# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

	Guide explains hov	w to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 4		
3 CANDIDATE / OFFICEHOLDER NAME	MS/MRS/MR MR.	FIRST BRAD	мі <b>D</b> .	OFFICE USE ONLY		
	NICKNAME	LAST KUECKER	SUFFIX	Date Received		
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE  8765 CAPTAIN SCOTT RD. BRENHAM TX. 77833					
Change of Address  5 CANDIDATE/	-DEA CODE	- LO DEPEND		1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /		
5 CANDIDATE/ OFFICEHOLDER PHONE	( 979 )	551-5255	EXTENSION	Date Hand delivered de Date Postmarked		
6 CAMPAIGN TREASURER NAME	MS/MRS/MR MRS.	FIRST TAVIA	мі М.	Receipt # Amount \$  Date Processed /		
I Wasyrian	NICKNAME	LAST	SUFFIX	Dale Processed		
		KUECKER		Date Imaged 15-2024		
7 CAMPAIGN	STREET ADDRESS	(NO PO BOX PLEASE); APT / S	SUITE #; CITY;	STATE; ZIP CODE		
TREASURER ADDRESS	8765 CAPT	8765 CAPTAIN SCOTT RD. BRENHAM TX. 77833				
(Residence or Business)						
8 CAMPAIGN TREASURER	AREA CODE	PHONE NUMBER	EXTENSION			
PHONE	(512)	(512) 944-7161				
9 REPORT TYPE	January 15 30th day before election Runoff 15th day after campaign treasurer appointment (Officeholder Only)					
	X July 15	8th day before ele	ection Exceeded Modified Reporting Limit	Final Report (Attach C/OH - FR)		
10 PERIOD COVERED	Month	Day Year	Month	Day Year		
	02 /	,,	THROUGH 06	/ 30 / 2024		
11 ELECTION	ELECTION DA	<b> </b>	ELECTION TYPE			
	Month Day	Year Primary	Runoff Other Description			
	11/ 05/	2024 X General	Special			
12 OFFICE	OFFICE HELD (if any)	1	13 OFFICE SOUGHT (If KNOWN) WASHINGTON CO	) PUNTY CONSTABLE PCT, 3		
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 I OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDER'S ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.					
COMMITTELLO,	COMMITTEE TYPE	COMMITTEE NAME				
Additional Pages	GENERAL	COMMITTEE ADDRESS				
	SPECIFIC	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	BRAD D. KUECKER	16 Filer ID (Ethics Commission Filers)			
17 CONTRIBUTION TOTALS	TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 50.00			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 50.00			
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 74.34			
	4. TOTAL POLITICAL EXPENDITURES	\$ 474.34			
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAS	\$ 279.33			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF LAST DAY OF THE REPORTING PERIOD	THE \$ 0			
	required to be reported by me under Title 15, Election Code.  Signature of Care	ndidate or Officeholder			
Please complete either option below:					
My Notary I Expires Deca	D # 11056796 ember 19, 2026				
2	ed before me by Brad D. Kuller this the	Jo Jary Rublic Title of officer administering oath			
(2) Unsworn Declar					
Att. manner in					
	, and my date of birth is	•			
My address is		,			
Executed in	(street) (city) (st County, State of, on the day of (month)	ate) (zip code) (country) , 20 (year)			
		ate/Officeholder (Declarant)			

### **SUBTOTALS - C/OH**

## FORM C/OH COVER SHEET PG 3

19 FILER NAME BRAD D. KUECKER 20 Filer ID (Ethics C	commission Filers)
21 SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 50.00
2. SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3. SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4. SCHEDULE E: LOANS	\$
5. X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$ 474.34
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	\$

## 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

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overthead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Lebor Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out Of District Other (enter a category not listed above)

Credit Card Payment	The Instruction Gulde explains how to complete this form.					
1 Total pages Schedule F1;	2 FILER NAME BRAD D. KUECKER		3 Filer ID (Ethics Commission Filers)			
4 Date 03/05/2024	5 Payee name Beth Schramm					
6 Amount (\$)	7 Payee address;	City;	State; Zip Code			
\$200.00		Brenham T	<b>x</b> .			
8	(a) Category (See Categories listed at the top of this schedule)	(b) Description				
PURPOSE OF EXPENDITURE	Event Expense	Watch Party Beverage Server				
	(c) Chack if travel outside of Texas, Complete Schedule T.	Check if Austin, TX, officeholder living expense				
9 Complete ONLY if direct expenditure to benefit C/OF	omplete <u>ONLY</u> if direct Candidate / Officeholder name penditure to benefit C/OH		Office held			
Date	Payee name					
03/05/2024	Josiah Ferguson					
Amount (\$)	Payee address;	City;	State; Zip Code			
\$200.00		Brenham TX.				
	Category (See Categories listed at the top of this schedule)	Description				
PURPOSE OF EXPENDITURE	Event Expense	Watch Party Beverage Server				
	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	Payee name					
Amount (\$)	Payee address;	City;	Slate; Zip Code			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description PUSH CARDS				
	Check if travel outside of Texas. Complete Schedule T.	Check if Austin, TX, officeholder living expense				
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held			
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED						