

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:														
3 CANDIDATE / OFFICEHOLDER NAME	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">MS / MRS / MR</td> <td style="width:40%;">FIRST <u>Brian</u></td> <td style="width:40%;">MI</td> </tr> <tr> <td>NICKNAME</td> <td>LAST <u>Bersano</u></td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR	FIRST <u>Brian</u>	MI	NICKNAME	LAST <u>Bersano</u>	SUFFIX	OFFICE USE ONLY Received By Date Received <u>APR 25 2025</u> 2:35 City Clerk's Office								
MS / MRS / MR	FIRST <u>Brian</u>	MI															
NICKNAME	LAST <u>Bersano</u>	SUFFIX															
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS <input type="checkbox"/> Change of Address	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ADDRESS / PO BOX:</td> <td style="width:10%;">APT / SUITE #:</td> <td style="width:10%;">CITY:</td> <td style="width:10%;">STATE:</td> <td style="width:40%;">ZIP CODE</td> </tr> <tr> <td colspan="5"><u>555 Martin St Chandler, TX. 75758</u></td> </tr> </table>		ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE	<u>555 Martin St Chandler, TX. 75758</u>									
ADDRESS / PO BOX:	APT / SUITE #:	CITY:	STATE:	ZIP CODE													
<u>555 Martin St Chandler, TX. 75758</u>																	
5 CANDIDATE / OFFICEHOLDER PHONE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:40%;">EXTENSION</td> </tr> <tr> <td><u>(903)</u></td> <td><u>574 - 0414</u></td> <td></td> </tr> </table>		AREA CODE	PHONE NUMBER	EXTENSION	<u>(903)</u>	<u>574 - 0414</u>										
AREA CODE	PHONE NUMBER	EXTENSION															
<u>(903)</u>	<u>574 - 0414</u>																
6 CAMPAIGN TREASURER NAME	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">MS / MRS / MR</td> <td style="width:40%;">FIRST <u>Brandon</u></td> <td style="width:40%;">MI</td> </tr> <tr> <td>NICKNAME</td> <td>LAST <u>Delaney</u></td> <td>SUFFIX</td> </tr> </table>		MS / MRS / MR	FIRST <u>Brandon</u>	MI	NICKNAME	LAST <u>Delaney</u>	SUFFIX									
MS / MRS / MR	FIRST <u>Brandon</u>	MI															
NICKNAME	LAST <u>Delaney</u>	SUFFIX															
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">STREET ADDRESS (NO PO BOX PLEASE);</td> <td style="width:10%;">APT / SUITE #;</td> <td style="width:10%;">CITY;</td> <td style="width:10%;">STATE;</td> <td style="width:20%;">ZIP CODE</td> </tr> <tr> <td colspan="5"><u>900 Millstone Ln Chandler, TX. 75758</u></td> </tr> </table>			STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE	<u>900 Millstone Ln Chandler, TX. 75758</u>								
STREET ADDRESS (NO PO BOX PLEASE);	APT / SUITE #;	CITY;	STATE;	ZIP CODE													
<u>900 Millstone Ln Chandler, TX. 75758</u>																	
8 CAMPAIGN TREASURER PHONE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">AREA CODE</td> <td style="width:40%;">PHONE NUMBER</td> <td style="width:40%;">EXTENSION</td> </tr> <tr> <td><u>(903)</u></td> <td><u>574 - 1581</u></td> <td></td> </tr> </table>			AREA CODE	PHONE NUMBER	EXTENSION	<u>(903)</u>	<u>574 - 1581</u>									
AREA CODE	PHONE NUMBER	EXTENSION															
<u>(903)</u>	<u>574 - 1581</u>																
9 REPORT TYPE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td><input type="checkbox"/> January 15</td> <td><input type="checkbox"/> 30th day before election</td> <td><input type="checkbox"/> Runoff</td> <td><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</td> </tr> <tr> <td><input type="checkbox"/> July 15</td> <td><input checked="" type="checkbox"/> 8th day before election</td> <td><input type="checkbox"/> Exceeded Modified Reporting Limit</td> <td><input type="checkbox"/> Final Report (Attach C/OH - FR)</td> </tr> </table>			<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 type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)						
<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 type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election	<input type="checkbox"/> Exceeded Modified Reporting Limit	<input type="checkbox"/> Final Report (Attach C/OH - FR)														
10 PERIOD COVERED	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> <td style="width:20%; text-align: center;">THROUGH</td> <td style="width:10%;">Month</td> <td style="width:10%;">Day</td> <td style="width:10%;">Year</td> </tr> <tr> <td><u>01</u></td> <td><u>15</u></td> <td><u>2025</u></td> <td></td> <td><u>4</u></td> <td><u>25</u></td> <td><u>2025</u></td> </tr> </table>			Month	Day	Year	THROUGH	Month	Day	Year	<u>01</u>	<u>15</u>	<u>2025</u>		<u>4</u>	<u>25</u>	<u>2025</u>
Month	Day	Year	THROUGH	Month	Day	Year											
<u>01</u>	<u>15</u>	<u>2025</u>		<u>4</u>	<u>25</u>	<u>2025</u>											
11 ELECTION	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">ELECTION DATE</td> <td style="width:70%;">ELECTION TYPE</td> </tr> <tr> <td>Month Day Year</td> <td> <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special </td> </tr> <tr> <td><u>05/03/2025</u></td> <td></td> </tr> </table>			ELECTION DATE	ELECTION TYPE	Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	<u>05/03/2025</u>									
ELECTION DATE	ELECTION TYPE																
Month Day Year	<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description <input checked="" type="checkbox"/> General <input type="checkbox"/> Special																
<u>05/03/2025</u>																	
12 OFFICE	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">OFFICE HELD (if any)</td> <td style="width:50%;">13 OFFICE SOUGHT (if known)</td> </tr> <tr> <td></td> <td><u>Mayor</u></td> </tr> </table>			OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)		<u>Mayor</u>										
OFFICE HELD (if any)	13 OFFICE SOUGHT (if known)																
	<u>Mayor</u>																
14 NOTICE FROM POLITICAL COMMITTEE(S) <input type="checkbox"/> Additional Pages	<p>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.</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;">COMMITTEE TYPE</td> <td style="width:80%;">COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td></td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td></td> </tr> <tr> <td></td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL		<input type="checkbox"/> SPECIFIC			COMMITTEE ADDRESS		COMMITTEE CAMPAIGN TREASURER NAME		COMMITTEE CAMPAIGN TREASURER ADDRESS		
COMMITTEE TYPE	COMMITTEE NAME																
<input type="checkbox"/> GENERAL																	
<input type="checkbox"/> SPECIFIC																	
	COMMITTEE ADDRESS																
	COMMITTEE CAMPAIGN TREASURER NAME																
	COMMITTEE CAMPAIGN TREASURER ADDRESS																

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME <u>Brian Bersano</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)	\$ <u>1,300</u>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ <u>1,300</u>
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ <u>1432.90</u>
	4. TOTAL POLITICAL EXPENDITURES	\$ <u>1432.90</u>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ <u>1297.00</u>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ <u>Ø</u>

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.

Brian Bersano
Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP / SEAL

Sworn to and subscribed before me by _____ this the _____ day of _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

OR

(2) Unsworn Declaration

My name is Brian Bersano, and my date of birth is 5/8/71.
My address is 555 Martin St, Chandler, TX, 75758 USA.
(street) (city) (state) (zip code) (country)
Executed in Henderson County, State of Texas, on the 23rd day of April, 2025.
(month) (year)
Brian Bersano
Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH

FORM C/OH
COVER SHEET PG 3

19 FILER NAME <i>Brian Bersano</i>		20 Filer ID (Ethics Commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ <i>1300</i>
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 MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	<input checked="" type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>1432.90</i>
8.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	<input type="checkbox"/> SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	<input type="checkbox"/> SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	<input checked="" type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ <i>3.00</i>
12.	<input type="checkbox"/> 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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 2
2 FILER NAME Brian Bersano		3 Filer ID (Ethics Commission Filers)
4 Date 2/14/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nancy Bertholf	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code P.O. Box 34 Chandler TX 75758		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 2/18/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Bersano	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 555 Martin St Chandler TX 75758		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 2/24/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ken Bersano	Amount of contribution (\$) 500.00
Contributor address; City; State; Zip Code 2127 Silver Sage Ct Keller TX 76248		
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 3/21/25	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brian Bersano	Amount of contribution (\$) 200.00
Contributor address; City; State; Zip Code 555 Martin St Chandler TX 75758		
Principal occupation / Job title (See Instructions)		Employer (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.		

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: 2
2 FILER NAME Brian Bersano		3 Filer ID (Ethics Commission Filers)
4 Date 4/4/25	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Nancy Berthoff	7 Amount of contribution (\$) 200.00
6 Contributor address; City; State; Zip Code P.O. Box 34 Chandler TX 75758		
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (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	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)

The instruction Guide explains how to complete this form.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <u>2</u>		2 FILER NAME <u>Brian Bersano</u>		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ <u>1432.90</u>	
5 CREDIT CARD ISSUER		Name of financial institution <u>Capital One</u>			
6 PAYMENT		(a) Amount Charged \$ <u>941.13</u>	(b) Date Expenditure Charged <u>2/17/25</u>	(c) Date(s) Credit Card Issuer Paid <u>4/9/25</u>	
7 PAYEE		(a) Payee name <u>Signs on the Cheap</u>		(b) Payee address; City, State, Zip Code <u>11525 Storehollow Dr. B220 Austin TX. 78758</u>	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Yd signs Qty 150</u>	
		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Brian Bersano</u>		Office Sought <u>Mayor</u>	
PAYMENT		(a) Amount Charged \$ <u>115.92</u>	(b) Date Expenditure Charged <u>3/4/25</u>	(c) Date(s) Credit Card Issuer Paid <u>4/9/25</u>	
PAYEE		(a) Payee name <u>Signs on the Cheap</u>		(b) Payee address; City, State, Zip Code <u>11525 Storehollow Dr B220 Austin TX 78758</u>	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Banners</u>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Brian Bersano</u>		Office Sought <u>Mayor</u>	
PAYMENT		(a) Amount Charged \$ <u>90.26</u>	(b) Date Expenditure Charged <u>3/20/25</u>	(c) Date(s) Credit Card Issuer Paid <u>4/9/25</u>	
PAYEE		(a) Payee name <u>Signs on the Cheap</u>		(b) Payee address; City, State, Zip Code <u>11525 Storehollow Dr. B220 Austin TX. 78758</u>	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Door hangers</u>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Brian Bersano</u>		Office Sought <u>Mayor</u>	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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
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.

USE A NEW PAGE FOR EACH CREDIT CARD ISSUER

1 TOTAL PAGES SCHEDULE F4: <u>2</u>		2 FILER NAME <u>Brian Bersano</u>		3 FILER ID (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD				\$ <u>1432.90</u>	
5 CREDIT CARD ISSUER		Name of financial institution <u>Capital One</u>			
6 PAYMENT		(a) Amount Charged \$ <u>90.26</u>	(b) Date Expenditure Charged <u>3/31/25</u>	(c) Date(s) Credit Card Issuer Paid	
7 PAYEE		(a) Payee name <u>Signs on the Cheap</u>		(b) Payee address; City, State, Zip Code <u>11525 Stone Hollow Blvd Austin, TX. 78758</u>	
8 PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Door hangers</u>	
		(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 ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name <u>Brian Bersano</u>		Office Sought <u>Mayor</u>	
PAYMENT		(a) Amount Charged \$ <u>194.33</u>	(b) Date Expenditure Charged <u>4/7/25</u>	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name <u>PDA Signs</u>		(b) Payee address; City, State, Zip Code <u>301 Broad St Chandler TX. 75758</u>	
PURPOSE OF EXPENDITURE <input checked="" type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule) <u>Advertising</u>		(b) Description <u>Banners</u>	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought	
PAYMENT		(a) Amount Charged \$	(b) Date Expenditure Charged	(c) Date(s) Credit Card Issuer Paid	
PAYEE		(a) Payee name		(b) Payee address; City, State, Zip Code	
PURPOSE OF EXPENDITURE <input type="checkbox"/> Political <input type="checkbox"/> Non-Political		(a) Category (See Categories listed at the top of this schedule)		(b) Description	
		(c) <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.		<input type="checkbox"/> Check if Austin, TX, officeholder living expense	
Complete ONLY if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office Sought	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE I

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: 1	2 FILER NAME Brian Bersano		3 Filer ID (Ethics Commission Filers)
4 Date 3/17/25	5 Payee name Vera Bank		
6 Amount (\$) 3.00	7 Payee address; 105 State Hwy 31W	City Chandler TX	State TX
8 PURPOSE OF EXPENDITURE	(a) Category (See instructions for examples of acceptable categories.) Bank fees	(b) Description (See instructions regarding type of information required.) Stmnt fees	
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
PURPOSE OF EXPENDITURE	Category (See instructions for examples of acceptable categories.)	Description (See instructions regarding type of information required.)	
Date	Payee name		
Amount (\$)	Payee address;	City	State Zip Code
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