

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: 8

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR FIRST MI
Bryan K
 NICKNAME LAST SUFFIX
Underwood

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
2016 Elm Creek Road; Seguin; TX; 78155

Change of Address

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE PHONE NUMBER EXTENSION
(830) 305-2867

6 CAMPAIGN TREASURER NAME

MS / MRS / MR FIRST MI
Mrs. Kelly
 NICKNAME LAST SUFFIX
Underwood

7 CAMPAIGN TREASURER ADDRESS

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
2016 Elm Creek Road; Seguin; TX; 78155
 (Residence or Business)

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION
(830) 865-0474

9 REPORT TYPE

January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)
 July 15 8th day before election Exceeded Modified Reporting Limit Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year Month Day Year
1 / 01 / 2024 THROUGH 1 / 25 / 2024

11 ELECTION

ELECTION DATE ELECTION TYPE
 Month Day Year Primary Runoff Other Description
3 / 5 / 2024 General Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

County Commissioner Pct 1

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.

Additional Pages

COMMITTEE TYPE	COMMITTEE NAME
<input type="checkbox"/> GENERAL	COMMITTEE ADDRESS
<input type="checkbox"/> SPECIFIC	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

OFFICE USE ONLY

Date Received
Guadalupe Co Elections
FEB 02 2024

Received
Tina Robinson

Date Hand-delivered or Date Postmarked

Receipt # Amount \$

Date Processed

Date Imaged

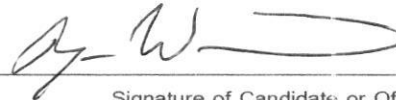
GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME <u>Bryan Underwood</u>		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)	\$ \$2,925.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ \$0
	4. TOTAL POLITICAL EXPENDITURES	\$ \$2,087.55
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ \$925.46
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ \$1,000.00

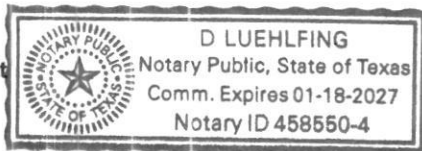
18 SIGNATURE I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit



NOTARY STAMP / SEAL

Sworn to and subscribed before me by Bryan Underwood this the 2nd day of February

20 24, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

D. Luehlfing
Printed name of officer administering oath

Notary Public, State of Texas
Title of officer administering oath

OR

(2) Unsworn Declaration

My name is _____, and my date of birth is _____.

My address is _____
(street) (city) (state) (zip code) (country)

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME

Bryan Underwood

20 Filer ID (Ethics Commission Filers)

21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE

SUBTOTAL
AMOUNT

1.	<input type="checkbox"/>	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ \$2,925.00
2.	<input type="checkbox"/>	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ \$0
3.	<input type="checkbox"/>	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ \$0
4.	<input type="checkbox"/>	SCHEDULE E: LOANS	\$ \$0
5.	<input type="checkbox"/>	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$2,087.95
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 type="checkbox"/>	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$ \$0
10.	<input type="checkbox"/>	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$ \$0
11.	<input type="checkbox"/>	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ \$0
12.	<input type="checkbox"/>	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ \$0

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 3
2 FILER NAME Bryan K. Underwood		3 Filer ID (Ethics Commission Filers)
4 Date 1/2/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shyla S. Underwood <hr/> 6 Contributor address; City; State; Zip Code 2000 Single Oak Rd; Seguin; TX; 78155	7 Amount of contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Carpenter		9 Employer (See Instructions) Cutting Edge
Date 1/2/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sam Keith <hr/> Contributor address; City; State; Zip Code Blanco, Texas; 78606	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions)
Date 1/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robert Reese <hr/> Contributor address; City; State; Zip Code 1418 Melanie Circle; San Antonio; TX; 78258	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Self employed
Date 1/8/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradley D. Underwood <hr/> Contributor address; City; State; Zip Code 1913 Tenth Street; Port Neches; TX; 77651	Amount of contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Project Engineer		Employer (See Instructions) Zachry
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 43
2 FILER NAME Bryan K. Underwood		3 Filer ID (Ethics Commission Filers)
4 Date 1/8/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wendell Smith 6 Contributor address; City; State; Zip Code 813 N. Hwy 123 Bypass; Seguin; TX; 78155	7 Amount of contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Insurance Agent		9 Employer (See Instructions) Self employed
Date 1/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Castle Contributor address; City; State; Zip Code 12521 FM 466; Seguin; TX; 78155	Amount of contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Rancher		Employer (See Instructions) Self employed
Date 1/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mike King Contributor address; City; State; Zip Code 6172 Gleneagles Circle; Huntington Beach ; CA; 92648	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self employed
Date 1/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brent Beicker Contributor address; City; State; Zip Code 333 Beicker Rd; Seguin; TX; 78155	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self employed
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4 3
2 FILER NAME Bryan K. Underwood		3 Filer ID (Ethics Commission Filers)
4 Date 1/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnie Beicker 6 Contributor address; City; State; Zip Code 333 Beicker Rd; Seguin; TX; 78155	7 Amount of contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Contractor		9 Employer (See Instructions) Self employed
Date 1/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonnie Castle Contributor address; City; State; Zip Code 12525 FM 466; Seguin; TX; 78155	Amount of contribution (\$) 50.00
Principal occupation / Job title (See Instructions) CFO		Employer (See Instructions) Butlerwood
Date 1/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bubba Martin Contributor address; City; State; Zip Code 510 N. Austin; Seguin; TX; 78155	Amount of contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Contractor		Employer (See Instructions) Self employed
Date 1/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ben Knotgrass Contributor address; City; State; Zip Code 5720 IH 10 West; Seguin; TX; 78155	Amount of contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) RV Sales		Employer (See Instructions) Self employed
<p>ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED</p> <p>If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.</p>		

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Event Expense	Loan Repayment/Reimbursement	Sol citation/Fundraising Expense
Accounting/Banking	Fees	Office Overhead/Rental Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Polling Expense	Travel In District
Contributions/Donations Made By Candidate/Officeholder/Political Committee	Gift/Awards/Memorials Expense	Printing Expense	Travel Out Of District
Credit Card Payment	Legal Services	Salaries/Wages/Contract Labor	Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: 2		2 FILER NAME Bryan K. Underwood		3 Filer ID (Ethics Commission Filers)	
4 Date 1/9/2024		5 Payee name Tractor Supply			
6 Amount (\$) \$124.17		7 Payee address; City: State: Zip Code 1500 E. Court Street; Seguin; TX; 78155			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense		(b) Description T posts for signs		
	(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 Bryan K. Underwood		Office sought Office held County Commissioner Pct 1	
Date 1/11/2024		Payee name Guadalupe Print Solutions			
Amount (\$) \$1,231.89		Payee address; City: State: Zip Code 107 N. Camp Street; Seguin; TX; 78155			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description 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 Bryan K. Underwood		Office sought Office held County Commissioner Pct 1	
Date 1/17/2024		Payee name Guadalupe Print Solutions			
Amount (\$) \$595.38		Payee address; City: State: Zip Code 107 N. Camp Street; Seguin; TX; 78155			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Advertising Expense		Description 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 Bryan K. Underwood		Office sought Office held County Commissioner Pct 1	

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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
Contributions/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 Bryan K. Underwood	3 Filer ID (Ethics Commission Filers)
4 Date 1/16/2024	5 Payee name Helping Hand Hardware	
6 Amount (\$) \$113.51	7 Payee address; City; State; Zip Code PO Box 305; Marion, TX; 78124	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising Expense	(b) Description T posts for signs
	(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 Bryan K. Underwood	Office sought / Office held County Commissioner Pct 1
Date 1/11/2024	Payee name Anedot	
Amount (\$) \$20.30	Payee address; City; State; Zip Code 1920 McKinney Ave, 7th floor; Dallas; TX; 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Bank transaction fee
	<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 Bryan K. Underwood	Office sought / Office held County Commissioner Pct 1
Date 1/15/2024	Payee name Anedot	
Amount (\$) \$2.30	Payee address; City; State; Zip Code 1920 McKinney Ave, 7th floor; Dallas; TX; 75201	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees	Description Bank transaction fee
	<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 Bryan K. Underwood	Office sought / Office held County Commissioner Pct 1

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