

Main body of text containing various symbols, numbers, and characters, possibly representing a code or a corrupted document.


Signature of Candidate or Officeholder



day of _____, 20____



19 FILER'S NAME

Brenda Santer

(Ethics Commission filers)

21 SCHEDULE SELECTED
NAME OF SCHEDULE

AMOUNT

1.

SCHEDULE A: MUNICIPAL

500.00

2.

SCHEDULE A: NON-MUNICIPAL IN KIND POLITICAL

3.

SCHEDULE B: PLEDGED CONTRIBUTIONS

4.

SCHEDULE C: PLEDGED CONTRIBUTIONS

5.

SCHEDULE F1: POLITICAL CONTRIBUTIONS MADE FROM POLITICAL CONTRIBUTIONS

4444.07

6.

SCHEDULE G: POLITICAL CONTRIBUTIONS

7.

SCHEDULE H: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS

8.

SCHEDULE I: POLITICAL CONTRIBUTIONS

9.

SCHEDULE G: POLITICAL CONTRIBUTIONS MADE FROM PERSONAL FUNDS

10.

SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS

11.

SCHEDULE I: NON-POLITICAL CONTRIBUTIONS MADE FROM POLITICAL CONTRIBUTIONS

12.

SCHEDULE K: INTEREST ON CREDIT CARDS AND OTHER ACCOUNTS

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 schedule.

2 FILER NAME

Brenda Sanders WUSA

4 Date

05/01/2021

5 Full name of contributor

Republic

out-of-state PAC (IP#)

7 Amount of contribution (\$)

\$300.00

6 Contributor address

18500 N Allied Way Fr

8 Principal occupation / Job title

Date

05/01/2021

Full name of contributor

James Lattimore

out-of-state PAC (IP#)

Amount of contribution (\$)

\$200.00

Contributor address

1600 Texas St, Ft. TX 75106

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

05/01/2021

Full name of contributor

Frank Kirkland

out-of-state PAC (IP#)

Amount of contribution (\$)

\$100.00

Contributor address

3040 Lake View CR, NHD TX 70106

Principal occupation / Job title (See instructions)

Employer (See instructions)

Date

Full name of contributor

out-of-state PAC (IP#)

Amount of contribution (\$)

\$

Contributor address

Principal occupation / Job title (See instructions)

Employer (See instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED.

If contributor is out-of-state

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POLITICAL CONTRIBUTION REPORT TO THE STATE FROM POLITICAL COMMITTEES

SCHEDULE

If the requested information is not applicable, DO NOT include this area in the report.

EXPENSES

- Advertising Expense
- Accounting/Banking Fees
- Contributions/Donations Made On Behalf of Candidate/Officeholder/Political Committee
- Credit Card Payment
- Event Expenses
- Office/Travel/Rental Expenses
- Office/Travel/Rental Expenses
- Legal Services
- Salaries/Wages/Contract Labor
- The Inspector General

1 Total page(s) **Brenda Sanders-Wise**

4 Date **06/18/2014** 5 Payee name

6 Amount (\$) **\$1,114.27** 7 Payee address: **6125 E. Parkview** City: **Haltom City** State: **TX** Zip Code: **76117**

PURPOSE OF EXPENDITURE: **Contributions**
 Description: **Donation to PTA to their clothes closet for the underserved population PDS.**

9 Complete ONLY 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
 Check if travel outside of Texas Check if Austin, TX, Officeholder 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
 Check if travel outside of Texas Check if Austin, TX, Officeholder Expense

Complete ONLY if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE

**CANDIDATE/OFFICEHOLDER
DESIGNATION OF FINAL REPORT**

The Instruction Guide explains how to complete this form.

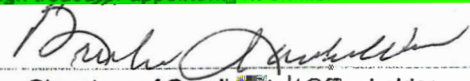
• Complete only if "Report Type" on page 1-3 marked "Final Report"

1 C/OH NAME

Brenda Sadorski Wisco

3 SIGNATURE

I do not expect any further political contributions or political expenditures in connection with this report as a final report to be made by my campaign treasurer or other individuals, and I do not expect to receive any campaign contributions or make any campaign expenditures.


Signature of Candidate/Officeholder

4 FILER WHO IS NOT AN OFFICEHOLDER

• Complete A & B below only if you are not an officeholder.

A. CAMPAIGN FUNDS

Check only one:

- I do not have unexpended political contributions or interest on political contributions.
- I have unexpended contributions or unexpended interest on contributions not held from political contributions. I understand that I may not convert unexpended political contributions or unexpended contributions to personal use. I also understand that I must dispose of unexpended contributions and unexpended contributions within 60 days of filing this final report. Further, I understand that I must dispose of unexpended political contributions and unexpended interest on political contributions in accordance with the requirements of the Campaign Finance Act.

B. ASSETS

Check only one:

- I do not retain assets purchased with political contributions or interest on political contributions.
- I do retain assets purchased with political contributions or interest on political contributions. I understand that I must dispose of assets purchased with political contributions or interest on political contributions in accordance with the requirements of the Campaign Finance Act.

Signature of Candidate/Officeholder

5 OFFICEHOLDER

• Complete this section only if you are an officeholder.

- I am aware that I may be required to file reports of unexpended contributions if, as an officeholder, I retain political contributions, interest on other income, or interest on political contributions or interest on other income.


Signature of Officeholder