CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Suide explains how	v to complete this form.	1 Filer ID (E	thics Commission Filers)	2 Total pages f	iled:	
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR	Srian Srian Isersa	Nd	MI	OFFICE COLVED	USE ONLY	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX		handler		APR 3 -	2025	
Change of Address				7575	Ci.	SEFIL	
5 CANDIDATE/ OFFICEHOLDER PHONE	(903)	574 - 0415		TENSION	Date Hand-delivere	Date Postmarked	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR	Brand	lon	MI	Date Processed	Allouit v	
	NIGKNAME	Delare	Ý	SUFFIX	Date Imaged		
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / St	UITE #;	CITY;	STATE;	ZIP CODE	
TREASURER	000	1. 11	- 1	11		2 ,0 /	
ADDRESS	1900 1	Millstone L	n C	randler	JX	75758	
(Residence or Business)						. ,	
8 CAMPAIGN	AREA CODE	PHONE NUMBER	EXT	TENSION			
TREASURER PHONE	(903) 5	574-1581					
9 REPORT TYPE	January 15	30th day before el	lection	Runoff		ifter campaign appointment ër Only)	
	July 15	8th day before elec	ction	Exceeded Modified Reporting Limit	Final Repo	ort (Attach C/OH - FR)	
10 PERIOD COVERED	Month	Day Year		Month	Day Yea	ır	
COVERED	01	15/2025	THROUGH	04/	03/20	120	
11 ELECTION	ELECTION DA			ELECTION TYPE	03/20	125	
222011011		Primary	Runoff	Other			
	Month Day	i dai		Description			
	05/03	2025 General	Special				
12 OFFICE	OFFICE HELD (if any)		13 OFF	FICE SOUGHT (if known)			
14 NOTICE FROM	THIS BOX IS FOR NOTIC	CE OF POLITICAL CONTRIBUTIONS A	ACCEPTED OR POLIT	ICAL EXPENDITURES M	ADE BY POLITICAL CO	MMITTERS TO SUPPORT	
POLITICAL	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.						
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME				Todoli Exi Ellollollollo.	
	GENERAL	COMMITTEE ADDRESS					
Additional Pages							
	SPECIFIC	COMMITTEE CAMPAIGN TREA	ASURER NAME				
		COMMITTEE CAMPAIGN TRE	ASURER ADDRES				
	Mary III	- SAWI AIGN TRE	TOTAL ADDRES	The state of the s			
		GO TO I	PAGE 2				

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	Brian B	ersano	16 Filer ID	(Ethics Commission Filers)	
17 CONTRIBUTION TOTALS	 TOTAL UNITEMIZE PLEDGES, LOANS 	ED POLITICAL CONTRIBUTIONS (OTHER THA , OR GUARANTEES OF LOANS, OR MADE ELECTRONICALLY)	AN	\$ 1,100	
13.17		L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS	S)	\$ 1,100	
EXPENDITURE TOTALS	3. TOTAL UNITEMIZE	. TOTAL UNITEMIZED POLITICAL EXPENDITURE.			
	4. TOTAL POLITICA	L EXPENDITURES		1237.57	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL OF REPORTING PE	CONTRIBUTIONS MAINTAINED AS OF THE L	AST DAY	s 6000 \$1097.0	
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS REPORTING PERIOD	OF THE	s Ø	
	vear, or affirm, under penalty of united to be reported by me under	of perjury, that the accompanying report is to	ue and corre	ct and includes all information	
	and to be reported by the unde	THE TO, Election code.			
			7		
		10.11	1011	2114	
		- Direct	200	and a	
		Signature of C	Candidate or	Officeholder	
	Diese	a aamanlata aithan antian bala			
	rieas	e complete either option belo	w:		
				12	
(1) Affidavit					
NOTARY STAMP/SEAL					
Sworn to and subscribed	pefore me by	this the	e (day of,	
20, to certify	which, witness my hand and sea	of office.			
Signature of officer administer	ng oath Printed	name of officer administering oath	Ti	tle of officer administering oath	
		OR	SHEET SHEET	国现代的现在分词	
(2) Unsworn Declaration	n				
My name is	an Bersano	and my date of birth	s 5/8	171	
My address is555	Martin 5t (street)	, Chandler,	(state) (5)	5758 USA	
Executed in Hender	Son County, State of	exas, on the 3rd day of A	(state) (zip	code) (country) 20_35 (year)	
			1500	A add	
		- Shull	1111110	valle,	
		Signature of Cano	iidate/Officeho	older (Declarant)	

SUBTOTALS - C/OH

FORM C/OH COVER SHEET PG 3

19 FILER NAME Brian Berson	mmission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1100
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. NA SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ 1237.57
8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9. SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10. SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11. SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 3.00
12. SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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

If the requested information is not applicable, be not include this page in the report.						
The	Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:				
2 FILER NAME	Brian Bersano	3 Filer ID (Ethics Commission Filers)				
4 Date	5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$)				
2/14/25	Nany Bertholf 6 Contributor address; City; State; Zip C P.O. Box 34 Chandler TX. 7	ode 200-00				
	P.O. Box 34 Chandler TX. 7	5758				
		See Instructions)				
Date	Full name of contributor	, with our of common to				
2/18/25	Srian Bersond Contributor address; City; State; Zip C 555 Martin St. Chandler X 7	200-00 5758				
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor	7 (47)				
2/24/25	Wen Bersons Contributor address; City; State; Zip C					
2127 Silver Soep Ct Chamdler, TR. 75758						
Principal occupation / Job title (See Instructions) Employer (See Instructions)						
Date	Full name of contributor) Amount of contribution (\$)				
3/21/25	Drian (Sersund Contributor address; City; State; Zip C 555 Martin St Chundler	200:00				
Principal occup	ation / Job title (See Instructions) Employer (5	see Instructions)				

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

Contributions/Donations Mad Candidate/Officeholder/Poli		s/Memorials Expense vices		Expense Wages/Contrac		avel Out Of District her (enter a category not listed above)
The Instruction	Guide explains how to co	implete this form.		USE A NEW	PAGE FOR EAC	CH CREDIT CARD ISSUER
1 TOTAL PAGES SCHEDULE F4:	2 FILER NAME	an Bo	ut sour	0	3	FILER ID (Ethics Commission Filers
4 TOTAL OF UNITEMIZED EX	PENDITURES CHARGED TO A	CREDIT CARD			ę	1237.57
5 CREDIT CARD ISSUER	Name of financial institut	10				
6 PAYMENT	(a) Amount Charged \$ 941-13	(b) Date Expenditu		(c) Date(s) Cr	edit Card Issuer F	ʻaid
7 PAYEE	(a) Payee name	N. P. W. (18)	(b) Payee ad	dress:	City,	State, Zip Code
		te Cleap				Bazu Anstin, Tr. 787.
8 PURPOSE OF	(a) Category (See Categories li	sted at the top of this schee	dule)	(b) Description	on	
EXPENDITURE Political	Adverti	sing		Yard	Signs	9ty 150
Non-Political	(c) Check if travel out	side of Texas. Complete	e Schedule T.		Check if Austin, TX	K, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	Bersono		ice Sought		Office Held
PAYMENT	(a) Amount Charged	(b) Date Expenditu	re Charged	(c) Date(s) Cr	edit Card Issuer F	aid
	\$ 115-92	3/4/2	5			
PAYEE	(a) Payee name Signs on the	Cheap	(b) Payee ad		wdr. Bx	State, Zip Code 20 Anstin, 78.78758
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li		dule)	(b) Description	mers	
Non-Political	(c) Check if travel out	side of Texas. Complete	e Schedule T.		Check if Austin, T	X, officeholder living expense
Complete ONLY if direct	Candidate / Officeholder			ice Sought		Office Held
expenditure to benefit C/OH	Brian	Berson		Mayo	~	
PAYMENT	\$ 90,26	(b) Date Expenditu	2	(c) Date(s) Cr	edit Card Issuer F	aid
PAYEE	(a) Payee name	11001	(b) Payee ad	drassi	City	State 7in Code
PAILE	Signs on the	Cleap		torchello	city,	State, Zip Code Anstin, TV. 78758
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories li	ising		(b) Description	Door Door	hangers
Non-Political	(c) Check if travel out	side of Texas. Complete	Schedule T.		Check if Austin,	TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder	Berson		ice Sought Moyor		Office Held
	ATTACH ADDI	FIONAL COPIES	S OF THIS	SCHEDULI	E AS NEEDE	D

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

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

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Transportation Equipment & Related Expense Travel In District Travel Out Of District Other (enter a category not listed above)

Solicitation/Fundralsing Expense

Candidate/Officeholder/Politi		ices		Expense :/Wages/Contract La		Fravel Out Of Dis Other (enter a ca		ot listed above)
The Instruction Guide explains how to complete this form. USE A NEW PAGE FOR EACH CREDIT GARD ISSUER						SSUER		
1 TOTAL PAGES SCHEDULE F4: 2	2 FILER NAME Brian	Berson	Mo			3 FILER ID (Et	hics Co	mmission Filers)
4 TOTAL OF UNITEMIZED EXP	ENDITURES CHARGED TO A	CREDIT CARD				\$ 123	37.	57
5 CREDIT CARD ISSUER	Name of financial instituti	One						
6 PAYMENT	\$ 90.26	(b) Date Expenditu		(c) Date(s) Credi	it Card Issue	r Paid		
7 PAYEE	(a) Payee name		(b) Payee add	dress;	City	, St	ate, Z	ip Code
	Signs on He (Cheap	11525 5	torebollow	Dr. B	wo Ans	Linz	×.75758
8 PURPOSE OF EXPENDITURE Political	(a) Category (See Categories listed at the top of this schedule) Advertising			(b) Description Door hangers				
Non-Political	(c) Check if travel outs	side of Texas. Complet	e Schedule T.	C)	neck if Austin,	TX, officeholder l	living exp	ense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n		Sand	fice Sought	yor	Office	Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu		(c) Date(s) Credi	t Card Issue	r Paid		
	\$							
PAYEE	(a) Payee name		(b) Payee add	dress;	City	, St	ate, Z	ip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list	ted at the top of this sched	dule)	(b) Description				
Non-Political	(c) Check if travel outs	side of Texas. Complete	e Schedule T.	c	heck if Austin	TX, officeholder	living exp	pense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder n	ame	Off	fice Sought		Office	Held	
PAYMENT	(a) Amount Charged	(b) Date Expenditu	ire Charged	(c) Date(s) Credi	t Card Issue	Paid	A	
	\$							
PAYEE	(a) Payee name		(b) Payee add	dress;	City	, St	ate, Zi	ip Code
PURPOSE OF EXPENDITURE Political	(a) Category (See Categories list	ed at the top of this sched	(slut	(b) Description				
Non-Political	(c) Check if travel outs	side of Texas. Complete	e Schedule T.		Check if Austi	n, TX, officeholde	er living e	xpense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name Office Sought Office Held							
	ATTACH ADDIT	IONAL COPIE	S OF THIS	SCHEDULE A	AS NEED	ED		

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE |

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 I:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)				
1	Brian Sersamo					
4 Date 3/17/25	5 Payee name Vera Bank					
6 Amount (\$)	7 Payee address;	City State Zip Code				
3.00	105 State Hwy 31 W	Chandler X 75758				
8 PURPOSE	(a) Category (See instructions for examples of acceptable categories.)	(b) Description (See instructions regarding type of information required.)				
OF EXPENDITURE	Bank Fees	Statement Lee				
Date	Payee name					
Amount (\$)	Payee address;	City State Zip Code				
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
OF EXPENDITURE						
Date	Payee name	-				
Amount (\$)	Payee address;	City State Zip Code				
PURPOSE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
OF EXPENDITURE						
Date	Payee name					
Amount (\$)	Payee address;	City State Zip Code				
		ony State Zip Oddo				
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)				
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						