

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: 11
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI Mr Brandon Chase		OFFICE USE ONLY Date Received <div style="border: 2px solid black; padding: 10px; margin: 10px auto; width: 100px;"> RECEIVED JAN 16 2024 City Manager's / City Secretary's Office </div> Date Hand-delivered or Date Postmarked Receipt # Amount \$ Date Processed Date Imaged
	NICKNAME LAST SUFFIX McGee		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1610 E. McKinney ST. # 2001 Denton, TX 76209 Change of Address		
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION (316) 990-2006		
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Kara		
	NICKNAME LAST SUFFIX Engstrom		
7 CAMPAIGN TREASURER ADDRESS	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1710 Sam Bass Blvd. #523 Denton, TX 76205 (Residence or Business)		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 554-1656		
9 REPORT TYPE	<input checked="" 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 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	Month Day Year Month Day Year 7 / 16 / 23 THROUGH 12 / 31 / 23		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year Primary Runoff Other Description / / General Special		
12 OFFICE	OFFICE HELD (if any) Denton City Council At-Large PI 5		13 OFFICE SOUGHT (if known)
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	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC	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
Brandon Chase McGee

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)	\$
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 18,930.24
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$
	4. TOTAL POLITICAL EXPENDITURES	\$ 959.99
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 17,970.25
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$

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 _____ 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 Brandon Chase McGee, and my date of birth is [REDACTED].

My address is 1610 E McKinney St 2001, Denton, TX, 76209, USA.
(street) (city) (state) (zip code) (country)

Executed in Denton County, State of Texas, on the 16 day of January, 2024.
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME****Brandon Chase McGee****20 Filer ID (Ethics Commission Filers)****21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 18,930.24
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 959.99
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
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	\$
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.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1:
2 FILER NAME Brandon Chase McGee		3 Filer ID (Ethics Commission Filers)
4 Date 07/23/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Brandon Chase McGee 6 Contributor address; City; State; Zip Code 1610 E. McKinney ST. # 2001 Denton, TX 76209	7 Amount of contribution (\$) 26.41
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 08/18/2023	Full name of contributor out-of-state PAC (ID#: _____) Brandon Chase McGee Contributor address; City; State; Zip Code 1610 E. McKinney ST. # 2001 Denton, TX 76209	Amount of contribution (\$) 26.41
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/20/2023	Full name of contributor out-of-state PAC (ID#: _____) Gina Samuels Contributor address; City; State; Zip Code 11105 GLOVER LN Aubrey, TX 76227	Amount of contribution (\$) 0.99
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Dusty Wilson Contributor address; City; State; Zip Code 10739 Bridge Hollow Court Dallas, TX 75229	Amount of contribution (\$) 2,476.62
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.		

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2 FILER NAME Brandon Chase McGee		3 Filer ID (Ethics Commission Filers)
4 Date 11/28/2023	5 Full name of contributor out-of-state PAC (ID#: Roy Magno 6 Contributor address; City; State; Zip Code 1443 Falls Road Coppell, TX 75019	7 Amount of contribution (\$) 2,383.51
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor out-of-state PAC (ID#: Charlet Cornelious Contributor address; City; State; Zip Code 228 Brookdale Drive Little Elm, TX 75068	Amount of contribution (\$) 47.18
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 12/28/2023	Full name of contributor out-of-state PAC (ID#: Lori Tays Contributor address; City; State; Zip Code 1350 Meadows Avenue Argyle, TX 76226	Amount of contribution (\$) 23.35
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor out-of-state PAC (ID#: Michel Hambrick Contributor address; City; State; Zip Code 2664 Sage Meadow Trail Little Elm, TX 75068	Amount of contribution (\$) 148.59
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Brandon Chase McGee		3 Filer ID (Ethics Commission Filers)
4 Date 11/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Jeffrey L. Vanzant 6 Contributor address; City; State; Zip Code 1317 Hunter Ln Denton, TX 75009	7 Amount of contribution (\$) 200.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Edward Lopez, Jr. Contributor address; City; State; Zip Code 96 Eagle Point Dr. Waxahachie, TX 75165	Amount of contribution (\$) 500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	Full name of contributor out-of-state PAC (ID#: _____) Jim Alexander Contributor address; City; State; Zip Code 1412 Sandy Creek Dr Denton, TX 76205	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	Full name of contributor out-of-state PAC (ID#: _____) Old Prosper Partners, LLC Contributor address; City; State; Zip Code 1061 N. Coleman Suite 90 Prosper, TX 75078	Amount of contribution (\$) 5,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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2 FILER NAME Brandon Chase McGee		3 Filer ID (Ethics Commission Filers)
4 Date 11/28/2023	<div>5 Full name of contributor out-of-state PAC (ID#: _____) HFRD TX LLC</div> <div>6 Contributor address; City; State; Zip Code 1125 Executive CIR STE 200 Irving, TX 75038</div>	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date 11/28/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Trelaine M. Mapp</div> <div>Contributor address; City; State; Zip Code 12612 Beech Tree Ln Euless, TX 76040</div>	Amount of contribution (\$) 1,000.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/28/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Jonathon T. Jobe</div> <div>Contributor address; City; State; Zip Code 3805 Clayton Rd Fort Worth, 76116</div>	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date 11/30/2023	<div>Full name of contributor out-of-state PAC (ID#: _____) Terrance Jobe</div> <div>Contributor address; City; State; Zip Code 2415 Somerfield Dr Midlothian, TX 76065</div>	Amount of contribution (\$) 2,500.00
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
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MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME Brandon Chase McGee		3 Filer ID (Ethics Commission Filers)
4 Date 11/28/2023	5 Full name of contributor out-of-state PAC (ID#: _____) Rex Glendenning 6 Contributor address; City; State; Zip Code 12400 Preston Rd. Ste 100 Frisco, TX 75033	7 Amount of contribution (\$) 1,000.00
8 Principal occupation / Job title (See Instructions)		9 Employer (See Instructions)
Date	Full name of contributor 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 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 out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
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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
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:		2 FILER NAME Brandon Chase McGee		3 Filer ID (Ethics Commission Filers)	
4 Date 07/31/2023		5 Payee name Guaranty Bank & Trust			
6 Amount (\$) 10.00		7 Payee address; City; State; Zip Code P.O. Box 1158 Mount Pleasant, Texas 75456			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Bank Fee - Service Charge		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 08/31/2023		Payee name Guaranty Bank & Trust			
Amount (\$)		Payee address; City; State; Zip Code Mount Pleasant, Texas 75456			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Bank Fee - Service Charge		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 10/01/2023		Payee name Guaranty Bank & Trust			
Amount (\$)		Payee address; City; State; Zip Code Mount Pleasant, Texas 75456			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Bank Fee - Service Charge		
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Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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Polling Expense
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Other (enter a category not listed above)

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1 Total pages Schedule F1:		2 FILER NAME Brandon Chase McGee		3 Filer ID (Ethics Commission Filers)	
4 Date 10/31/2023		5 Payee name Guaranty Bank & Trust			
6 Amount (\$) 10.00		7 Payee address; City; State; Zip Code P.O. Box 1158 Mount Pleasant, Texas 75456			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Bank Fee - Service Charge		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 11/30/2023		Payee name Chestnut Tree			
Amount (\$) 899.99		Payee address; City; State; Zip Code 107 W. Hickory St. Denton, TX 76201			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Event Expense		Description Campaign (Brandon for Denton) Fundrasing Event		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					
Date 11/30/2023		Payee name Guaranty Bank & Trust			
Amount (\$)		Payee address; City; State; Zip Code Mount Pleasant, Texas 75456			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Bank Fee - Service Charge		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH Candidate / Officeholder name Office sought Office held					

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

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6 Amount (\$) 10.00		7 Payee address; City; State; Zip Code P.O. Box 1158 Mount Pleasant, Texas 75456			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees		(b) Description Bank Fee - Service Charge		
	(c) Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH					
Date 12/31/2023		Payee name Guaranty Bank & Trust			
Amount (\$) 899.99		Payee address; City; State; Zip Code Mount Pleasant, Texas 75456			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Fees		Description Bank Fee - Service Charge		
	Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> 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. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> 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. Complete Schedule T. Check if Austin, TX, officeholder living expense				
Complete <u>ONLY</u> if direct expenditure to benefit C/OH					

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