

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 | 2 Total pages filed: 11 |
| 3 CANDIDATE / OFFICEHOLDER NAME | MS / MRS / MR | FIRST Brandon | MI |
| | NICKNAME | LAST Capetillo | SUFFIX |
| 4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input checked="" type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; 2815 Canadian Goose Lane Baytown, TX 77521 | | ZIP CODE |
| | Date Received | | |
| | Date Hand-delivered or Date Postmarked <i>J</i> | | |
| | Receipt # | Amount | |
| | | | Date Processed |
| | | | Date Imaged |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR | FIRST KAREN | MI |
| | NICKNAME | LAST CAPETILLO | SUFFIX |
| 6 CAMPAIGN TREASURER ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4411 Country Club View BAYTOWN, TX 77521 | | |
| | 7 CAMPAIGN TREASURER PHONE | AREA CODE | PHONE NUMBER 281-424-9117 |
| 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 checked="" 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 COVERED | Month Day Year 01/01/2024 | | THROUGH |
| | Month Day Year 06/30/2024 | | |
| 10 ELECTION | ELECTION DATE Month Day Year | | ELECTION TYPE |
| | | | <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special |
| 11 OFFICE | OFFICE HELD (if any) Place Mayor District Baytown Harris | | 12 OFFICE SOUGHT (if known) |
| | | | |

GO TO PAGE 2

**CANDIDATE / OFFICEHOLDER REPORT:
SUPPORT & TOTALS**

**FORM C/OH
COVER SHEET PG 2**
2 of 11

| | |
|--------------------------------------|-------------|
| 13 C / OH NAME Capetillo, Brandon | 14 Filer ID |
|--------------------------------------|-------------|

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

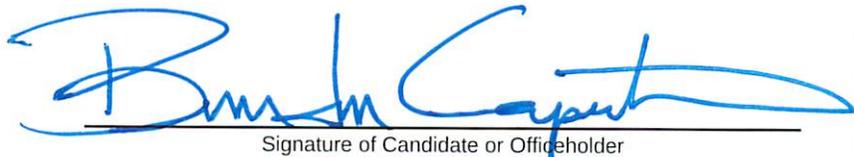
| | | |
|-------------------------|---|--------------|
| 16 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) | \$ 2,220.52 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 30,120.52 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 3,840.93 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 5,412.86 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 25,234.22 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0.00 |

17 AFFIDAVIT

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.

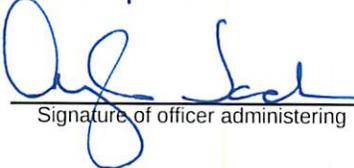


AFFIX NOTARY STAMP / SEAL ABOVE



Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Brandon Capetillo, this the 15th day of July, 2024, to certify which, witness my hand and seal of office.



Signature of officer administering

Angela Jackson

Printed name of officer administering

City Clerk/Notary

Title of officer administering oath

SUBTOTALS - C/OH

| | |
|--|--------------------|
| 18 FILER NAME Capetillo, Brandon | 19 Filer ID |
|--|--------------------|

| 20 SCHEDULE SUBTOTALS NAME OF SCHEDULE | SUBTOTAL AMOUNT |
|---|-----------------|
| 1. <input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | \$ 30,120.52 |
| 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 | \$ 5,412.86 |
| 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: 1/6 Rpt: 4/11 |
| 2 FILER NAME Capetillo, Brandon | | 3 Filer ID |
| 4 Date 05/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Ronnie and Barbara | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77523 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 03/22/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baytown Firefighters PAC | Amount of Contribution (\$) \$5,000.00 |
| Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77522 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benavides, Frank & Olga | Amount of Contribution (\$) \$150.00 |
| Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77521 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buscha, Timothy | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code [REDACTED] Cypress, TX 77429 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capetillo, Tom & Karen | Amount of Contribution (\$) \$200.00 |
| Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77521 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 2/6 Rpt: 5/11 |
| 2 FILER NAME Capetillo, Brandon | | 3 Filer ID |
| 4 Date 05/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cather, Sonya & Dale 6 Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77521 | 7 Amount of Contribution (\$) \$100.00 |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DEC-PAC Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77046 | Amount of Contribution (\$) \$750.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floyd, Cher & John Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77520 | Amount of Contribution (\$) \$2,500.00 |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzales, Rebecca Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77521 | Amount of Contribution (\$) \$200.00 |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Eddie Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77521 | Amount of Contribution (\$) \$500.00 |
| Principal occupation / Job title (See Instructions) Business owner | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|--|--|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 3/6 Rpt: 6/11 |
| 2 FILER NAME Capetillo, Brandon | | 3 Filer ID |
| 4 Date 05/07/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) HOME-PAC | 7 Amount of Contribution (\$) \$500.00 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77064 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, David | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77024 | | |
| Principal occupation / Job title (See Instructions) Engineer | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hinojosa, Gilbert & Sonya | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77520 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hotchkiss, Ronnie | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77521 | | |
| Principal occupation / Job title (See Instructions) Business owner | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hu, Shou Ting | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77401 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|---|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 4/6 Rpt: 7/11 |
| 2 FILER NAME Capetillo, Brandon | | 3 Filer ID |
| 4 Date 05/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huitt-Zollars Inc Texas PAC | 7 Amount of Contribution (\$) \$500.00 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Dallas, TX 75240 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gabriel | Amount of Contribution (\$) \$1,000.00 |
| Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77095 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadjar, David | Amount of Contribution (\$) \$2,500.00 |
| Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77521 | | |
| Principal occupation / Job title (See Instructions) Business Owner | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kelley, Robert & Cheryl Kelley | Amount of Contribution (\$) \$500.00 |
| Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77523 | | |
| Principal occupation / Job title (See Instructions) Business owner | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerr, Randall & Patricia | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77520 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|---|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 5/6 Rpt: 8/11 |
| 2 FILER NAME Capetillo, Brandon | | 3 Filer ID |
| 4 Date 05/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lafour, Chance & Ashley | 7 Amount of Contribution (\$) \$100.00 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77521 | | |
| 8 Principal occupation / Job title (See Instructions) Educator | | 9 Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laham, Youssef | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code [REDACTED] Katy, TX 77494 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linares, Ruben & Joan | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77521 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKay, Frank & Ginger | Amount of Contribution (\$) \$250.00 |
| Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77520 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meza, Dahlia | Amount of Contribution (\$) \$50.00 |
| Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77520 | | |
| Principal occupation / Job title (See Instructions) | | Employer (See Instructions) |

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

| | | |
|--|--|---|
| The Instruction Guide explains how to complete this form. | | 1 Total pages Schedule A1: Sch: 6/6 Rpt: 9/11 |
| 2 FILER NAME Capetillo, Brandon | | 3 Filer ID |
| 4 Date 05/02/2024 | 5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morales, Tim and Kathy | 7 Amount of Contribution (\$) \$200.00 |
| 6 Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77520 | | |
| 8 Principal occupation / Job title (See Instructions) | | 9 Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabouni, Mourhaf & Lina | Amount of Contribution (\$) \$2,500.00 |
| Contributor address; City; State; Zip Code [REDACTED] Missouri City, TX 77459 | | |
| Principal occupation / Job title (See Instructions) Architect | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santana, Gilbert & Sherrill | Amount of Contribution (\$) \$1,500.00 |
| Contributor address; City; State; Zip Code [REDACTED] Baytown, TX 77521 | | |
| Principal occupation / Job title (See Instructions) Business owner | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, James | Amount of Contribution (\$) \$5,000.00 |
| Contributor address; City; State; Zip Code [REDACTED] Beaumont, TX 77705 | | |
| Principal occupation / Job title (See Instructions) Business owner | | Employer (See Instructions) |
| Date 05/02/2024 | Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wheeler, Dan | Amount of Contribution (\$) \$100.00 |
| Contributor address; City; State; Zip Code [REDACTED] Houston, TX 77091 | | |
| Principal occupation / Job title (See Instructions) Business owner | | Employer (See Instructions) |

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: 1/2 Rpt: 10/11 | 2 FILER NAME Capetillo, Brandon | 3 Filer ID |
| 4 Date 05/03/2024 | 5 Payee name Baytown Chamber of Commerce | |
| 6 Amount (\$) \$250.00 | 7 Payee address; City; State; Zip Code 825 Rollingbrook Dr. Baytown, TX 77521 | |
| 8 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 Tee box sponsorship |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 06/15/2024 | Payee name HLSR Baytown/Highlands Metro Go Texan | |
| Amount (\$) \$350.00 | Payee address; City; State; Zip Code 3 NRG Park Houston, TX 77054 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Fundraiser event sponsorship |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |
| Date 05/02/2024 | Payee name One Stop Party Shop | |
| Amount (\$) \$671.93 | Payee address; City; State; Zip Code 18217 Hwy. 3 Webster, TX 77598 | |
| PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event equipment rental |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought Office held |

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: 2/2 Rpt: 11/11 | 2 FILER NAME Capetillo, Brandon | 3 Filer ID | |
| 4 Date 05/02/2024 | 5 Payee name Richardson-Del Toro, John | | |
| 6 Amount (\$) \$300.00 | 7 Payee address; City; State; Zip Code 12015 FLUSHING MEADOWS Houston, TX 77089 | | |
| 8 PURPOSE OF EXPENDITURE | (a) Category (See Categories listed at the top of this schedule) Event 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 Event entertainment | |
| 9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name | Office sought | Office held |

LOCAL GOVERNMENT OFFICER CONFLICTS DISCLOSURE STATEMENT

FORM CIS

(Instructions for completing and filing this form are provided on the next page.)

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This is the notice to the appropriate local governmental entity that the following local government officer has become aware of facts that require the officer to file this statement in accordance with Chapter 176, Local Government Code.

OFFICE USE ONLY

Date Received

JAN 11 2024

1 Name of Local Government Officer

BRANDON CAPELLO

2 Office Held

MAYOR

3 Name of vendor described by Sections 176.001(7) and 176.003(a), Local Government Code

ASSOC. JUDGE KELLEY BENAVIDES

4 Description of the nature and extent of each employment or other business relationship and each family relationship with vendor named in item 3.

COUSIN

5 List gifts accepted by the local government officer and any family member, if aggregate value of the gifts accepted from vendor named in item 3 exceeds \$100 during the 12-month period described by Section 176.003(a)(2)(B).

Date Gift Accepted — Description of Gift —
 Date Gift Accepted — Description of Gift —
 Date Gift Accepted — Description of Gift —

(attach additional forms as necessary)

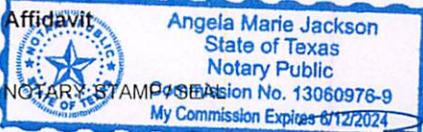
6 SIGNATURE

I swear under penalty of perjury that the above statement is true and correct. I acknowledge that the disclosure applies to each family member (as defined by Section 176.001(2), Local Government Code) of this local government officer. I also acknowledge that this statement covers the 12-month period described by Section 176.003(a)(2)(B), Local Government Code.

[Handwritten Signature]
 Signature of Local Government Officer

Please complete either option below:

(1) Affidavit



Sworn to and subscribed before me by BRANDON CAPELLO this the 11th day of JANUARY

2024, to certify which, witness my hand and seal of office.

Angela Jackson Angela Jackson City Clerk / Notary
 Signature of officer administering oath Printed name of officer administering oath 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 Local Government Officer (Declarant)

| | |
|--|--|
| OFFICE USE ONLY | <p>1. Name of the contractor or subcontractor: <i>Carroll</i></p> <p>2. Name of the government agency: <i>Carroll</i></p> <p>3. Name of the contractor's parent organization: <i>Carroll</i></p> |
| <p>4. Date of contract award: <i>JAN 1 2024</i></p> | <p>5. Signature of contractor representative: <i>[Signature]</i></p> |
| <p>6. Signature of government representative: <i>[Signature]</i></p> | <p>7. Signature of contractor representative: <i>[Signature]</i></p> |

8. Description of the contract: *Carroll*

9. Description of the government agency: *Carroll*

10. Description of the contractor's parent organization: *Carroll*

11. Description of the contractor's parent organization: *Carroll*

12. Description of the contractor's parent organization: *Carroll*

13. Description of the contractor's parent organization: *Carroll*

14. Description of the contractor's parent organization: *Carroll*

15. Description of the contractor's parent organization: *Carroll*

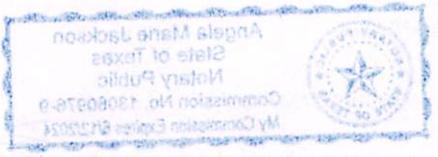
16. Description of the contractor's parent organization: *Carroll*

17. Description of the contractor's parent organization: *Carroll*

18. Description of the contractor's parent organization: *Carroll*

19. Description of the contractor's parent organization: *Carroll*

20. Description of the contractor's parent organization: *Carroll*



21. Description of the contractor's parent organization: *Carroll*

22. Description of the contractor's parent organization: *Carroll*

23. Description of the contractor's parent organization: *Carroll*

24. Description of the contractor's parent organization: *Carroll*

25. Description of the contractor's parent organization: *Carroll*

26. Description of the contractor's parent organization: *Carroll*

27. Description of the contractor's parent organization: *Carroll*

28. Description of the contractor's parent organization: *Carroll*

29. Description of the contractor's parent organization: *Carroll*

30. Description of the contractor's parent organization: *Carroll*

31. Description of the contractor's parent organization: *Carroll*

32. Description of the contractor's parent organization: *Carroll*

33. Description of the contractor's parent organization: *Carroll*

34. Description of the contractor's parent organization: *Carroll*

35. Description of the contractor's parent organization: *Carroll*

36. Description of the contractor's parent organization: *Carroll*

37. Description of the contractor's parent organization: *Carroll*

38. Description of the contractor's parent organization: *Carroll*

39. Description of the contractor's parent organization: *Carroll*

40. Description of the contractor's parent organization: *Carroll*