Date 10/15/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lockwood, Russ (Mr.) <hr/> Contributor address; City; State; Zip Code 2427 Allen St Dallas, TX 75204	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Texas Health & Human Services
Date 10/16/2022	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reichert, Marianne (Ms.) <hr/> Contributor address; City; State; Zip Code 8903 Creekmont CV Austin, TX 78748	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:
Sch: 2/2 Rpt: 5/6

2 FILER NAME

Anderson Jr., Brian Scott

3 Filer ID (Ethics Commission Filers)
00090903

4 Date

10/11/2022

5 Full name of contributor

☐ out-of-state PAC (ID#: _____)

Simsarian Dolan, Thomas (Dr.)

7 Amount of Contribution (\$)

\$25.00

6 Contributor address; City; State; Zip Code

598 10 Ave.

3F

New York, NY 10036

8 Principal occupation / Job title (See Instructions)

Research Fellow

9 Employer (See Instructions)

Emory University

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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: Sch: 1/1 Rpt: 6/6	2 FILER NAME Anderson Jr., Brian Scott	3 Filer ID (Ethics Commission Filers) 00090903
4 Date 10/24/2022	5 Payee name Echo 19	
6 Amount (\$) \$511.25	7 Payee address; City; State; Zip Code 2202 18th St NW Suite 119 Washington, DC 20009	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Voter texting campaign expense
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/19/2022	Payee name Texas Democratic Party	
Amount (\$) \$315.00	Payee address; City; State; Zip Code PO Box 15707 Austin, TX 78761	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Fee to access phone/text banking data
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held