

# 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<br>(Ethics Commission Filers)<br>00091407 |                                                                                                                                                                                                  | 2 Total pages filed:<br>8              |  |
| 3 CANDIDATE /<br>OFFICEHOLDER<br>NAME                                                                 | MS / MRS / MR FIRST MI<br>Elizabeth M.                                                                                                                                                                                                                                                                                                                                                                                             |                                                      | OFFICE USE ONLY<br>Date Received<br>ELECTRONICALLY FILED<br>10/05/2026                                                                                                                           |                                        |  |
|                                                                                                       | NICKNAME LAST SUFFIX<br>Brink                                                                                                                                                                                                                                                                                                                                                                                                      |                                                      |                                                                                                                                                                                                  |                                        |  |
| 4 CANDIDATE /<br>OFFICEHOLDER<br>MAILING<br>ADDRESS<br><br><input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; ZIP CODE<br>1101 Reno Dr<br><br>Austin, TX 78745                                                                                                                                                                                                                                                                                                                                            |                                                      |                                                                                                                                                                                                  | Date Hand-delivered or Date Postmarked |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                                                                                                  | Receipt # Amount                       |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                                                                                                  | Date Processed                         |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                                                                                                  | Date Imaged                            |  |
| 5 CAMPAIGN<br>TREASURER<br>NAME                                                                       | MS / MRS / MR FIRST MI<br>Liz M.                                                                                                                                                                                                                                                                                                                                                                                                   |                                                      |                                                                                                                                                                                                  |                                        |  |
|                                                                                                       | NICKNAME LAST SUFFIX<br>Brink                                                                                                                                                                                                                                                                                                                                                                                                      |                                                      |                                                                                                                                                                                                  |                                        |  |
| 6 CAMPAIGN<br>TREASURER<br>ADDRESS<br><br>(Residence or Business)                                     | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE<br>1101 Reno Dr<br><br>Austin, TX 78745                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                                                                                                  |                                        |  |
| 7 CAMPAIGN<br>TREASURER<br>PHONE                                                                      | AREA CODE PHONE NUMBER EXTENSION<br>(512) 784-2274                                                                                                                                                                                                                                                                                                                                                                                 |                                                      |                                                                                                                                                                                                  |                                        |  |
| 8 REPORT<br>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)<br><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) |                                                      |                                                                                                                                                                                                  |                                        |  |
| 9 PERIOD<br>COVERED                                                                                   | Month Day Year    THROUGH    Month Day Year<br>07/21/2026    10/05/2026                                                                                                                                                                                                                                                                                                                                                            |                                                      |                                                                                                                                                                                                  |                                        |  |
| 10 ELECTION                                                                                           | ELECTION DATE<br>Month Day Year<br>11/03/2026                                                                                                                                                                                                                                                                                                                                                                                      |                                                      | ELECTION TYPE<br><input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other<br><input checked="" type="checkbox"/> General <input type="checkbox"/> Special |                                        |  |
|                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                      |                                                                                                                                                                                                  |                                        |  |
| 11 OFFICE                                                                                             | OFFICE HELD (if any)                                                                                                                                                                                                                                                                                                                                                                                                               |                                                      | 12 OFFICE SOUGHT (if known)<br>Council Member, District 5 Place austin District 5                                                                                                                |                                        |  |

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

## FORM C/OH COVER SHEET PG 2

2 of 8

|                       |                     |                    |                                        |
|-----------------------|---------------------|--------------------|----------------------------------------|
| <b>13 C / OH NAME</b> | Brink, Elizabeth M. | <b>14 Filer ID</b> | (Ethics Commission Filers)<br>00091407 |
|-----------------------|---------------------|--------------------|----------------------------------------|

|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                |                                             |
|-------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|
| <b>15 NOTICE FROM POLITICAL COMMITTEE(S)</b><br><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. |                                             |
|                                                                                           | <b>COMMITTEE TYPE</b>                                                                                                                                                                                                                                                                                                                                                                          | <b>COMMITTEE NAME</b>                       |
|                                                                                           | <input type="checkbox"/> GENERAL                                                                                                                                                                                                                                                                                                                                                               | <b>COMMITTEE ADDRESS</b>                    |
|                                                                                           | <input type="checkbox"/> SPECIFIC                                                                                                                                                                                                                                                                                                                                                              | <b>COMMITTEE CAMPAIGN TREASURER NAME</b>    |
|                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                | <b>COMMITTEE CAMPAIGN TREASURER ADDRESS</b> |

|                                |                                                                                                                       |             |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------|-------------|
| <b>16 CONTRIBUTION TOTALS</b>  | 1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED | \$ 0.00     |
|                                | 2. <b>TOTAL POLITICAL CONTRIBUTIONS</b> (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)                           | \$ 1,347.51 |
| <b>EXPENDITURE TOTALS</b>      | 3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED                                                     | \$ 0.00     |
|                                | 4. <b>TOTAL POLITICAL EXPENDITURES</b>                                                                                | \$ 1,347.51 |
| <b>CONTRIBUTION BALANCE</b>    | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD                                | \$ 0.00     |
| <b>OUTSTANDING LOAN TOTALS</b> | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD                         | \$ 0.00     |

**17 AFFADAVIT**

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.

Elizabeth M. Brink

\_\_\_\_\_  
Signature of Candidate or Officeholder

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**

3 of 8

|                                                  |                                                                                                             |                                                           |
|--------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>18 FILER NAME</b><br>Brink, Elizabeth M.      |                                                                                                             | <b>19 Filer ID</b> (Ethics Commission Filers)<br>00091407 |
| <b>20 SCHEDULE SUBTOTALS</b><br>NAME OF SCHEDULE |                                                                                                             | SUBTOTAL AMOUNT                                           |
| 1.                                               | <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS                           | \$ 1,347.51                                               |
| 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 type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS                   | \$                                                        |
| 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 checked="" type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES FROM PERSONAL FUNDS                  | \$ 1,347.51                                               |
| 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**

|                                                                                   |                                                                                                                                                                                                             |                                                          |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                  |                                                                                                                                                                                                             | <b>1</b> Total pages Schedule A1:<br>Sch: 1/2 Rpt: 4/8   |
| <b>2</b> FILER NAME<br>Brink, Elizabeth M.                                        |                                                                                                                                                                                                             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00091407 |
| <b>4</b> Date<br>08/18/2026                                                       | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>brink, liz<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>1101 reno dr<br><br>austin, TX 78745 | <b>7</b> Amount of Contribution (\$)<br><br>\$149.37     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>union electrician |                                                                                                                                                                                                             | <b>9</b> Employer (See Instructions)<br>ibew520          |
| Date<br>08/20/2026                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>brink, liz<br><hr/> Contributor address; City; State; Zip Code<br>1101 reno dr<br><br>austin, TX 78745                   | Amount of Contribution (\$)<br><br>\$11.10               |
| Principal occupation / Job title (See Instructions)<br>union electrician          |                                                                                                                                                                                                             | Employer (See Instructions)<br>ibew520                   |
| Date<br>08/20/2026                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>brink, liz<br><hr/> Contributor address; City; State; Zip Code<br>1101 reno dr<br><br>austin, TX 78745                   | Amount of Contribution (\$)<br><br>\$26.65               |
| Principal occupation / Job title (See Instructions)<br>union electrician          |                                                                                                                                                                                                             | Employer (See Instructions)<br>ibew520                   |
| Date<br>08/17/2026                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>brink, liz<br><hr/> Contributor address; City; State; Zip Code<br>1101 reno dr<br><br>austin, TX 78745                   | Amount of Contribution (\$)<br><br>\$230.94              |
| Principal occupation / Job title (See Instructions)<br>union electrician          |                                                                                                                                                                                                             | Employer (See Instructions)<br>ibew520                   |
| Date<br>08/20/2026                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>brink, liz<br><hr/> Contributor address; City; State; Zip Code<br>1101 reno dr<br><br>austin, TX 78745                   | Amount of Contribution (\$)<br><br>\$451.40              |
| Principal occupation / Job title (See Instructions)<br>union electrician          |                                                                                                                                                                                                             | Employer (See Instructions)<br>ibew520                   |

# MONETARY POLITICAL CONTRIBUTIONS

## SCHEDULE A1

|                                                                                   |                                                                                                                                                                                                             |                                                          |
|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| <b>The Instruction Guide explains how to complete this form.</b>                  |                                                                                                                                                                                                             | <b>1</b> Total pages Schedule A1:<br>Sch: 2/2 Rpt: 5/8   |
| <b>2</b> FILER NAME<br>Brink, Elizabeth M.                                        |                                                                                                                                                                                                             | <b>3</b> Filer ID (Ethics Commission Filers)<br>00091407 |
| <b>4</b> Date<br>09/17/2026                                                       | <b>5</b> Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>brink, liz<br><hr/> <b>6</b> Contributor address; City; State; Zip Code<br>1101 reno dr<br><br>austin, TX 78745 | <b>7</b> Amount of Contribution (\$)<br><br>\$451.40     |
| <b>8</b> Principal occupation / Job title (See Instructions)<br>union electrician |                                                                                                                                                                                                             | <b>9</b> Employer (See Instructions)<br>ibew520          |
| Date<br>09/23/2026                                                                | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____)<br>brink, liz<br><hr/> Contributor address; City; State; Zip Code<br>1101 reno dr<br><br>austin, TX 78745                   | Amount of Contribution (\$)<br><br>\$26.65               |
| Principal occupation / Job title (See Instructions)<br>union electrician          |                                                                                                                                                                                                             | Employer (See Instructions)<br>ibew520                   |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## 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.

|                                                                                                                     |                                                                                                   |                                                                                                                                                                                                |
|---------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule G:<br>Sch: 1/3 Rpt: 6/8                                                               | <b>2</b> FILER NAME<br>Brink, Elizabeth M.                                                        | <b>3</b> Filer ID (Ethics Commission Filers)<br>00091407                                                                                                                                       |
| <b>4</b> Date<br>08/20/2026                                                                                         | <b>5</b> Payee name<br>Lovable Labs, Inc                                                          |                                                                                                                                                                                                |
| <b>6</b> Amount (\$)<br>\$26.65<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>1111b South Governors Ave<br><br>Dover, DE 19904 |                                                                                                                                                                                                |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                                     | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense    | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>website |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                 | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                      |
| Date<br>08/20/2026                                                                                                  | Payee name<br>Lovable Labs, Inc                                                                   |                                                                                                                                                                                                |
| Amount (\$)<br>\$11.10<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>1111b South Governors Ave<br><br>Dover, DE 19904          |                                                                                                                                                                                                |
| PURPOSE OF EXPENDITURE                                                                                              | Category (See Categories listed at the top of this schedule)<br>Advertising Expense               | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>domain name        |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                          | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                      |
| Date<br>09/23/2026                                                                                                  | Payee name<br>Lovable Labs, Inc                                                                   |                                                                                                                                                                                                |
| Amount (\$)<br>\$26.65<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>1111b South Governors Ave<br><br>Dover, DE 19904          |                                                                                                                                                                                                |
| PURPOSE OF EXPENDITURE                                                                                              | Category (See Categories listed at the top of this schedule)<br>Advertising Expense               | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>website            |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                          | Candidate/Officeholder name                                                                       | Office sought Office held                                                                                                                                                                      |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

**SCHEDULE G**

## 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.

|                                                                                                                      |                                                                                                 |                                                                                                                                                                                                       |
|----------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule G:<br>Sch: 2/3 Rpt: 7/8                                                                | <b>2</b> FILER NAME<br>Brink, Elizabeth M.                                                      | <b>3</b> Filer ID (Ethics Commission Filers)<br>00091407                                                                                                                                              |
| <b>4</b> Date<br>08/18/2026                                                                                          | <b>5</b> Payee name<br>Print Austin                                                             |                                                                                                                                                                                                       |
| <b>6</b> Amount (\$)<br>\$149.37<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>6800 westgate blvd<br>#130<br>austin, TX 78745 |                                                                                                                                                                                                       |
| <b>8</b> PURPOSE OF EXPENDITURE                                                                                      | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense  | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>business cards |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                  | Candidate/Officeholder name                                                                     | Office sought Office held                                                                                                                                                                             |
| Date<br>08/20/2026                                                                                                   | Payee name<br>bumperactive                                                                      |                                                                                                                                                                                                       |
| Amount (\$)<br>\$451.40<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>1045 A Reinli St<br>austin, TX 78723                    |                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                                               | Category (See Categories listed at the top of this schedule)<br>Advertising Expense             | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>yard signs                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                           | Candidate/Officeholder name                                                                     | Office sought Office held                                                                                                                                                                             |
| Date<br>09/17/2026                                                                                                   | Payee name<br>bumperactive                                                                      |                                                                                                                                                                                                       |
| Amount (\$)<br>\$451.40<br><br><input type="checkbox"/> Reimbursement from political contributions intended          | Payee address; City; State; Zip Code<br>1045 A Reinli St<br>austin, TX 78723                    |                                                                                                                                                                                                       |
| PURPOSE OF EXPENDITURE                                                                                               | Category (See Categories listed at the top of this schedule)<br>Advertising Expense             | Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>yard signs                |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                           | Candidate/Officeholder name                                                                     | Office sought Office held                                                                                                                                                                             |

# POLITICAL EXPENDITURES FROM PERSONAL FUNDS

## SCHEDULE G

### 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.

|                                                                                                                      |                                                                                                |                                                                                                                                                                                                          |
|----------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Total pages Schedule G:<br>Sch: 3/3 Rpt: 8/8                                                                | <b>2</b> FILER NAME<br>Brink, Elizabeth M.                                                     | <b>3</b> Filer ID (Ethics Commission Filers)<br>00091407                                                                                                                                                 |
| <b>4</b> Date<br>08/17/2026                                                                                          | <b>5</b> Payee name<br>bumperactive                                                            |                                                                                                                                                                                                          |
| <b>6</b> Amount (\$)<br>\$230.94<br><br><input type="checkbox"/> Reimbursement from political contributions intended | <b>7</b> Payee address; City; State; Zip Code<br>1045 A Reinli St<br><br>austin, TX 78723      |                                                                                                                                                                                                          |
| <b>8</b> <b>PURPOSE OF EXPENDITURE</b>                                                                               | <b>(a)</b> Category (See Categories listed at the top of this schedule)<br>Advertising Expense | <b>(b)</b> Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.<br><input type="checkbox"/> Check if Austin, TX, officeholder living expense<br>campaign t-shirts |
| <b>9</b> Complete <u>ONLY</u> if direct expenditure to benefit C/OH                                                  | Candidate/Officeholder name                                                                    | Office sought      Office held                                                                                                                                                                           |